

# WHY DO WE HAVE SEX? REFLECTIONS FROM A STEPPING STONES PARTICIPATORY ACTION RESEARCH WITH YOUTH LGBTI IN JOHANNESBURG

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## ABSTRACT

Research on youth homosexuality is predominantly deficit model orientated. This research principally focuses on the impact of being different, low self-worth, distress, stigma, discrimination, HIV and so on. Data gathered through a series of Stepping Stones workshops conducted at a local University in Gauteng provided us with an opportunity to explore young lesbian, gay and bisexual men and women's engagement with sex. The aim of this study was to understanding the relevance of Stepping Stones for the LGB community, inform about circumstances surrounding why LGB youth engage in sex and offer a comparison with research from heterosexual youth. The authors facilitated nine workshop sessions with twelve lesbian, gay and bisexual men and women aged 18–25 at the University using Stepping Stones. Data analysed was drawn from the session entitled '*Why we behave as we do*'. We used a thematic analytic approach to analyse the data. Some of the motivations for sex were in fact about the participants; they wanted to have sex. Off course others were about the partner; sex was engaged in to please the other. This study concludes that the reasons lesbian, gay and bisexual youth engage in sex may not be unique and thus they too need to be included in mainstream sexuality and safer sex interventions.

**Key words:** bisexual, gay, lesbian, Johannesburg, sex, sexuality, Stepping Stones, South Africa, youth

## INTRODUCTION

Positive sexuality, is defined as an approach to sexuality that views sexuality as a normal, vital, and a positive aspect of human life encompassing sexual expression, which is used to convey one's attraction toward another individual (Ridley et al. 2008; Sexual Health Institute 2010). Positive sexuality enables a young person to cope in a sexually-exploitative society and also initiate honest dialogue about his or her sexuality, thus taking more seriously the role of

dominant cultural ideologies regarding heterosexuality (Brick 1991; Deaux 1988; Morris 1995; Tolman 2006).

Much is known about South Africa's heterosexual youths' relationships and expressions, such as women's passivity and male dominance, sex/money exchange and age disparate relationships, and challenges with negotiating safer sex (Van der Heijden and Swartz 2014; Nduna and Jama 2001). Research from Thailand reports that young people, aged 13 to 14 cite varied reasons for having sex such as being alone with the boyfriend/girlfriend, using alcohol, curiosity, pornographic media, physical stimulation and hearing about sex from others (Fongkaew et al. 2012). There is no mention of the sexual orientation of the respondents in these studies and the assumption is heterosexuality. Youth who identify as lesbian, gay, and/or bisexual may face different sexual socialisation from their heterosexual counterparts (Kuperberg and Padgett 2015b, a). Alcohol is mentioned in studies of gay and bisexual men's sexual activity from the United States of America (Newcomb, Clerkin, and Mustanski 2011) and South Africa (Lane et al. 2008). The first author conducted Stepping Stones participatory workshops in the Pacific Islands in 2007. Here a mixed group of heterosexual and homosexual participants reported substance abuse, gang activities, peer influence, money, dating an older partner, inexperience with men's tricks, love, lack of will power, being forced, fulfilling family and community expectations that one will have sex as reasons for having sex (Nduna and Oron 2006). There is quite a fair amount of research on youth's sexuality in institutions of higher learning in the global North (Kuperberg and Padgett 2015b, a). There is less understanding of South African LGBTI youth and their circumstances and motivations for engaging in sexual intercourse, hence this research. This article explores lesbian, gay and bisexual youth's motivations for engaging in sex from the South African context.

Anderson, McNair and Mitchell (2001) note that negotiation of safer sex amongst many women and men is inextricably tied to sexual and gender identities of the individuals involved. Anderson, McNair and Mitchell (2001) further observe that for many lesbian, gay, bisexual and transgender (LGBT) individuals, access to health services is fraught with different kinds of sensitive and complex issues that often interfere with the desire or initiative to seek help for healthcare matters. In this sense, interventions on safer sex practices and access to health care amongst the youth must take into consideration these interweaving sexual and gender identities (Hamblin and Nduna 2013; Mdletshe and Nduna 2013; Nkoana and Nduna 2012; Nduna 2012). Lane et al. (2008) and Mdletshe and Nduna (2013) further note that neglect of lesbian, gay, bisexual, transgender and intersex (LGBTI) community in national and/or local safer sex prevention efforts do not target the is pervasive in South Africa. Early research on sexuality

