SEXUAL RISK TAKING AND HIV VULNERABILITY AMONG YOUNG WOMEN IN POST-APARTHEID SOUTH AFRICA

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I dedicate this thesis to our boy, Lwethu Mikhulu Sikulindile Mkabile: gone too soon, wish you were here.
ABSTRACT

Background: Young women face the highest risk of HIV infection than any other group in South Africa. Within the broad population of young women, those who have multiple sexual partners are thought to have a heightened risk of contracting HIV. Qualitative evidence suggests transactional sex, age mixing, inconsistent condom use and intimate partner violence as the leading risk factors that contribute to the risk of HIV among young women in the country. However little is known about the extent and organization of these risk behaviours among women who have multiple sexual partners. Historical and post-apartheid structural arrangements are suggested as the contextual antecedents of young women’s vulnerability to HIV in the country. However, the evidence on how these risk and vulnerability factors combine to heighten HIV risk and the particular ways in which young women use their sexual behaviour to negotiate life in the country remains sparse.

Main aim: This dissertation analyses and explores HIV, sexual risk taking, intimate partner violence and relationship power inequity among young women aged 16-24 who have multiple sexual partners in a peri-urban setting in the Western Cape, South Africa.

Methods: The research employed a mixed methods approach that made use of quantitative and qualitative methods. In the quantitative study, Respondent Driven Sampling was used to recruit and manage the enrolment of 259 young women reporting more than one sexual partner in the past three months. In the qualitative study, young women aged 16-24, men aged 23-32, community leaders and parents were recruited using purposive sampling methods and enrolled in focus group discussions, individual interviews and key informant interviews. Estimates of population proportions and 95% confidence intervals (CIs) were calculated using the Respondent-Driven Sampling Analysis Tool 5.6 (RDSAT). Focus group discussions, individual interviews and key informant interviews were analysed using content analysis methods.

Findings: Extremely high rates of sexual risk taking were established among the largely adolescent, school going and poor subpopulation of young women. Nearly all of them had engaged in transactional sex with their most recent sexual partner (91%), 87% and 77% reported concurrency and inconsistent condom use respectively, in the past 3 months. Eight out of ten reported experiences of violence and 70% reported sexual coercion at sexual debut. Having high numbers of partners (≥ 7) in a short space of time increased the likelihood of inconsistent condom use with main and causal partners. Transactional sex and age mixing were strong predictors of experiences of sexual intimate partner violence. The qualitative findings confirmed the high levels of sexual risk taking among the young women, and suggested a combination of relational, social, economic and household arrangements as the main drivers of their risk behaviours. Parenting young women in this context was experienced as extremely challenging as parents grappled with new and poorly understood post-apartheid legislation on children’s rights, and local, community deficits.

Conclusions: The young women featured in this dissertation presented with a constellation of high-risk sexual behaviours that clustered to form a risk syndrome. Multiple concurrent sexual partnering, transactional sex and age mixing were shown to hold important economic and existential meanings for the young women. The young women used these sexual risk behaviours to pursue social inclusion and avoid exclusion in a local context marked by new and sudden exposure to commodities, social and economic inequalities, global technologies, and a strong and punitive popular youth culture. Importantly, the nature of these risk behaviours was inherently structured to undermine women’s power and exacerbate vulnerability to male dominance, extremely high levels of violence, and ultimately HIV. A combination of macro-level and bottom up strategies that address social, economic and gender inequalities and the negative impact of global technologies and popular youth culture on young women are urgently needed in South Africa.
LIST OF PUBLICATIONS


III. Zembe Y, Townsend L, Thorson A, Ekström AM. Intimate partner violence and relationship power inequity among young women reporting high-risk behaviours in South Africa. *Submitted*

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<table>
<thead>
<tr>
<th>Acronym</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency virus</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission of HIV</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNPFA</td>
<td>United Nations Population Fund</td>
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1 BACKGROUND

1.1 THE STATE OF THE HIV EPIDEMIC IN SOUTH AFRICA

Thirty four million people in the world are infected with HIV (UNAIDS 2013). Recent data show that in the year 2011 alone, 2.5 million people became infected with the virus (UNAIDS 2013). However, 25 countries have also seen a 50% reduction in new HIV infections between 2008 and 2012 (UNAIDS 2013). Among the countries that have seen major declines in new HIV infections is South Africa, the country with the largest number of people living with HIV in the world (UNAIDS 2012). South Africa is reported to have reduced new HIV infections by 41% between 2011 and 2012 (UNAIDS 2013). The population group that has seen the largest declines in new infections are newly born children, among whom a 40% reduction in new HIV infections has been observed (UNAIDS Global Report 2013). Thus credit for these positive developments is attributed to the country’s Prevention of Mother to Child Transmission of HIV programme (PMTCT). Clearly South Africa is many years away from the years of AIDS denialism, and this is evidenced by the country’s historic commitment of domestic funds, which finance more than 75% of the national HIV response strategies (UNAIDS 2013).

Despite these positive developments, HIV continues to be a major threat in South Africa. The reports of reductions in new HIV infections are paralleled by sobering evidence that risky sexual behaviours are in fact on the rise in the country (UNAIDS 2013). Specifically, this year’s Global Report on HIV names South Africa as one of 11 countries in the world that has seen a significant increase in reports of multiple sexual partnering among women (UNAIDS 2013). Multiple sexual partnering increases the likelihood of concurrency because the more sexual partners one acquires in a short space of time, the greater the likelihood of partner overlap (Mah 2008; Tanser et al 2011). Although not incontrovertible, concurrency is thought to be a key driver of the HIV epidemic in South Africa and neighbouring countries (Halperin & Epstein 2004; Mah & Halperin 2010). In high HIV prevalence settings, the density of concurrent sexual networks increases the chance that an uninfected sexual partner will encounter an acutely HIV infected sexual partner (with high viral load and greater infectivity) during an unprotected sexual act (Halperin & Epstein 2004; Mah 2008; Tanser et al 2011; Delva et al 2013). Thus, reports of increases in multiple sexual partnering among women signal that the observed declines in new HIV infections in South Africa may be temporary unless serious behaviour change patterns are observed. Further, these reports confirm this subpopulation’s classification as one of the country’s most-at-risk-populations in the generalized epidemic scenario of South Africa (Shisana et al 2009).

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1 Due to the hypothesis that multiple sexual partnering is a predictor of concurrency, in the thesis the terms “multiple sexual partnering” “multiple concurrent sexual partnering” and “concurrency” are used interchangeably and to refer to the same risk dynamic
1.1.1 Young women as a most-at-risk population in South Africa

In the country, women, especially those who are young, are disproportionately infected with HIV compared to their male counterparts (Shisana et al. 2009). Recent analyses of national HIV incidence data show that in the age group 15-24, the HIV incidence rate is 4 times higher among women than among men (Rehle et al., 2010). Further, the prevalence of HIV among young women escalates rapidly as they grow older: 7% among 15–19 year olds compared to 21% among 20–24 year olds and 33% among 25–29 year-olds (Shisana et al., 2009). It is on the basis of this strong evidence of their differential vulnerability to HIV that young women aged 16-24, and those who have multiple sexual partners are classified as most-at-risk populations. Other most-at-risk populations in the country include people who identify as Black; men aged 25-50+; men and women residing in informal or peri-urban settings; men who have multiple sexual partners; problem drinkers; and people with disabilities (Shisana et al. 2005 & 2009).

Underlying the persistence of HIV among young, Black women are structural and historical determinants of health that predated the onset and trajectory of the epidemic in high prevalence settings in the country. As in other contexts, here too “the epidemic has been shaped not only by powerful biological forces, but by behavioural, social and cultural factors as well” (Brandt 1988: 148). Importantly, these contextual antecedents of risk do not respond to mere investments in behavioural and treatment programs; they require considerable political will and resources to transform the structural template upon which the drivers of HIV are predicated. In other words, considerable reduction of new HIV infections among young women in South Africa is likely to be seen only when national responses are invested in strategies that generate in-depth knowledge of the risk and vulnerability factors that drive HIV levels among this population.

Risk has to do with individual sexual behaviours that expose populations to HIV infection (Klot & Nguyen 2009). Vulnerability on the other hand is informed by the socio cultural and economic context, within which sexual behaviour is produced and negotiated (Klot & Nguyen 2009). As such the factors influencing HIV transmission in high HIV prevalence settings extend beyond sexual behaviour to include biological and structural precursors.

The confluence of risk and vulnerability factors in the trajectory of HIV is evident among young Black women in South Africa, since the predictors of HIV infection among them include both demographic characteristics (being young, female, Black and residing in informal or peri-urban settlements) and risky behaviour (multiple sexual partnering) (Shisana et al. 2009). Of major concern to researchers and other actors addressing sexual health issues among young women (and men) in the country, is establishing how the sexual behaviours and the factors informing the demographic characteristics of this subpopulation have mutated to present day vulnerability to HIV. To answer this question requires that we travel through time and interrogate the major life defining periods in South African history that may have produced and shaped the character of risk so evident in the sexual behaviours of young women.
1.2 THE HISTORICAL CONTEXT OF SEXUAL RISK TAKING IN SOUTH AFRICA

1.2.1 Sexual socialization of unmarried, young people in the pre-colonial era

There is a relatively high degree of polarization among historians, ethnographers, researchers, traditional and political leaders’ accounts of the sexual practices of Black African communities prior to the arrival of colonial settlers in South Africa (Marks 2002; Alhberg 1994; Hunter 2007). There are those who propose that violent and licentious sexual norms are primitive characteristics of Black African sexual activity (Caldwell, Caldwell & Quiggin 1989), and that these explain the current diseased configurations of this populations’ sexual practices (Delius & Glacer 2002; Hunter 2005 and 2007). On the other hand, custodians of Black African culture and others (e.g. Alhberg 1994; Hunter 2002) dismiss these arguments as examples of the offensive rhetoric that underlined Western representations of Black African peoples by early historians whose socio-political agenda demonised all things African. Some of these defenders of Black heritage counter the offensive portraits of African sexual practices by instead presenting a puritan version that represents pre-colonial Black sexuality as having been inherently defined by restraint, discretion and highly conservative practices. In their arguments, the risky traits observed in present day sexual practices of Black populations are evidence of the corruptive, sexually permissive influence of the West on the indigene. Of course, implicit in both interpretations of history, is the assumption of homogeneity in the practices of Black people, as though the habits, customs and belief systems of any one population can be arranged to fit one consistent narrative, lacking in nuance and complexity. And yet, the opposite is true. Owing to the multiplicity of Blackness, the Black African population possibly represents the most diverse social practices in the country, expressed in the many tribes, languages, customs and ways of life found in the society.

Importantly, historical accounts on the sexual practices of unmarried Black youth are rare and provided almost exclusively by White, male travellers, missionaries and politically sponsored storytellers, whose commentary on Black sexuality was “refracted through the profoundly distorting lenses formed by a combination of Victorian prudery, Christian morality and cultural distance” (Delius & Glacer 2002: 28). That said, reliable accounts of the sexual socialization of young people in primordial South Africa do exist. These were provided by ethnographers (Malinowski 1932; Schapera 1933; Hunter 1936; Mayer 1961; Mayer 1961; Mayer 1970; Mayer 1980), whose narratives were corroborated by others across time and sourced through a combination of data collections methods and lengthy periods of habitation in Black African communities (Delius & Glacer 2002; Hunter 2002; Wood & Jewkes 1997). Their accounts, based on ethnographies collected in the early 20th Century, and with a strong element of retrospective investigation, contradict both of the earlier mentioned historical versions.

2 The population of Black people in South Africa is divided into four major ethnic groups: the Nguni (Zulu, Xhosa, Ndebele and Swazi), Sotho, Shangaan-Tsonga and Venda. Each of these four has numerous subgroups, of which the Zulu and Xhosa (two subgroups of the Nguni group) constitute the largest ethnic groups in the country. Further, there are 11 official languages spoken by Black people in the country. These are English, Afrikaans, Ndebele, Sepedi, Xhosa, Venda, Tswana, Southern Sotho, Zulu, Swazi and Tsonga.
of Black sexuality (Delius & Glacer 2002). They suggest that adolescent sexual practices in some of the major Black ethnic groups, i.e. the Xhosa, Zulu, Pedi/Tswana, were neither priggish nor licentious (Schapera 1933; Pitje 1950; Mayer 1961). Instead, the sexual attitudes of these ethnic groups were marked by a high degree of candour on the one hand, which enabled open, intergenerational discussions about sex (Mayer 1961; Schapera 1933; Pitje 1950) and high regulation and monitoring of permitted adolescent sexual practices on the other hand. For instance, according to anthropologists Phillip & Iona Mayer (1961), who collected retrospective ethnographic data among the Xhosa in the Eastern Cape region of the country in the 1950’s, adolescent sexual practices were not only acknowledged and legitimized but also regulated and monitored by parents and formalized youth structures. Pitje (1950), Hunter (1936), Mager (1998) and Carton (2000) report the same about the Pedi, the Pondo, Xhosa and the Zulu respectively. In many of these ethnic groups, this meant that adults permitted adolescents to have sexual relationships, but prohibited penetrative sexual intercourse. In the case of the Zulu, adolescent sexual practices were limited to ukublobonga or “thigh sex” (literally referring to male genitalia rubbing between the thighs of a girl) (Carton 2000). Among the Xhosa, variations of non-penetrative sex also existed (Mager 1999; Niehaus 2000), referred to as ukumetsha (allowing some inter genital contact but prohibiting sexual penetration) (Mayer 1961; Wood, Lambert & Jewkes 2007) or isithanga (thigh sex). The legitimization of adolescent sexual relations created social spaces for explicit sex education of pubescent women and men on the techniques of non-penetrative sex. It also meant that parents knew of sexual partnerships occurring between consenting adolescents, and in some cultures would set aside a hut in the homestead that their adolescent could use when visited by their boyfriend or girlfriend for the night (Wood, Maforah & Jewkes 1996; Carton 2000). In these settings, familial and public knowledge and endorsement of sexual partnerships probably did much to discourage the practice of premarital multiple sexual partnering among adolescents.

Instructional orientation to sex commonly occurred during initiation ceremonies associated with menarche and the first nocturnal omission for girls and boys entering puberty, respectively (Delius & Glacer 2002). During this time the pubescent initiate would also be inducted into formally organized youth groups, under which s/he would receive ongoing instruction on all matters relating to accepted adolescent practices.

Among the Xhosa, the Zulu and the Pedi, these youth groups also served to monitor each other’s sexual relationships, their authority formalized by appointed youth leaders who were licensed to punish deviance from socially accepted codes of premarital sexual conduct (Delius & Glacer 2002). Records suggest that these youth leaders wielded considerable power over their groups, which ensured compliance to set rules regulating adolescent behaviour.

Intergenerational regulation and monitoring of adolescent sexual behaviour featured varying degrees of behavioural control. For instance, among the Zulu, the Xhosa and the Pondo, intergenerational regulation of female adolescent sexual activity took the form of regular virginity testing (inspection of a young girl’s genitalia to see if the hymen is intact), often occurring on a weekly basis, and/or after known incidents of sexual contact between young lovers (such as after a sleepover, group outings or wedding celebrations that provided young people with opportunities to mingle without adult supervision) (Vincent 2006). Penetrative premarital sexual intercourse, if found or
suspected, resulted in shame, humiliation and harsh punishment of the guilty parties by peers, family and the community at large (Delius & Glacer 2002). On the other hand, faithful observation of the sexual code of conduct was rewarded with praise and celebration during developmental milestones, such as when young men entered male circumcision/initiation school and when the time came for a girl to marry (specifically during ilobola (bride price) negotiations) (Delius & Glacer 2002).

The societal impact of these cultural management systems of adolescent behaviour was evident in the low rates of unplanned, premarital, teenage pregnancies and adolescent/premarital multiple sexual partnering observed during this era (Delius & Glacer 2002). However, the adequacy of these traditional controls of adolescent sexual activity should not be overstated. They obviously presented highly enticing opportunities for full sexual intercourse, and to an age cohort not known for their high levels of self-control. As such, there are also records that suggest that whilst levels of premarital pregnancy were rare, abortion and infanticide existed, although estimates of the rate at which they occurred are virtually non-existent (Pitje 1950; Mayer 1961). Also, these traditional controls were not constructed to prevent sexually transmitted diseases, only pregnancy and the loss of physical markers of virginity and thus not entirely protective.

It is also important that we do not overlook the controversies and negative impact that some of the practices may have had on other important aspects of adolescent development such as bodily integrity. Here we are referring to practices such as virginity testing and the public endorsement of acts of bullying and violence meted out by youth leaders or adult authorities to deter or punish deviance from accepted sexual practices (Delius & Glacer 2002).

Most importantly, the construction of adolescent sexuality was not gender neutral; celebrated femininities were subordinated and submissive to male authority, as exercised by the father, brother, male youth leader or male sexual partner (Wood, Maforah & Jewkes 1998; Mager 1999; Delius & Glacer 2002). Gender equality was thus not presumed. As such in all of the cultures that forbade penetrative sex among adolescents, although all of the young people were required to observe this rule, the responsibility to enforce it lay primarily with girls (Hunter 1936, Wood, Maforah & Jewkes 1998, Mager 1999, Carton 2000, Delius & Glacer 2002) who were also the only ones physically checked for evidence of penetration (although in the Pedi society males were said to indicate experience of penetrative penile-vaginal intercourse if they bled excessively during male circumcision (Pitje 1950). Female transgressors also received harsher sentencing from peers and parents, significantly reduced their chances of marriage (Hunter 1936, Krige 1950), and thus carried a far greater and longer lasting burden of the shame and humiliation over such transgressions than their male counterparts (Delius & Glacer 2002). Further, cultural rites of passage entrenched and accentuated gender and social hierarchies that positioned pubescent girls as inferior to boy (Morrell 1998).

Though incomplete and by no means adequate to prevent all poor sexual health outcomes, it is still very significant that deliberate, social systems to ensure positive

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3 This is not to be confused with marital multiple sexual partnering which was widely institutionalized through the widely practiced culture of polygamy
adolescent sexual outcomes in Black communities existed in pre-colonial times. As mentioned earlier, these systems offered formalized and structured intergenerational and peer group communication and instruction about socially endorsed, sexual practices. In this way, the dominant Black societies that were known to uphold these cultural systems, entrenched deliberate, rather than incidental socialization of adolescents about sex, and consequently maintained a degree of control—however fragile—over the sexual outcomes of their adolescents. Compared to present day silence on adolescent sexual activity, and the complete absence of socio-cultural systems that support protective sexual practices among young people (Eun-Young 2006; Kelly 2000), this was a considerable feat. Further, it is well established that open, intergenerational sexual communication and peer monitoring of young people’s sexual practices stands those properly socialized in protective sexual habits in good stead in later life (DiClemente et al 2001).

1.2.2 The making of sexual risk behaviours in the colonial era

Historical records suggest that the country’s indigenous systems of socializing young people on protective premarital sexual practices “crumbled under the combined onslaught of Christianity, conquest, migrant labor, urbanization and Western education” (Delius & Glacer 2002). These socio-political processes of “detribalizing” (Mayer 1962) and “civilizing” (First 1982) the indigene not only left a transformative and lasting imprint on the socio-economic environment within which Black populations negotiated life, they permanently affected the trajectory of their sexual behaviours.