amongst same-sex communities in sub-Saharan Africa has focused on risky sexual behaviour in institutional settings such as prisons or in migrant labour environments (Goyer and Gow 2001; Niehaus 2002, Odujinrin and Adebajo 2001). Most of South African literature on youth and sexuality focuses on risk for ill health with less discussion of healthy relationships and pleasure. The dominant debates on LGBTI youth in South African universities focuses on knowledge, attitudes and practices, stigma and discrimination and HIV risk (Abaver et al. 2014, Mavhandu-Mudzusi and Netshandama 2013; Mavhandu-Mudzusi 2014; Mavhandu-Mudzusi and Sandy 2015; Arndt and de Bruin 2006; HEAIDS and NACOSA 2014). When discussing homosexual relationships, the focus is on the impact of being ‘different’ and on homosexual youths’ self-worth, distress, stigma, discrimination, HIV and so on (Lane et al. 2008; Nduna and Jewkes 2013; Newcomb, Clerkin, and Mustanski 2011). Data gathered through a series of Stepping Stones workshops conducted at a local University in Gauteng provided an opportunity to explore young lesbian, gay and bisexual (LGB) men and women’s engagement with sex.

## **METHODS**

This article was crafted out of a bigger interventionist study aimed at strengthening Participatory Action Feminist Research (PAFR) in the area of sexual and reproductive health and rights (SRHR) in Southern Africa. The project was undertaken in various Southern African Universities and comprises collaboration between academic staff and students (see Africa Gender Institute 2012; Bradbury et al. 2012; Kiguwa et al. 2015).

Between 2011 and 2012, the University of the Witwatersrand team collaborated with the Gay and Lesbian Memory in Action (GALA). The authors, who are lecturers at the university facilitated nine workshop sessions with young LGB men and women at the University using the Stepping Stones workshop method. Also see Kiguwa and Nduna (2017). Stepping Stones (SS) is an HIV prevention behaviour-change intervention (Jewkes, Nduna and Shai Jama 2010). The intervention was developed by Alice Welbourn in Uganda in 1995 and has been adapted and used in many countries worldwide (Bradley et al. 2011; Hadjipateras et al. 2006; Paine et al. 2002; Shaw and Jawo 2000; Skevington, Sovetkina, and Gillison 2013; Slutkin et al. 2006; Welbourn 1995). In South Africa, the adapted Stepping Stones has been used since 1998 (Jewkes and Cornwall 1998; Jewkes, Nduna and Jama 2002; Jewkes, Nduna, and Shai Jama 2010). Stepping Stones sets HIV prevention in the context of sexual and reproductive health rights and locates vulnerability within sexual relationships and gender power dynamics. Through a series of workshops, participants explore various topics including communication, expectations in relationships, social influence, teenage unplanned pregnancy, conception,

contraceptives, sexually transmitted infections, HIV/AIDS, gender-based violence, and dealing with loss and death.

Though the intervention has been used extensively in sub-Saharan Africa (Hadjipateras et al. 2006; Jarjue et al. 2000; Paine et al. 2002; Shaw and Jawo 2000; Bishaw 1990), tones workshop was facilitated for an exclusively lesbian, gay and bisexual group in South Africa. In this study, we used participatory action research because it allows for better rapport between the researchers and the participants, it also allowed for prolonged engagement with the research participants and it is flexible. This afforded us an opportunity to analyse the workshop data and present information that contributes to the following,

- Our understanding of the relevance of Stepping Stones for the LGB community;
- Our understanding of circumstances surrounding why LGB youth engage in sex;
- In addition, a comparison of whether findings from the LGB youth community are parallel to reports from heterosexual youth.

The first author of this article has extensive experience facilitating Stepping Stones workshops (Nduna and Oron 2006). She was also part of a team that scientifically evaluated the effectiveness of Stepping Stones in the heterosexual community of young people in South Africa (Jewkes et al. 2008, Jewkes et al. 2006). The second author had been involved with the African Gender Institute (AGI) project from its inception and has extensive experience in use of participatory action feminist research methodologies for research on SRHR matters (see, Bradbury et al. 2012). The third author was part of the student trainees; she collected data during the workshops and was responsible for the overall administration of the project (Padi, Nduna, and Kiguwa 2012).