Ethnographers write that among the Xhosa, the nation’s second largest ethnic group, the arrival of Christian and Western influence set in motion cultural differentiations, so that those who accepted the Christian and Western ways were dubbed abantu besikolo (the “Schooled”) or amakoloni (the “Colonized”), and the non-conformists who shunned Western influence, including its religion, language and education were labeled abantu ababomvu (the “Red” people, so labeled because of the red colored clay that the women smeared on their faces) or amaqaba (the “unsophisticated” or “uneducated”) (Mayer 1961; 1970). These social groups were often composed of entire communities, rather than isolated individuals. The local Chief’s conversion to or resistance of Christianity determined community affiliation to either group. As such in communities where a Chief converted to Christianity, wholesale and sometimes coerced conversion of community members followed. In such communities, symbols of Western enculturation, such as school attendance, preoccupation with portraying “civilized” behaviour and the shunning of indigenous knowledge systems often accompanied community conversion to Christianity (Appolis 1996). Importantly, renouncing African “primitive” and “ungodly” ways included the dismantling of social systems that facilitated open and deliberate instruction of young people on premarital sexual behaviour and the regulation and monitoring of adolescent sexual activity (Mayer 1961; Mayer 1970). In their place, Christianity and Western influence promoted a culture of silence regarding sex, and condemned all types of premarital sexual activity as evil (Hunter 2005; Marks 2002; O’Sullivan et al 2006), without institutionalizing alternative, practical guidelines to ensure protective adolescent sexual outcomes. Thus, young people belonging to the “Schooled” group no longer received intergenerational instruction on sexual behaviour, receded their affiliation in formalized peer groups and no longer participated in such surveillance activities as virginity testing. Young people in this group ridiculed and stigmatized such practices as ukumetsha or isithanga.
dismissing them as “old fashioned, dirty and not much fun compared to full intercourse” (Mayer 1961: 254). Mayer (1961; 1970) report that by the 1930’s as Christian and Western enculturation advanced, rates of premarital pregnancy among the “Schooled” group increased, whilst they remained rare among the “Red” group who maintained traditional systems of adolescent sexual socialization (Delius & Glacer 2002).

This is not to say that Christianity and Western influence were the only factors that contributed to the surge in premarital pregnancy in Black communities. Other socio-political processes, such as the migrant labor system are listed as concomitant factors that contributed to major social breakdown in Black communities (Alhberg 1994; Delius & Glacer 2002; First 1982). We attend to these factors below.

1.2.3 The advancement of risky youth sexual practices in the late 19th Century and early 20th Century

The growing influence of Western culture on the sexual behaviour of Black South Africans was to be further galvanized by the deepening influences of intensified processes of colonialism, namely the migrant labor system and urbanization (Delius & Glacer 2002; Alhberg 1994; Hunter 2002). As the conquest and domination of Black Africans advanced in the 18th and 19th Centuries, South Africa’s economy became increasingly cash driven, and as dispossession stripped Black people of their land and livestock, rural economies became weak and unviable means of securing livelihoods. Further aided by the discovery of diamonds in Kimberley in 1867 and gold in the Witwatersrand in 1886 (Harington et al 2004), the migrant labor system pulled men from their unprofitable, rural homesteads to mining and commercial industries in faraway cities.

There is little dispute among scholars that the migrant labor system was unkind to Black people (First 1982; Hunter 2007; Delius & Glacer 2002; Marks 2002; Harington et al 2004; Appolis 1996; Campbell 1997). The general consensus among various academic authorities is that the system was “untenable, pervasive, regrettable, certainly not a temporary system, but an entrenched and fundamental one with serious social costs” (Harington et al., 2004: 69). The greatest social costs of this system were borne by familial and sexual partnership ties of both the men who journeyed to the city and the women, children and extended families that they left behind, resulting in fragmented, and often times permanently severed relations (First 1982; Horlborn & Eddy 2011; Campbell 1997). Specifically, through poor remuneration, single-sex hostel living arrangements, enforcement of labor conditions that precluded more than one annual home visit, and influx control measures, the system forced men to live apart from their wives and families for lengthy periods of time (Delius & Glacer 2002; First 1982; Harington et al., 2004; Hunter 2007). These migration conditions mainly affected three aspects of adolescent sexual behaviour: the formation and sustainability of vibrant youth groups (especially in non-converted, traditional communities that still practiced traditional controls of managing adolescent sexual activity), parental control of young people (Appolis 1996), and the size of sexual networks (Campbell 1997; Campbell 2000).

With regards to the first, as rural farmlands became less arable, and migrant labor became the only viable means of ensuring sustainable rural livelihoods, uninitiated
young boys in late adolescence began joining adult men who were migrating to mining or commercially viable cities to support their families (Delius & Glacer 2002). Thus formal youth organization structures missed the participation of young males, leading to their eventual ineffectiveness in monitoring and regulating premarital sexual activity (Delius & Glacer 2002).

Upon arrival in the mining cities, these young men’s sexual socialization was hugely and negatively affected by processes of “detribalization” and the harsh living conditions of migrant life (Mayer 1962), such that they abandoned sexual values inculcated at home, and adapted to the risky environment around them (Delius & Glacer 2002). Notably, during annual visits to their rural homes, these youths would transpose their newly acquired, risky sexual orientation onto their admiring rural peers, accenting the effect of other co-occurring processes that were corroding traditional controls of adolescent sexual activity (e.g. Christianity).

In this era, parental supervision of young people in general and adolescent sexual activity in particular were also greatly challenged by the migration of fathers, husbands and sons to the mines. The absence of males in the rural areas significantly reduced household workforces, so that in addition to their childcare and housekeeping duties such as cooking, cleaning and fetching water from distant rivers, women also had to assume chores traditionally assigned to men such as farming, building or repairing housing structures, and herding livestock (First 1982; Harington et al., 2004; Delius & Glacer 2002). Women’s heavy workload in the context of too few hands meant that the business of parenting, monitoring and regulating adolescent sexual activity was all left in the care of highly strained and busy women (Delius & Glacer 2002). Under these circumstances parental supervision, which had previously complemented youth/peer systems of monitoring adolescent sexual activity, was severely compromised (First 1982; Delius & Glacer 2002; Appolis 1996). The combined effect of dismantled youth systems of managing premarital sex and poor parental supervision led to the virtual end of all relatively protective adolescent sexual practices such as non-penetrative sex (Delius & Glacer 2002).

Records suggest that occurring in concert with other social changes such as the increasing influence of Christianity in both rural and urban areas, risky lifestyles imposed by the migrant labor system effectively stimulated practices of full sexual intercourse, the purchasing of commercial sex and multiple sexual partnering among Black people, including the young (Hunter 2002, 2005; Mah & Halperin 2010; Jochelson 2001).

1.2.4 The inculcation of single, female parenthood in the mid-20th Century

Importantly, prior to the First World War, the migration of Black people to urban areas was an experience almost entirely limited to men, who would journey to cities initially planning to only remain long enough to accumulate money for ilobola, build a rural homestead and accumulate other prized markers of successful manhood such as cattle (Hunter 2005; Delius & Glacer 2002). Thus only a small number of women migrated to urban areas, with the sex ratio of males to females reportedly 21:1 in the late 19th and early 20th Centuries (Delius & Glacer 2002). The over representation of Black males in the migrant labor system had to do with the type of work for which Black labor was sought, namely mining and domestic work, the influx control
measures mentioned earlier, and the crowded, single male hostel living arrangements provided for Black migrants (First 1982; Delius & Glacer 2002; Harington et al., 2004). However, from the 1920’s this gap narrowed tremendously, owing to deteriorating rural farming returns, the growing incidence of wife abandonment, and increasing rates of widowhood (Delius & Glacer 2002) as morbidity and mortality rates related to pneumonia and tuberculosis soared among mine workers in this period (Harington et al., 2004). Women flooding urban areas in this time largely made a living from beer brewing and commercial sex work (Hunter 2007; Delius & Glacer 2002; Alhberg 1994).

During this time Mayer (1961) made the observation that “this conjunction of deprived men and unattached women in a tight-packed urban slum is bound to favor sexual liaisons” (p252). The entrance of women in the migrant-urban space is thus credited with two profound effects on the configuration of sexual risk behaviours: the upsurge in the rates of single, female parenthood, and the redefinition of heterosexual gender relations (Hunter 2007; Delius & Glacer 2002; Alhberg 1994). We shall deal with the first phenomenon and return to the second issue later when we examine the historical and present time processes that have affected and reinforced prevailing constructions of femininity and masculinity among Black populations.

As increasing numbers of women migrated to urban areas after World War 1, and as domestic work became reconfigured to include Black women as servants of White homeowners, the prevalence of Black households, as opposed to single males in mining compounds, increased. These households were located in peripheral, non-industrial, hard-to-reach, segregated townships created specifically for the occupation of Black populations. As Western forces of detrivalization and Christianization of Black African populations continued unabated all over the country, many township residents went through what Mayer (1962) describes as alternation between their tribal and urban selves:

“…the double roles of the labor migrant have been theoretically reconciled by a use of the idea of alternation or switching back and forth in time. Thus, Ego, who is now in town, this year plays roles in urban society; next year he will be back in the hinterland playing roles in tribal society; and so forth. Or again: Ego, while in town, is involved in urban sets of relations this morning, at the workplace, but in tribal sets this evening, in his urban domestic life; he plays certain roles according to urban norms each morning, and other roles according to tribal norms each evening.” (Mayer 1962:579)

Part of being “urban” involved adopting perceived “Westernized” constructs of modernity, prudery, civilization and respectability (Delius & Glacer 2002). Constructs of westernization that affected urban youth sexuality included those that prescribed silence and avoidance of sex related topics and thus, as described in the case of the Eastern Cape “Schooled” groups (Mayer 1961) referred to earlier, adolescents and their parents, men and women, did not talk about sex (Delius & Glacer 2002). Interestingly, a major contradiction to the prudish attitudes of this society towards sex was the ubiquitous presence of sexual activity that Black children were exposed to as a result of the single person hostels and matchbox single room houses that were shared by multiple families at a time (Delius & Glacer 2002; Wood, Lambert & Jewkes 2007). Such structural arrangements did more to frame the sexual
socialization of young Black people living in urban areas than the lip service paid to priggish sexual norms by this society. The continuous and prolonged exposure of teenagers to sexual mating occurring in the presence of multiple audiences may have done much to undermine the ideas of intimacy and exclusivity underpinning single (as opposed to multiple) sexual partnerships. It is no wonder then that multiple concurrent sexual partnerships and casual, no-strings-attached sexual encounters are such a common feature of young Black people’s sexual behaviours, especially since these dynamics continue to be reproduced in the overcrowded shacks or government issued houses where most teenagers in South African townships grow up.