## **Participants**

Research participants were students from different faculties and at different levels recruited through regular weekly support group sessions at GALA. Participation was also open to young people who were not registered at the University but who chose to attend the LGBTI support groups at GALA. The core group consisted of 12 participants aged between 18 and 25. The workshop organisers, who are the authors of this article, announced the workshops at a public platform at one of the weekly support group sessions at GALA and invited volunteers. Through snowballing and by word of mouth others heard about the workshop and enrolled. All participants were Black Africans except for one White student. Participants identified

themselves as gay, lesbian, or bisexual. All volunteers were aware that the workshops were part of a research study in sexuality.

## **Action**

Participants each attended the full Stepping Stones workshops that involved a total of nine three-hour sessions that ran weekly over three months plus a final community meeting where friends and colleagues were invited. The group was a closed group. However, there were a few people who joined later and some who attended only some of the sessions, bringing the total to about 20 participants. The core group thus consisted of twelve members, four members of the research team and the lead facilitator. Stepping Stones is facilitated in peer groups and in this case, age and sexual orientation provided the premise for the commonality between members. Because the program ran over a three-month period this allowed for development of rapport with the facilitator that made it easier for all to contribute and share from their personal experiences. The extended workshop time (3 months) also fostered group cohesion and support for group members as they got to know each other more closely. We conducted the workshops mainly in English though participants were allowed to speak their African vernacular. Mostly this did not disturb facilitation as the facilitator is fluent in one African language, isiXhosa, and able to understand isiZulu and seSotho to some extent.

Use of participatory intervention workshops for research purposes is considered as action research and is prevalent in studies of sexuality (Jarjue et al. 2000; Samara 2010). This methodology is valued for research with young people as it affords 'joint production of new knowledge' (Vaughan 2014). In the workshops participants are given an opportunity to explore the gaps between the ideal societal norms with regard to sexual expectations of young people and the ways in which the reality impact on them (Nduna and Jama 2001). Drawings, stories and specifically spider diagrams drawn on flipcharts to record workshop data for research purposes are used in similar qualitative studies (Jarjue et al. 2000; McIlwaine and Datta 2004; Nduna and Farlane 2009; Samara 2010; Varga 2002).

Data analysed for this article were drawn from the session entitled '*Why we behave as we do*'. This session was a reflection on sexual behaviour of group members and their peers. Participants were asked to think of the last time they had sex and reflect on how and why that sexual encounter happened. The second instruction asked participants to talk about why gay, lesbian, and bisexual youths like 'us' have sex. We recognised that some of the reasons given could have been from participants' personal experiences. The responses were considered in a brainstorming session and then recorded on a flip chart using spider diagrams. The

brainstorming was followed by a plenary where participants engaged with the recorded responses. For each response, the group collectively discussed their thoughts of the circumstances around that sexual encounter and how the parties may have felt at the time. The exercise continued and participants brainstormed, in general, why young LGB people have sex and more reasons were added to the flip chart. A discussion of how these experiences correlated with participants' value systems and life circumstances was facilitated and each experience was analysed and considered for the risks that it potentially carried so as to arrive at an analysis of whether it was a good or not so good reason/circumstance under which to have sex. There were no criteria for 'good or not so good'; participants motivated their stance and debates and discussions occurred until the group reached consensus and the facilitator recorded it. The space that is afforded to participants through the facilitated group discussion potentially opens an opportunity for participants to critically think about their own behaviour and consider implementing change (Crankshaw 2012; Vaughan 2014). The whole experience was fun and yet educational at the same time.

One limitation of this kind of data would be recall bias. Since participants were asked to specifically recall the last time they had sex we hoped that this would minimise recall bias as it focused on the most recent encounter. As responses were offered on a voluntary basis the facilitator was careful not to pick on participants who might have been either shy to speak or had no sexual experience; so we cannot say these represented everybody that was present in the discussion. It should also be taken into account that people have varied motivations for engaging in sex with different partners or with the same partner at different times. Another limitation could be that most of the gay men identified themselves as effeminate and 'bottom' and so views of the 'top' may be missing here. During the workshop male participants suggested that masculine gay men, the 'tops' were less likely to publicly identify themselves as gay as they could easily pass as straight in the society. Some of the participants said they switched roles in their relationships; see (Kiguwa and Nduna 2017) for a discussion on the 'top/bottom'.

### **Data analysis**

All authors went through their notes and the flip chart notes first. Then we discussed our recall of the discussions and non-verbal expressions in the group. We noted that men were more vocal than women. This reflects expressions of gender in interactional spaces, a phenomenon that is accounted for in various theories such as the expectations states and the status characteristics theories (Correll and Ridgeway 2006, Ridgeway 1993, Wagner and Berger 1993). Data analysis

were inductive and based on the empirical material collected from the workshops.

We used a thematic analytic approach to analyse the data. Thematic analysis befits these kinds of studies as demonstrated in other similar South African studies (Van der Heijden and Swartz 2014). We first visually present the raw data of participants' responses. Next we analysed and reported on whether these reasons for having sex were evaluated as positive or negative by the group. We then explored how the parties involved may have felt in these encounters and made recommendations for interventions. To strengthen credibility of our interpretation of the findings we conducted peer discussions of the findings among the researchers; a method acceptable in qualitative studies on sexuality (Fongkaew et al. 2012).

## **Ethics**

As authors we were mindful of ethical conduct throughout the project. The bigger project received ethics approval from the University's ethical committee for research with human subjects (non-medical). We did not go through the formal written processes of giving consent because some of our participants have not come 'out' with their LGB status yet. We asked all participants to give verbal consent for use of their responses in writing up this article. This practice has been adopted by the first author previously (Nduna and Farlane 2009). We endeavoured to protect participants through minimising collection of personal identifying information by not using their names in this report. Participatory methodologies such as this are known to foster safe social spaces for young people (Vaughan 2014). The safe space was maintained throughout as we were working with a group that was considered marginalised. The project had some direct benefit to the participants, as it was action research; they all received HIV, sexuality and reproductive health and rights information. There is also recognised value in these kinds of workshops as participants learn from each other within the structured workshop curriculum (Van der Heijden and Swartz 2014).

## **FINDINGS**

### **Why do young LGB people have sex?**

Diagram 1, reflects the original flip chart with the reasons for having sex. For clarity of reading, we transferred these to a PowerPoint slide. We examined the positioning of the actor (participant) in relation to the reason for sex to see if these served the interest of the actor or the partner and we found that some of these motivations for sex were in fact about the participants, they wanted to have sex. Off course others were about the partner; sex was engaged in to please

the other.

Reasons that were about ‘*me*’ included; ‘a need to get rid of virginity, a need to validate true love, because I loved him, to test the relationships, I was bored, to solidify my sexuality as a gay man, enjoyment, feeling daring, to get rid on my headache, insomnia, to have something to talk about to friends, being horny, feeling attracted to the persons, intimacy, missed sex, curiosity, to get warm, the end an argument and for rebound purposes.’ Reasons that were about the other included, ‘he paid for dinner; he asked for sex, feeling obliged to give sex.’ There were some other reasons that indicated that the participants engaged in coitus simply because of ‘boredom’ or the excitement derived from risky behaviour. Experimentation with sex and societal pressure were also listed. Reasons where it was unclear whose motivation the encounter satisfied were, ‘it was a quickie, adventure sex in the car, accidental sex/home alone’. Being alone at home was discussed as an enabler rather than a reason for sex. Having sex to comfort someone could have been about that person feeling comforted but it could also have been about the giver of sex (as they described) feeling worthwhile and useful that they have comforted a friend. Similar to this was having sex to get back at an ex, the ex (it is assumed) would be hurt to discover this but also the actor will feel that they have asserted themselves in this way. The reasons for having sex when drunk and giving sex as a birthday gift were also unclear as to whether this was for the actor or the partner. As reflected in the diagram, the positively affirmed reasons were ‘being horny, felt pity for my partner, fun, opportunity and love’. Negatively evaluated reasons were ‘alcohol, rebound, and revenge’. What remains unclear is whether this sample only ever engaged in sex with members of the same sex or not.

### **What purpose did these sexual encounters serve?**

Participants talked about sex as both a means to an end and an end on its own. There were two themes that emerged as we analysed the data; these were reasoned and spontaneous sex. These were not categorical as one motivation could cut across.