Perhaps among the most enduring legacies of this era was the upsurge in single, (often adolescent) female parenthood, a phenomenon that to this day persists in defining Black South African family structures. As Black migrants negotiated the tensions of their tribal versus urban selves, the practice of non-penetrative sex became even more out of place in the “modern” urban spaces that they occupied. Correspondingly, full and unregulated sexual intercourse became the norm, whilst the demands imposed by constructs of civilization and modernity meant that those intent on displaying veneers of sexual modesty could not engage in intergenerational conversations about alternative methods of protection such as modern contraceptives. (Delius & Glacer 2002). In addition, marriage became too expensive, unstable cohabitation became increasingly common but co-parenting of children became less visible (Longmore 1959). In this context of contradictions and thinly veiled sexual hypocrisies, unplanned, premarital pregnancies became the norm. For instance, a government report referred to as the “Viljoen Report of 1951” estimated that the majority of Black children born in urban areas during that period were born to single mothers (Delius & Glacer 2002). Another study conducted in one of the largest Black populated townships in Johannesburg in the 1950’s reported that two thirds of all births and just about every first-born child were born to single parents (Longmore 1959). This phenomenon was not limited to mining urban areas; it was also reported in a research report about Langa, one of Cape Town’s oldest townships (Wilson & Mafeje, 1963).

Although not incontrovertible, research on family dynamics suggests that growing up in one-parent households is associated with poverty and risky behavioural outcomes among young people, including adolescent pregnancy (Murry et al 2001). Young women who grow up with their fathers are more likely to have higher self-esteem, lower levels of sexual risky behaviours, less risk of teen pregnancy and fewer problems with forming and maintaining healthy intimate partnerships, than those whose fathers are absent (Murry et al 2001). These factors highlight the important role played by family dynamics in the aetiology of HIV behavioural risk among young people.

1.2.5 The collapse of parental control, and the reinforcement of high-risk youth identities in apartheid South Africa

After the National Party’s landslide victory in the national [Whites only] elections held in 1948, the domination, disenfranchisement and social and economic marginalization of Black people, embodied in the official policy of apartheid, became fully legalized and institutionalized in South Africa. In response, a culture of political resistance emerged among Black people, and by the 1970’s, marked by the 1976 nationwide, student led boycott of the inferior Bantu Education, new norms for youth organization were created. These new forms of youth organization were political,
militant and pugnacious in their character (Delius & Glacer 2002). The many staged protest marches and political boycotts of one system or the other led to arrests, idleness, high mobility and instability as youth ran away from their homes to escape the police and often stayed away from school and became idle for long periods of time. These experiences affected every facet of being young and Black in urban South Africa, including sexual behaviour (Delius & Glacer 2002; Hamber 1999). Under these strenuous circumstances of instability and disintegration, parental and familial systems of supervision and socialization virtually collapsed, resulting in unsupervised, uncontrollable, angry and materially insecure youths (Appolis 1996). Further, children’s regular witness of the oppressive and brutal State’s callous and undignified treatment of their parents and elders may have undermined parental influence and respect for the older generation. Such treatment took the form of mobility control; routine checks of the infamous and demeaning “dompass” identity cards (which literally means “stupid pass”) that Black men and women had to carry on their persons at all times; curfews; regular beatings and humiliation for the slightest perceived transgressions. Thus, as apartheid laws infantilized adult Black men and women through the 317 pieces of legislation that the system instituted to regulate Black life, their sons and daughters were effectively robbed of images of dignified, upstanding and respect-worthy parents that they could honor and look up to. Even as political icons of the struggle against White domination emerged and somewhat redeemed the tattered, undignified image of Black adulthood, by and large, the images confronting young people were bowed down, micro-controlled and not inspiring respect.

It is worth pointing out that despite the challenges facing Black parents, they did not cease to attempt to maintain control over their children (Appolis 1996). However, their success was severely limited; more common was the self-ruling, uncontrollable, materially insecure, reportedly violent and sexually licentious youth (Delius & Glacer 2002).

Most important are the opportunities that this period availed for the reinforcement of high-risk sexual behaviours that had emerged in the 1930’s. As youths congregated together frequently [and often aimlessly], and without adult supervision, ample opportunities for casual sex were created and fully exploited. Today casual sexual partnering among South African youth is reported to be high (Soul City Institute, 2008)

1.2.6 Violence and gender power inequity: The scarlet thread that runs through the ages

It is not precisely known when intimate partner violence first became entrenched in the sexual socialization of Black people, as there are no accurate records of levels of violence prior to the 19th Century (Wood, Lambert & Jewkes 2007; Delius & Glacer 2002). In fact until fairly recently, South Africa did not have reliable data on intimate partner violence (Wood, Mafurah & Jewkes 1996). What evidence there is, is mixed. On the one hand accounts suggests that prior to the dismantling of traditional surveillance systems of adolescent sexual behaviour, cultural norms such as virginity testing, peer group organization and the imposition of hefty penalties in the event that non-sanctioned sexual practices were discovered may have done much to discourage
forced non-marital sex in the rural areas (Delius & Glacer 2002). In the Eastern Cape, ethnographers Phillip and Iona Mayer (1961) record that among the Red Xhosa, youth groups upheld values that emphasized the protection of girls by boys from sexual assault and a girl’s right to refuse unwanted romantic attention. However, on the other hand, there are also records that suggest that young women in Black communities were susceptible to sexual coercion, due to cultural relationship initiation norms that encouraged boys to use “force” to make girls agree to become their girlfriends, whilst women were expected to respond in indirect and reticent ways (Wood, Maforah & Jewkes 1998). The masculine force used by boys and men took the form of twisting a girl’s arm or neck, playfully but insistently until she agreed to become his girlfriend (Mager 1998). Over the years performances of coercion may have changed but evidence suggests that it has not disappeared from women’s intimate partnerships (Wood, Lambert & Jewkes 2007). As such, various studies conducted in present day South Africa report high rates of sexual coercion in young Black women’s sexual relationships. In these studies, experiences of sexual coercion were associated with being Black, female and adolescent (Maharaj & Munthree 2006) and reports of sexual coercion ranged from 20%-72% (Manzini 2001; Maharaj & Munthree 2006; Pettifor et al 2004; Jewkes et al 2001).

Whilst the origins of the now endemic levels of intimate partner violence among unmarried young women cannot be traced to a specific time, it is remarked that:

The stress on male power and authority over women which had long been part of the processes of socialization in the countryside, took on new and violent dimensions in a world turned upside down by conquest, colonization, migrancy and industrialization (Delius & Glacer 2002:39)

It is theorized that as the political emasculation of Black men deepened, resulting in the loss of their hold on traditional symbols of masculine success, mainly ownership of their land and labor, masculine performances became increasingly compensatory, violent and sexually prodigious (Moodie 1994; Morrell 2001; Wood, Lambert & Jewkes 2007; Jewkes & Morrell 2010). As such the 1930’s saw upsurges in the incidence of sexual violence (Schapera 1933) and by the 1940’s violence was a definite marker of valorized masculinity in the country (Mager 1998).

By the 1970’s, a period defined by unparalleled politicization of youth culture, the violent character that features as a normal characteristic of young people’s sexual relationship became more evident (Delius & Glacer 2002). Roughness and toughness defined politicized masculinities. These aggressive traits of manhood were best enacted in young men’s sexual interactions with young women, who were sometimes coerced into unwanted sexual liaisons under the guise of “serving” the mandate of the

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4 It must be emphasized that such evidence likely applied only to unmarried youth, as marital abuse in the form of rape, wife battery and emotional abuse are believed to have always been endemic in the culture (Jewkes et al 1999) and more complicated to address for two main reasons. One, marital relations were under less social surveillance than non-marital partnerships such as adolescent sexual relationships (Delius & Glacer 2002). Two, traditional customs such as the payment of lobola (bride price), positioned women as the owned property of their husbands who could do with them as they pleased (Hunter 2005; Jewkes & Morrell 2010), since upon marriage “bought women” were contractually obliged to surrender all rights to protest against or question their husbands and to accept whatever treatment they received in their marriages as destiny.
political struggle to populate Black urban settings with newborns who would serve as “soldiers” of the political movement (Niehaus 2000, Delius & Glacer 2002). As a young comrade leader narrated to Delius (1996:158):

> We explained to them that we are being reduced by the police and they should not use contraception and so prevent the soldiers who might come and help us in the future … [some girls] just listened, others were against it but [in the end] they agreed as there was no one kneeling down to ask them to agree to it, no one was [being] soft about it during that time.

Thus, even as Black women suffered racist domination by White women and men during the apartheid era, they also suffered sexist, and violent domination by Black men.

Another significant moment for the configuration of violence in South Africa is the period preceding the official end of apartheid, i.e. the early 1990’s. Extremely high levels of urban violence ushered in the present dispensation of democratic rule, triggered by tribal conflicts between the two dominant ethnic groups in South Africa, namely the Xhosa and the Zulu (Delius & Glacer 2002). This period further destabilized communities, eroded social capital and created a permissive culture of violence and aggression (Delius & Glacer 2002). These factors have been shown to promote intimate partner violence as they take with them the protective and regulatory mechanisms that promote community empathy and the ability for members to look out for each other (Burns 2009; Jewkes 2002).

The extent to which these historical events defined the present contours of intimate partner violence is not precisely known. However what we do know is that as it is the case globally (Jewkes & Morrell 2010; O’Sullivan et al 2006) male dominance and female subordination have always characterized heterosexual partnerships in the country (Wood, Lambert & Jewkes 2007; Jewkes & Morrell 2010). Contemporary literature defines this dominance and control dynamic as gender power inequity, which broadly refers to the unequal distribution of power and control in heterosexual relationships between men and women (Jewkes et al 2010; Dunkle et al 2006; Pettifor et al 2004). Gender power inequity flows from dominant, favoured ideals of masculinity and femininity, which are informed by cultural, religious and sometimes legally prescribed gender norms (O’Sullivan et al., 2006; Jewkes & Morrell 2010).