#### **Reasoned sex**

When we say sex was sometimes used as a means to an end we are reflecting on reasons such as a need to get rid of ones virginity, to validate true love, to end boredom, for reconciliation, to comfort a friend, to please a partner, to solidify one’s sexuality as a gay man, and to test the strength of a relationship. It appeared that for most of these reasons participants communicated a sense that they were in control of the circumstances that led to sex, that their engagement in these particular sex encounters were calculated, strategic and sometimes consciously decided.

Some reasons why ‘*we have sex*’ communicated a sense of obligation to have sex because a partner paid for dinner and was therefore rewarded with sex; this exchange type of a sexual encounter was also mentioned in the event of a partner’s birthday where sex was given as a gift.

### **Spontaneous sex**

Others suggested spur of the moment encounters such as having engaged in a quickie, adventure sex, accidentally having had sex or because an opportunity presented itself as ‘home alone’ and sex as an act of dare. Participants laughed a lot during this discussion suggesting that they were familiar with these encounters and found them amusing. The discussion that ensued suggested these encounters were with partners that participants were familiar with, whether current or former partner and a person that one was attracted to. Passionate sex was described as sex that happened in the context of intimacy, or having longed to have sex after a period of abstinence. However, there was a sense communicated by the group that other encounters such as those that happened when sex was used to shut a partner up during heated conversations or arguments, in a drunken state, because one felt pity for the person that they had sex with or as a result of anger to get back at an ex – referred to as ‘pussy power’, might have been dispassionate. Implicit in some of the accidental encounters is a possibility for pressure and trickery but of course not in all. Participants presented sex as fun and as a response to physical needs, for instance when one was horny, to keep warm, relief of headache, and insomnia were presented by participants but could well be based on myths.

## **DISCUSSION**

Reasons cited by participants in these SS workshops were similar to those reported from other SS workshops with heterosexual youth groups from within and outside the country. Feelings of love, alcohol and persuasion or force seemed to be common with those presented in the other studies (Lane et al. 2008). The motivations, and enablers, for engaging in sexual intercourse as reported in this article are no different from those of heterosexual youths such as being alone with the boyfriend/girlfriend, using alcohol, curiosity, pornographic media, physical stimulation and hearing about sex from others (Fongkaew et al. 2012). The Stepping Stones activities are valuable in that they allow each group to affirm the joys associated with sex while enabling participants to think about ways to negotiate some of the risks that are involved (Nduna and Jama 2001). Sexual health is currently defined by the WHO as,

... a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having

pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO 2006).

This definition highlights the holistic aspect of sexual health that remains one of the central challenges of sexual and reproductive health initiatives amongst the youth in general. Our findings are important because even though it appeared that participants wanted to engage in sex at the time, young people may harbour feelings of regret and feel used, bad, worried, unstable, stressed, exposed, confused, afraid and unsafe after some sexual encounters. Hence it is pertinent to emphasise that in interventions with young people they should be armed with knowledge before deciding to engage in sex. It would appear that when youth make an informed decision to engage in sex this may ameliorate negative feelings and they report feeling secured in their relationships, courageous, good, determined and confident. Our findings suggest that excitement around sex might be one factor that receives little attention but is important in highlighting risky sex among young people. Here, as elsewhere, participants' perceived vulnerability of contracting HIV seemed rather low, as deduced from, a) the casual nature of sexual encounters and, b) the surprise expressed when educated about sexual health by participants during the group sessions (Nduna and Jama 2001). Moreover, risky behaviour is likely to be a function of 'social identities' rather than of one's own independent decision-making (Beeker, Guenther-Grey and Raj 1998; Kiguwa and Nduna 2017).

HIV and other STIs are a serious problem facing the young population and in as much as abstinence appears to be a sensible response, it is not the only option that young people consider. Peer and partner pressure and power dynamics impact on sexual practices and may have serious implications for condom negotiation (Van Heijden and Swartz 2014). Feeling obligation to have sex borders on forced sex and carries a risk for HIV infection because condoms may not be consistently used in encounters such as those described as 'having sex to please a partner, partner paid for dinner, feeling obliged to give sex, having sex when drunk' and these could constitute situations of coercion. Similar kinds of pressures from partners to demonstrate commitment to and trust in the relationship are reported by heterosexual young women (Jewkes et al. 2001; Varga and Makubalo 1996; Wood, Maforah, and Jewkes 1998). Not much research has focused on similar dynamics of power within same-sex relationships and amongst young black same-sex couples (Renzetti 1997). However, some studies have indeed shown that forced sex practices occur in many same-sex relationships although these are often not documented due to social prejudice by most authorities (Pattavina et al. 2007; Turell 2000). Psychological aggression, that includes a range of behaviours that are used to hurt, coerce, control, and intimidate intimate partners, is a common and serious problem in the

relationships of LGB individuals (Masona et al. 2014). It was also evident here.