Favoured ideals of manhood are founded on what is known as hegemonic masculinity (Connell 2005), which refers to “the exercise of power by creating consent through the establishment of accepted ideas or values” (Jewkes & Morrell 2010). This concept represents the dominant cultural model of idealized manhood, i.e. what men ought and desire to become (Connell 2005). It is an integral element of all social processes that organize, endorse and circulate norms that keep women in subordinate positions in their sexual relationships (Jewkes & Morrell 2010). In the South African context, hegemonic masculinity, though fluid (Ragnarsson et al 2009; Morrell 2001), has been noted for its legitimation of masculine performances that dominate women, and its celebration of licentious, aggressive and often alcohol inclined male sexual behaviour (Ragnarsson et al 2009; O’Sullivan et al 2006; Morrell 2001; Jewkes & Morrell 2010). Importantly men use hegemonic ideals to judge their masculine success, i.e. by controlling and exercising total power over a woman, being ever-ready to act on opportunities for
sexual encounters (e.g. through multiple concurrent sexual partnerships), demonstrating his ability to afford material demonstrations of his wealth (e.g. by showering sexual partners with gifts), and by punishing disobedience and non-compliance, they are able to test and confirm theirs and peers’ beliefs in their appropriate grasp of the concept of *ubudoda* (Xhosa and Zulu equivalent of hegemonic masculinity).

Corresponding to the hegemonic ideals of masculinity that exist in South Africa are dominant ideals of femininity that promote acquiescence, submission to and accommodation of male power and control (Jewkes & Morrell 2010). According to Jewkes & Morrell (2010:11):

…women agree with the unequal structuring of relations, do not challenge these relations, and ultimately collude in the unequal distribution of gender power with men”

Importantly, dominant ideals of femininity and masculinity are not uncontested, thus the concept of women-as-victims is not helpful for a comprehensive, nuanced understanding of the complex context that generates vulnerability for young Black women (Afrika 2010). Connell (1983) recognises the existence of multiple femininities, rather than one singular and hegemonic format. In this regard, alternative femininities are expressed either through complete defiance or a combination of both compliance and defiance, depending on the context within which women are enacting their gendered identities (Jewkes & Morrell 2010). Thus, even though gender oppression has not become less common in South Africa (Marks 2002), more recently, research is suggesting the existence of resistant and somewhat deviant femininities, where women engage in multiple sexual partnering (Townsend et al 2013), actively pursue desired sexual partners for profitable sexual liaisons (Leclerc-Madlala 2004; Nyanzi) fight back during violent confrontations with their partners (Wood, Lambert & Jewkes 2007), and initiate rather than merely respond to sexual encounters (O’Sullivan et al 2006).

Of relevance to women’s present vulnerability to violence and HIV is the fact that hegemonic masculinity and the corresponding acquiescent ideals of femininity generate the risk of violence and HIV infection for women (Jewkes & Morrell 2010). As such, gender power inequity has been shown to be the main underlying cause of intimate partner violence and a significant risk factor for HIV among women (Jewkes et al 2010; Jewkes & Morrell 2010; Dunkle et al 2006).

1.2.7 Post-apartheid socio-economic transformation agenda, globalization and the perpetuation of vulnerability

For all its undeniable importance for our comprehensive understanding of the roots of South African women’s vulnerability to HIV, contemporary analyses of the underlying drivers of women’s vulnerability to HIV in South Africa have begun to look beyond the colonization/apartheid thesis to consider the ways in which recent, post-apartheid, socio political changes may be influencing the trajectory of women’s HIV risk and vulnerability (e.g. Hunter 2007, Leclerc-Madlala 2004, Selikow et al 2002). For the changes that most significantly affected young women’s sexual behaviours, these new considerations point to South Africa’s adoption of neo-liberal economic strategies such as the Growth Employment and Re-distribution (GEAR)
policy in the early years of independence, which stressed trade liberalization, privatization, and increased flow of goods in and out of South Africa (Weeks 1999; Peet 2002; Miraftab 2004) and the creation of an elite, Black middle class (Hunter 2007; Wood, Lambert & Jewkes 2007). These neoliberal policies had the unintended consequences of drastically increasing unemployment rates, growing intra- and interracial inequalities, and aided by globalization, propelled more insidious forms of materialism and consumerism, among Black populations (Hunter 2007; Leclerc-Madlala 2003). Put together, these factors are theorized to be the main underlying drivers of the key risk behaviours for HIV such as multiple concurrent sexual partnering, transactional sex (sex for money or goods) and age mixing (sex with a man five or more years older than the index female sexual partner) (Hunter 2002, 2007; Jewkes 2003; Leclerc-Madlala 2004; Selikow et al 2002). Specifically, it is proposed that the decline in employment rates and the casualization of the labor market stimulated by privatization, have necessitated new expressions of hegemonic, successful masculinities among men. Men perform these new appearances of masculine success by using what little and unstable income they have to make extravagant and pretentious statements about their socio-economic status among their peers. These performances find their expression in men’s acquisition of multiple concurrent sexual partners and participation in transactional sex (Hunter 2007; Selikow et al 2002; Ragnarsson et al 2009). Similarly, it is posited that women cope with the demands of poverty and globalization-inspired consumption needs by also acquiring multiple concurrent sexual partners and engaging in transactional sex with older, wealthier men to meet varied material and social needs in an unequal and increasingly materialistic world (Hunter 2002; Leclerc-Madlala 2004; Jewkes & Morrell 2010; Leclerc-Madlala 2008).

Implicit in the understanding about the associations between these factors is that sexual risk behaviours in modern day South Africa are as much a product of the legacy of colonization, migration and apartheid as they are a reflection of women’s (and men’s) economic status. Whilst many studies have studied the relationship between HIV or sexual risk taking and poverty, the evidence is not entirely conclusive (Madise et al 2007; Booysen 2004; Hargreaves et al 2002; O’Sullivan et al 2006). Some studies find that populations who are poorer are more likely to engage in transactional sex (Machel 2001) or multiple sexual partnering (Madise et al 2007; Zulu et al 2002; Hallman 2004), whilst others report the opposite. Locally, analyses of South African DHS data on poverty and risk behaviours such as casual sex and multiple sexual partnering by Booysen (2004) did not find any significant associations between wealth status and women’s sexual risk behaviours. And yet, analyses of a different South African data on risk behaviours and socio-economic status (Hallman 2004) demonstrated that poor young women and men were significantly more likely to report sexual risk behaviours than non-poor participants. Importantly, it has been pointed out that the mixed evidence on the relationship between socio-economic status and sexual risk taking owes in part to weak and inconsistent measurements of wealth status/poverty across populations (Madise et al 2007).

Notwithstanding these issues of inconsistency, it is generally accepted that poor women’s limited access to meaningful economic power, education and adequate sexual, reproductive health resources, increases their vulnerability to HIV risk behaviours (O’Sullivan et al 2006). Further, in many parts of the world cash incentivized sexual relationships discourage the use of condoms among women
(Silberschmidt & Rasch 2001, Luke 2003), particularly when the transactional sexual encounters are marked by age and economic asymmetries (Luke 2005), or occurring within settings that are characterized by gender power inequities (Amuyunzu-Nyamongo et al 2005; Machel 2001; Luke & Kurz 2002; Jewkes & Morrell 2010; Weissman et al., 2006; Weissman et al., 2006). This is because women, especially those who are young, have limited to no control of the circumstances of sex in such relationships (Jewkes & Morrell 2010; Krishnan et al 2009). It has also been noted by Tallis (2002) that unequal sexual partners cannot negotiate on condom use. Clearly, within this context, young women’s management of their risk of HIV infection requires both an increase in their ability to exercise personal control over their bodies as well the power to influence the behaviours of those that they partner, i.e. their male sexual partners (Guiterrez et al., 2000; Jewkes & Morrell 2010).

Altogether, the foregoing argues that for reasons to do with South Africa’s well documented legacies of colonization, migration and apartheid, the unintended consequences of post-apartheid economic policies, entrenched gender power inequities, consequential endemic levels of intimate partner violence and limited economic capacity, the sexual behaviour of young women is risky and their vulnerability to HIV infection is heightened.
2 RATIONALE

Young women face the highest risk of HIV infection than any other group in South Africa (Shisana et al. 2009; Rehle et al., 2010). Recent analyses of national HIV incidence data show that in the age group 15-24, the HIV incidence rate is 4 times higher among women than among men (Rehle et al., 2010). Among the broader population of women, those who are young, Black, residing in peri-urban settings and reporting multiple concurrent sexual partners are hypothesised to be most at risk of contracting HIV (Shisana et al. 2009).

The evidence that multiple concurrent sexual partnering is a key driver of HIV among young women has been suggested by many qualitative and mathematical modelling studies (Parker 2007; Leclerc-Madlala 2004; Harrison et al. 2008; Mah 2008; Mah & Halperin 2010; Halperin & Epstein 2004). However, it has been rarely quantified by empirical evidence. Thus very little is known about the prevalence of multiple concurrent sexual partnering and the precise ways in which the sexual behaviour increases the risk of contracting HIV among young women (Tanser et al. 2011; Sawers & Stillwaggon 2010; Lurie & Rosenthal 2010). Specifically, we know very little about the risk taking patterns of young women who engage in multiple concurrent sexual partnering, i.e. whether they also engage in other sexual risk behaviours and in what ways these operate to increase their vulnerability to HIV. Such knowledge is important because central to the concurrency thesis is that partner overlap takes place in the context of a cumulative number of unprotected sex acts among different sexual partners in a sexual network, heightening the efficient transmission of HIV (Tanser et al. 2011; Delva et al. 2013; Lurie & Rosenthal 2010). However, if all partners in the sexual network use condoms consistently each time they have sex, then the risky elements of concurrent sexual partnering are eliminated (Delva et al. 2013). Also, since condom use is not only affected by multiple concurrent sexual partnering, understanding the levels of other sexual risk factors that may affect women’s ability to practice safe sex, such as transactional sex (sexual exchange for money or material goods), age mixing (sex with someone who is five or more years older than the index partner) and intimate partner violence is important for comprehensive knowledge of young women’s sexual risk taking patterns. Thus, understanding the prevalence and organization of sexual risk taking among young women who have multiple sexual partners is important.

Finally, this important work remains incomplete without attempts to understand the underlying drivers of these sexual risk behaviours, as evidence on the factors that facilitate their prevalence among young women remains sparse. This is partly because societal belief systems do not commonly construct sexual risk behaviours in terms of how women pursue rather than suffer from their effects. Rather, popular constructions of sexual risk taking feature reckless, male behaviour (UNAIDS 2013; O’Sullivan et al. 2006; Salikow et al. 2004; Higgins et al. 2009) and female victimhood as a consequence of male partners’ behaviours. Our understanding of the underlying drivers of young women’s sexual risk-taking is necessary for improved knowledge of women as risk takers, and for the development of appropriate and targeted interventions for this sub-population.
3 AIM AND OBJECTIVES

3.1 MAIN AIM

To analyse and explore HIV, sexual risk taking, intimate partner violence and relationship power inequity among young women aged 16-24 who have multiple sexual partners in a peri-urban setting in the Western Cape, South Africa.

3.2 SPECIFIC OBJECTIVES

1. To assess risk behaviours and HIV prevalence among young women who have multiple sexual partners in a peri-urban setting in South Africa (Sub-Study 1, Paper I)

2. To explore the drivers of transactional sex among young women aged 16–24, who reside in a peri-urban setting in South Africa. (Sub-Study 2, Paper II)

3. To understand the nature and extent of intimate partner violence and relationship power inequity among young women reporting high risk behaviours in a peri-urban setting in South Africa (Sub-Study 1 and Sub-Study 2, Paper III)

4. To explore community perceptions of the key drivers of young women’s risk behaviours, and challenges and opportunities of parenting in a high risk, peri-setting in South Africa (Sub-Study 2, Paper IV).
4 METHODS

4.1 STUDY SETTING

The study community is located in a Black African township in South Africa. South Africa is a country full of contradictions, challenges and opportunities for young women’s development outcomes. On the one hand, the country is classified as an upper middle income country (UNPFA 2013), with relatively high rates of functional literacy (Statistics South Africa 2011), the highest representation of women in parliament in the continent (Machisa et al. 2012), amongst the lowest fertility rates in Sub Saharan Africa (Alkema et al., 2013), and the largest antiretroviral treatment program in the world (UNAIDS 2013). However, on the other hand, it has one of the highest levels of income inequality in the world (UNPFA), the world’s largest number of people living with HIV (UNAIDS 2013) and the highest reported rate of intimate femicide, where every 6 hours a woman is murdered by an intimate partner, (Norman et al 2009). Table 1 below presents a summary of the country’s key demographic, socio-economic, sexual and reproductive health indicators.

Within South Africa, the study community is located in the Cape Winelands region of the Western Cape province, sixty kilometres north of Cape Town. The Cape Winelands is one of 7 regions that make up the Western Cape province. Half of the population (49%) is made up of people identifying as Coloured, 33% are Black, 15% White and 1% Asian (Statistics South Africa 2011). A popular destination for tourists in and outside South Africa, boasting one of the largest and most profitable wine industries in the world, the Cape Winelands is known to be the wealthiest region in the province, contributing 1.54% to the national GDP (Cape Winelands Annual Report 2008/2009). However, despite the billions of rand generated by the major economic sectors of the region, poverty and unemployment have a footprint in the Cape Winelands, with 22.3% and 48% of the population reported to be poor and unemployed respectively (Keller, 2004). The highest incidence of poverty is found amongst the Black population, as 49% of this population is classified amongst the province’s poorest households and together with the Coloured population, account for all ultra poverty in the province (Keller, 2004). The region also features one of the highest income inequalities in the province and in the country (The PSDF Joint Social Partner Forum 2010), with a gini coefficient of 0.58 (Western Cape Provincial Treasury 2011).

There are a number of laws that the Apartheid government enacted to provide for the excessively preferential treatment of the minority White Africans over their majority Black African counterparts. One such apartheid law was the Group Areas Act No. 41, of 1950, which made it compulsory for people to reside only in areas declared for the exclusive use of their particular racial group. The study community is one such by-product of the Group Areas Act. The study community was created in 1954\(^5\), with the purpose of segregating Black locals into a geographically peripheral area of their own,

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\(^5\) Cape Slavery Heritage: A different history of Franschoek and the Drakenstein District. [http://cape-slavery-heritage.iblog.co.za/category/local-capture-of-sa-slaves/]
far from the social and economic centres of the region. This effectively excluded Black Africans from participating in mainstream life opportunities in the region. Figure 1 below, illustrates the unequal distribution of wealth among the different racial groups in South Africa during the apartheid era.6

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6 Disproportionate Treatment circa 1978. Available at: http://faculty.morainepark.edu/stiemjs/Institutional%20Challenges/apartheid.htm
Table 1. Demographics, socio-economic, sexual and reproductive health indicators

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Estimates</th>
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<tbody>
<tr>
<td>Population groups (%)</td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>79</td>
</tr>
<tr>
<td>White</td>
<td>9</td>
</tr>
<tr>
<td>Coloured</td>
<td>2</td>
</tr>
<tr>
<td>Indian/Asian</td>
<td>9</td>
</tr>
<tr>
<td>Proportion of the population who are youth (14-35 years old) (%)</td>
<td>42</td>
</tr>
<tr>
<td>Life expectancy (years)</td>
<td>57</td>
</tr>
<tr>
<td>Socio-economic indicators</td>
<td></td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>24</td>
</tr>
<tr>
<td>Youth unemployment rate</td>
<td>70</td>
</tr>
<tr>
<td>Functional literacy rate</td>
<td>97</td>
</tr>
<tr>
<td>Gini co-efficient</td>
<td>0.7</td>
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<tr>
<td>HIV/AIDS</td>
<td></td>
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<tr>
<td>HIV prevalence among adults aged 15-49</td>
<td>16</td>
</tr>
<tr>
<td>HIV prevalence among women aged 15-49</td>
<td>19</td>
</tr>
<tr>
<td>Number of new HIV infections among adults aged 15+ (a) in 2012</td>
<td>316,900</td>
</tr>
<tr>
<td>Number of adults tested for HIV through HIV counselling and testing campaign (million)</td>
<td>13</td>
</tr>
<tr>
<td>Anti-retroviral treatment coverage (%)</td>
<td>83</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td></td>
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<tr>
<td>Fertility Rate (number of children per woman)</td>
<td>2.35</td>
</tr>
<tr>
<td>Contraceptive use (%)</td>
<td>64</td>
</tr>
</tbody>
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9 Functional literacy refers to individuals that have attained at least a Grade 7 qualification
10 The gini coefficient is a measure of income disparity, where a value close to 1 signals complete inequality. South Africa’s gini coefficient is the highest in the world (UNPFA, 2013)
Figure 1. Unequal distribution of wealth in apartheid South Africa

<table>
<thead>
<tr>
<th></th>
<th>Blacks</th>
<th>Whites</th>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>19 million</td>
<td>4.5 million</td>
</tr>
<tr>
<td>Land Allocation</td>
<td>13 percent</td>
<td>87 percent</td>
</tr>
<tr>
<td>Share of National Income</td>
<td>&lt; 20 percent</td>
<td>75 percent</td>
</tr>
<tr>
<td>Ratio of average earnings</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Minimum taxable income</td>
<td>360 rands</td>
<td>750 rands</td>
</tr>
<tr>
<td>Doctors/population</td>
<td>1/44,000</td>
<td>1/400</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>20% (urban)</td>
<td>2.7%</td>
</tr>
<tr>
<td></td>
<td>40% (rural)</td>
<td></td>
</tr>
<tr>
<td>Annual expenditure on education</td>
<td>$45</td>
<td>$696</td>
</tr>
<tr>
<td>Teacher/pupil ratio</td>
<td>1/60</td>
<td>1/22</td>
</tr>
</tbody>
</table>

Figure 1: Disproportionate Treatment circa 1978. Source: [Leo80]
Over the years, the community was to become home to Black migrant populations from other provinces in South Africa and neighbouring countries, who laboured as farm hands, factory workers and domestic servants in the farms and homes of their wealthier White neighbours. Many of the farm workers in the greater region came (and continue to come) from this community, their labour notoriously remunerated through what was known as the Dop System (London 1999). This method and others beside it, saw farmers paying their labourers with cheap wine and subsistence items rather than monetary wages, thereby establishing not just a lifetime of paternalistic dependence on employers for subsistence, but chronic alcohol addiction (London 1999).

**Figure 2.** Study community: Children’s day-care centre

The study community has a population of 2860 inhabitants, predominantly Black (99%), largely unemployed, without an income and resident in shacks (see Figure 2) or small government issued homes that are characterized by overcrowding and backyard dwellings (Statistics South Africa 2011). There are no available data on the structure of families in the study community. However, the greater Western Cape province within which the study community is located was recently found to have 32% of children (0-17 years old) reportedly living in one-parent, mother only households (Statistics South Africa 2013).
At the time of data collection, the HIV prevalence among women attending antenatal clinics in the entire Cape Winelands Region was reported to be 9% (Personal Communication Prof Debra Jackson, University of the Western Cape). The overall prevalence of HIV in the study community is not known (Norman et al 2007), but thought to be high. A recent microbicide feasibility study found a 22% HIV prevalence rate among women aged 18-35, many of whom suspected their most recent male sexual partner to be HIV positive (Nel et al 2011).