Sex because a partner paid for dinner possibly indicates transactional forced sex and is a risk factor for unsafe sex because condoms may not be used in such encounters. Transactional sex is commonly reported amongst heterosexual women in South Africa as part of the intimate relationship (Dunkle et al. 2004, Potgieter et al. 2012). Kaufman and Stavrou (2004) for example argue that gift-giving or the exchange of sexual favours for material favours may be characterised by power imbalances within the relationship. Such power may not always be considered as abusive because often it is not physically violent. Feeling obliged to have sex with someone might constitute some form of sexual harassment (Conroy 2013). Hence in such cases of ‘provider love’, ‘exchange-based relationships’, ‘survival love’ (Kiwauka 2010), ‘transactional sex’ (Jewkes et al. 2012), ‘sexual economy’ (Hunter 2007), ‘selling sexual favours’ (Mosoetsa 2011) ‘sellers of sex’ (Mosoetsa 2011) or ‘something-for-something-love’ (Van Heijden and Swartz 2014), many young women report feeling ‘obliged’ to engage in sexual activity, often without a condom, because their male partners have provided them with some or other form of material commodity (Jewkes and Abrahams 2002; MacPhail and Campbell 2001). This could be similar to what was described in the data.

Accidental sex is an unplanned sexual activity that may have implications for preparedness to use safe sex measures. This failure to prepare and plan for sexual activity reflects the tendency of young people to become sexually active due to feelings of ambiguity about intimacy and sex. Thus, while many young people are aware of and have knowledge pertaining to sexual and reproductive health, this information is not always considered during moments of sexual interaction. In the discussions, some participants further noted that the decision to engage in spontaneous sexual behaviour was influenced by the social context in which they found themselves. These contexts are often characterised by alcohol and other stimulants being readily available. Other studies of risk behaviour amongst the youth present similar findings, in which different states of intoxication were found to be influential in the choices many individuals made with regards to risky sexual behaviour (Fritz et al. 2002; Van Heijden and Swartz 2014; Kalichman et al. 2007; Weiser et al. 2006). Lane et al. (2008) suggest that alcohol consumption influence the socialising pattern and depth of many young people, including same-sex coupling and is associated with unprotected sex. Nonetheless, they proposition, in line with Morojele et al. (2006) that more focused explorations be conducted of the environment of social drinking, and economic, peer-group and interpersonal indicators.

Sexual orientation and identity is fluid and people try out different identities at different times; sometimes giving in to heterosexuality because of social norms and peer pressure.

Further, it may be short-sighted and narrow minded to assume that lesbian and gay youth have sex with members of the same sex only and so some of the sexual encounters discussed by the gay or lesbian identifying participants may have been with partners of the opposite sex. In addition, it is worth noting that not all of the workshop participants had had a sexual experience at the time. The group did not really look at consensual power play such as Bondage and Discipline, Dominance and Submission, Sadism and Masochism (BDSM) in a relationship or domestic violence in LGB relationships.

## **CONCLUSIONS**

This study provides reflections on sex and sexual behaviour by youth LGB identifying participants at an urban university in South Africa. This study demonstrates that the reasons LGB youth engage in sex may not be unique; comparisons with hetero-normative communities prove this. Comfort sex, pity sex, make-up sex and pussy sex could be indications that youth need to be equipped with effective communication skills so that they do not resort to sex to end a feud or make someone feel better. More participatory action research is needed with youth identifying LGBTIQ+ in universities to further this area of study. The findings of this study also communicate that youth use sexual slang in debates and discussions about sexuality; some of this language can be used in sexuality education for LGBTIQ students to make the interventions relevant for this youth group. Incorporating easy, informal language could make the target group feel resonance and attract their attention. These findings, though based on data from one urban university could be applicable in other campus settings whose student body shares similar background characteristics as those of the University of the Witwatersrand.

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