The community has a large number of alcohol serving venues locally referred to as shebeens (see Figure 4), where young women, young and older men gather to socialize and meet new sexual partners over weekends. The community offers little else in the way of entertainment and recreation for young people. In contrast to the ever-increasing number of sheebens in the community, there is only one senior secondary school in the entire township. Further, high rates of alcohol use and the fact that shebeens serve as the main if not sole form of entertainment and socializing in the community, may explain the reportedly increasing levels of crime and violence in this township.
Recently the community, like many other townships in the post-apartheid South Africa, has seen the emergence of shopping complexes, with large chain store supermarkets, cafés, formal and informal clothing retail stores, amongst other businesses. This has created localized and easier access to material goods, which is enhanced by the improved public transport system that makes access to the region’s central business district also easier.

4.2 STUDY DESIGN

The aim and objectives of the dissertation were pursued through two sub-studies, herein referred to as SS 1 and SS 2, conducted between 2007 and 2009. The research commenced with intensive formative research activities, followed by a quantitative survey making use of Respondent Driven Sampling, a relatively recent probability sampling methodology that will be expounded upon below. Nearly two years after the quantitative survey, qualitative methods, in the form of Focus Group Discussions (FGDs), Individual Interviews (IIs) and Key Informant Interviews (KIIs) were used to explore the underlying drivers of the risk behaviours and intimate partner violence identified in SS 1. Table 2 below provides a summary of the overall study design.
### Table 2. Summary of overall study design

<table>
<thead>
<tr>
<th>Objective</th>
<th>Study Type</th>
<th>Sampling Method</th>
<th>Data Collection Methods</th>
<th>Sub-Study (SS) /Paper</th>
</tr>
</thead>
<tbody>
<tr>
<td>To assess risk behaviours and HIV prevalence among young women with multiple sexual partners</td>
<td>Cross-sectional Quantitative Survey</td>
<td>Respondent Driven Sampling</td>
<td>Self administered, 103 item questionnaire</td>
<td>SS 1/Paper I</td>
</tr>
<tr>
<td>To explore the drivers of transactional sex among young women aged 16–24, who reside in a peri-urban setting in South Africa</td>
<td>Exploratory Qualitative Study</td>
<td>Purposive Sampling Methods</td>
<td>Focus Group Discussions</td>
<td>SS 2/Paper II</td>
</tr>
<tr>
<td>To explore the nature and extent of intimate partner violence and relationship power inequity among young women reporting high risk behaviours in a peri-urban setting in South Africa</td>
<td>Cross-sectional Quantitative Survey Exploratory Qualitative Study</td>
<td>Respondent Driven Sampling Purposive Sampling Methods</td>
<td>Self administered, 103 item questionnaire Focus Group Discussions, Individual Interviews</td>
<td>SS 1 &amp; 2/Paper III</td>
</tr>
<tr>
<td>To explore community perceptions of the key drivers of young women’s risk behaviours, and challenges and opportunities of parenting in a high risk, peri-setting in South Africa</td>
<td>Qualitative Study Purposive Sampling Methods</td>
<td>Key Informant Interviews</td>
<td></td>
<td>SS 2/Paper IV</td>
</tr>
</tbody>
</table>

#### 4.2.1 My role in the research

In all of the research sub-studies I was the main person responsible for all of the conceptualization, implementation and management of the studies. Specifically, for SS 1, I contributed to the conceptualization of the study, developed the study protocol, including data collection instruments, obtained ethical clearance, identified the recruitment and data collection venue, visited the shebeens for formative research, negotiated community entry, presented the study and its aims and objectives at community meetings, hired, trained and supervised the field workers (n=6) who assisted me in my data collection activities, purchased and managed the incentives issued to participants, collected some of the data, managed all the questionnaires and biological samples, cleaned the data, led the analysis from the beginning to the end, first authored the manuscripts (Papers I and III), corresponded with the journals, wrote and submitted financial and narrative reports to the funders of the research, and submitted abstracts and presented preliminary findings of the research as first author at local and international conferences.

In SS 2, I conceptualized the study, co-authored the funding proposal that funded the research, conducted the literature review, wrote the protocol, developed the data collection instruments, obtained ethical clearance, planned the project, represented
South Africa in the multi-country collaboration within which the funders placed the project, implemented the study, analysed and interpreted the results, first authored the articles (Paper II, III and IV) and handled all correspondence with the journal.

4.2.2 Formative Research

Prior to the official start of each of the sub-studies, formative research was conducted in the study community. This process comprised several visits to several shebeens in the study community during which time the PhD student, later accompanied by a local and trained female fieldworker, undertook observations of the way in which men and women interacted, initiated conversations with patrons, and made acquaintances, some of which led to the recruitment of the initial informants. The PhD student largely selected young female patrons for conversation if they appeared friendly, well connected with other young women, popular with men, and if they did not appear intoxicated.

At the start of every conversation, the PhD student introduced herself to the patrons, gave a brief explanation about the purpose of her research and sought verbal consent to engage the patron(s) in conversations about sexual relationships, friendships, womanhood and life in the township.

The nature of discussions was informal, varied and unstructured. However, the PhD student had a clear set of issues that she sought to explore in every interaction:

- Where young women go to socialize and meet new sexual partners,
- Whether there is any exchange of gifts/money/ food between the young women and their partners
- The different types of sexual partners that young women generally engage in sexual relationships with
- What young women thought about being modern and feminine
- How young women perceived themselves
- The extent to which young women belonged to social “networks”
- The acceptability of HIV testing, i.e. the extent to which young people were willing to be tested anonymously and otherwise, and their perceptions of confidentiality
- Whether the selected interview site was appropriate and acceptable,
- Whether the incentives that we wanted to issue to participants were adequate and/or appropriate.

Where appropriate, adjustments to the study procedures were made to accommodate the information gleaned from these interview participants.

4.2.3 Participants

In the quantitative survey (SS 1, Papers I and III), eligible participants were female; aged 16-24 years; residing/ working/ socializing in the study community; self-reporting more than one male sexual partner in the past three months; and reporting a social network size of 1 or more women who have multiple sexual partners (See Screening Questionnaire in Appendix A).
In the qualitative study (SS 2), we had more than one phase of data collection. For the first phase, eligible participants were women aged 16-24, self-identifying as engaging in multiple concurrent sexual partnering at the point of recruitment and residing in the study community. Then in the second phase it was decided that the views of those not engaging in multiple sexual partnering were valuable. Thus young women aged 16-24, reporting monogamous relationships were recruited. However, from both of these two FGDs it was confirmed that true to the formative research findings, multiple sexual partnering was extremely common in the study community. Thus it was decided that there was not much value in continuing to use multiple sexual partnering as the inclusion/exclusion criterion, particularly as it appeared intrusive and socially awkward to enquire about women’s numbers of sexual partners prior to recruitment at the shebeens. Notably, although this inclusion criterion was dropped, each of the participants who participated in the IIs reported more than one sexual partner at the time of the interview, and in FGDs 3-4 participants discussed the nature of their sexual relationships in the context of multiple sexual partnering.

The study had two additional phases of data collection where we recruited men in their 20’s and 30’s (phase IV) and men and women who were aged 16 years and older in the late 1980’s (V). The final phase of data collection consisted of KIIIs with parents and community leaders13 residing in the study community (See Table 3 for the description of participants in the FGDs and IIs).

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13 The primary inclusion criterion for this phase of data collection was parenthood. However, I wanted the profile of parents to include those occupying leadership positions in the community, hence the recruitment of parents who were community leaders. To distinguish this group from those parents who were not in leadership positions in the community, these parents are referred to as community leaders in the results section.
Table 3. Data Collection Phases, Participants and Data Collectors, SS 2, Paper II, III and IV

<table>
<thead>
<tr>
<th>Phase</th>
<th>Data collection method</th>
<th>Participants</th>
<th>Number of Participants</th>
<th>Age Range</th>
<th>Inclusion Criteria</th>
<th>Data collector</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Focus Group Discussion 1</td>
<td>Young women</td>
<td>10</td>
<td>16-21 years old</td>
<td>Resident in the study community, reporting multiple sexual partnering</td>
<td>Lead author (aged 27) and 1 female research assistant aged 23, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>II</td>
<td>Focus Group Discussion 2</td>
<td>Young women</td>
<td>10</td>
<td>16-18 years old</td>
<td>Resident in the study community, reporting monogamy</td>
<td>Lead author (aged 27) and 1 female research assistant aged 23, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>II</td>
<td>Focus Group Discussion 3</td>
<td>Young women</td>
<td>8</td>
<td>16-24 years old</td>
<td>Resident in the study community, reporting current sexual activity</td>
<td>Lead author (aged 27) and 1 female research assistant aged 23, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>II</td>
<td>Focus Group Discussion 4</td>
<td>Young women</td>
<td>8</td>
<td>16-24 years old</td>
<td>Resident in the study community, reporting current sexual activity</td>
<td>Lead author (aged 27) and 1 female research assistant aged 23, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>IV</td>
<td>Focus Group Discussion 5</td>
<td>Men</td>
<td>6</td>
<td>23-32 years old(^{14})</td>
<td>Aged 20+</td>
<td>2 male research assistants aged 25 and 32 respectively, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>V</td>
<td>Individual Interviews 1-6</td>
<td>Men and women</td>
<td>6</td>
<td>36 years and older</td>
<td>Resident in the study community, aged ≥ 16 years in the late 1980’s</td>
<td>3 female research assistants aged 34, 36 and 40 respectively, all Black and Xhosa speaking</td>
</tr>
<tr>
<td>VI</td>
<td>Key Informant Interviews</td>
<td>Community leaders who were parents; parents who were not community leaders</td>
<td>6 community leaders; 6 non community leaders</td>
<td>36 years and older</td>
<td>Resident in the community, parent occupying leadership position or not</td>
<td>3 female research assistants aged 34, 36 and 40 respectively, all Black and Xhosa speaking</td>
</tr>
</tbody>
</table>

\(^{14}\) In some portions of the dissertation and in Paper II, the age group is referred to as 20’s and 30’s

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4.3 STUDY DESIGN, SAMPLING, DATA COLLECTION AND DATA ANALYSIS

4.3.1 Quantitative survey (SS 1, Papers I and III)

Young women, who engage in high-risk sexual behaviours, are difficult to access for research purposes, as they are diversely distributed in the general population and are known to underreport their risk behaviours in conventional surveys. For these reasons they constitute a hard-to-reach sub-population who are more at risk of contracting and transmitting HIV infection than others. Cross-sectional population-based HIV behavioural surveys such as household surveys, which link HIV testing with behavioural data collection, though less open to selection biases, are limited in their ability to capture diverse groups of people in sufficient quantities to make accurate conclusions about them. They are also limited by the fact that they are designed to capture HIV infection and indicators of risk in the general population rather than high-risk sub-populations and they are expensive and complex to implement (Diaz et al 2009; Rehle et al., 2004).

Other feasible and cost effective methods for use among hard to reach populations include non-probability sampling approaches such as snowball sampling and facility based sampling (UNAIDS, 2000). However, these are also limited by their inability to obtain statistically reliable data, the selection biases inherent in them, and their limited reach into the wider population of hard to reach populations (UNAIDS, 2000).

Respondent Driven Sampling (RDS), an innovative, chain referral sampling methodology, overcomes some of the limitations in these other sampling methods (Heckathorn, 1997; Chopra et al., 2008; Townsend et al., 2013). RDS overcomes non-probability sampling limitations through the sampling strategy’s ability to calculate selection probabilities, its reach beyond subgroup members who are accessible only at specific sites and thus its greater external validity (Heckathorn 1997; Townsend et al 2011) and its limit of the influence of temporary recruiters on the final sample composition by restricting the number of recruits per temporary recruiter.

Thus, in SS 1, we used RDS to recruit women who self reported more than one male sexual partner in the past three months into a cross sectional bio-behavioural survey. Similar to snowball sampling, RDS recruits individuals through networks of friends. However, in addition, RDS limits the influence of recruiters on the final composition of the sample by restricting the number of recruits per recruiter; requests the reporting of the personal network size of each participant (i.e. the number of peers known by each participant who represent with the population characteristics of interest); and weights the sample (by network size and recruitment patterns) to compensate for the over- or under-sampling of individuals with larger /smaller network sizes and certain socio-demographic characteristics, thereby adjusting for the non-random sampling of participants in the analysis (Johnston & Sabin 2010; Lu et al 2011).
An approximate sample size of 270 was calculated based on an estimated antenatal HIV prevalence of 9% in the Cape Winelands region, with a precision of +/- 5%, and a design effect of 1.515.

4.3.1.1 Recruitment

Recruitment began with five initial respondents known as ‘seeds’ who reported multiple sexual partnering during informal conversations initiated by the first author at local shebeens two months prior to the study. When the study commenced in October 2007, the seeds were invited to participate in the survey at a fixed study site. Seeds were screened for eligibility and if eligible, provided informed, written consent. They were then assigned a unique recruitment number to link them to future recruits and enrolled in the survey. They received three recruitment coupons with which to recruit friends and/or acquaintances. The recruitment script asked seeds (and every subsequent participant cum recruiter) to recruit friends/peers who were like them, without specifying that they needed to report more than one sexual partner in the past three months. Thus we were extremely careful not to give away the actual eligibility criteria, particularly the one about multiple sexual partnering, for we feared that disclosure of these details might invite social desirability bias, selection bias, and/or reluctance to come to the study site if people began to associate the venue with multiple sexual partnering. Shopping vouchers were issued for completing the survey questionnaire (R30–$4), for providing a Dried Blood Spot sample (R30–$4) and for each successfully enrolled recruit (R20–$2.50). This process was followed through a number of recruitment waves for every subsequent recruit who came to the study site and who successfully completed the survey.

We recruited 309 young women with a maximum of 12 recruitment waves. Fifty women (19%) were ineligible: only two did not have more than one sexual partner in the past 3 months, 25 were younger or older than the age limit; 22 did not know any women who had multiple sexual partners and one did not stay nor socialize in the study community. The final sample was thus 259 women.

4.3.1.2 Data Collection

Following informed consent, participants completed a pilot tested, paper based and self-administered demographic, behavioural and violence questionnaire consisting of 103 items. The questionnaire was offered in English and in the primary, isiXhosa language of the participants. We enquired about participants’ demographics such as age and poverty status. To measure levels of poverty we used a five-item Poverty Scale (Townsend et al 2011) that we then categorized to infer three levels of poorness: abjectly poor, poor and non-poor. Sexual behaviour was assessed by questions about age at sexual debut; number of sexual partners; condom use in the past three months with main (non-secret, steady and predominant) and casual (secret but regular and sometimes long term) partners; condom use at last sex with once off partners (partners with whom sex was once and never again); transactional sex; age mixing; and concurrency. All of the sexual risk behaviour variables are defined and coded in greater detail in Table 4.

15 Recently, it has been suggested that the design effect of RDS studies should be increased up to 10, to allow for sufficiently large sample sizes for RDS to meet its study objectives (Goel & Salganik 2010)
Other risk factors such as intimate partner violence and relationship power inequities were measured using the WHO violence against women instrument to measure physical partner violence and sexual partner violence in the past 12 months (Jewkes et al. 2010), and a validated sexual relationship power scale (SRPS) respectively (Pettifor et al., 2004; Jewkes et al. 2010; Dunkle et al. 2006). The SRPS originally consisted of 23 items (Pettifor et al., 2004; Jewkes et al. 2010) but these were reduced to 15 to be more specific to our research questions. The SPRS items enquired about decision-making dominance and relationship control (Pettifor et al., 2004; Jewkes et al. 2010).
<table>
<thead>
<tr>
<th>Variable</th>
<th>Survey question and responses</th>
<th>Coded for analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-economic status</td>
<td>Which ONE of the following best describes how things are in your home?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. We do not have enough money for food</td>
<td>1 Abjectly poor</td>
</tr>
<tr>
<td></td>
<td>2. We have enough money for food but we do not have money for other important items like clothes</td>
<td>2 Poor</td>
</tr>
<tr>
<td></td>
<td>3. We have enough money for food and clothes but we do not have money for many other important items</td>
<td>2 Poor</td>
</tr>
<tr>
<td></td>
<td>4. We have money for all the important items but very little for luxurious items</td>
<td>2 Poor</td>
</tr>
<tr>
<td></td>
<td>5. We have enough money for luxurious items and other items</td>
<td>3 Non-poor</td>
</tr>
<tr>
<td>Sexual debut</td>
<td>How old were you when you first had sex?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 ≥ 15 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 &lt; 15 years</td>
<td></td>
</tr>
<tr>
<td>Condom Use Indicators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Condom use with main/casual sexual partner(s) past 3 months</td>
<td>How often have you used condoms with your [main partner or casual partner] in the last 3 months?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Would you say never, sometimes, often or always?</td>
<td>0 Consistent (always)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Inconsistent (never, sometimes or often)</td>
</tr>
<tr>
<td>2. Condom use with once-off sexual partner(s) past 3 months</td>
<td>Think back to the most recent once-off sexual partner that you had sex with, the last time you had sex with him did you use a condom?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 No</td>
</tr>
<tr>
<td>Transactional sex</td>
<td>Think about your most recent [main, casual] do you think you became involved in a relationship with him because you were expecting or because he gave you any of the following: food, clothes, cosmetics, cell-phone airtime voucher (material items), cash? TICK AS MANY AS APPLY</td>
<td>0 No exchange of any kind</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Yes exchanged one or more of these</td>
</tr>
<tr>
<td>Concurrency</td>
<td>In the last 3 months did you initiate/enter a new sexual relationship whilst in an existing and ongoing sexual relationship with another sexual partner?</td>
<td>0 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td>Age mixing</td>
<td>In the last 3 months did you enter a sexual relationship with a man who was 5 or more years older than you?</td>
<td>0 No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Yes</td>
</tr>
</tbody>
</table>
Participants took between 30 and 60 minutes to complete the questionnaire. Three trained, Xhosa speaking young female interviewers were made available to assist participants in cases where they needed the questionnaire to be explained.

A qualified nurse collected Dried Blood Spot (DBS) samples from consenting participants immediately after the survey questionnaire was completed. All participants were offered free voluntary pre and post-test counseling and testing (VCT) for HIV at the study site. All (N= 259) consented to provide a DBS sample and 65% accepted the offer for VCT.

4.3.1.3 Data Management

All databases and forms pertaining to the study, were linked by recruitment coupon identification numbers. No personal identifiers were gathered from participants. As each of the questionnaires was self-completed by the participants, they were collected by the PhD student who immediately locked the document in a cupboard to which no-one else had access. The PhD student removed questionnaires from the study site and took them to the location of the off-site database at the Medical Research Council (MRC) on a daily basis.

Data from the behavioural survey and the non-response questionnaires as well as the results of the HIV testing were entered into an appropriate database by a member of the Medical Research Council’s IT Department. Data were not double entered, however halfway through the process of data collection, data cleaning commenced. Data were validated as they were collected but no analysis was conducted until all data had been cleaned. Data were password protected and all the questionnaires and other forms used to collect data were locked away in a cabinet at the MRC after data entry. These data were kept for an undetermined period of time by the MRC.

4.3.1.4 Data Analysis

Estimates of population proportions and 95% confidence intervals (CIs) for demographics, sexual risk behaviours, intimate partner violence and relationship power inequity were calculated using the Respondent-Driven Sampling Analysis Tool version 5.6 (RDSAT). This software package enables analyses of equilibrium, and generates sample weights to take into account differential recruitment (homophily) and variations in participants’ network sizes (degree) (Heckathorn 1997).

A sample attains equilibrium when the sample distribution on key variables remains stable even as new individuals are added to the sample (Heckathorn 1997; Johnston & Sabin 2010; Lu et al 2011). Equilibrium was reached between 2 and 3 waves on key variables such as age, poverty status, HIV status, inconsistent condom use with main and casual partners, male partner infidelity, transactional sex, concurrency, age mixing and intimate partner violence.

Homophily index values range from +1 to -1. Values close to +1 suggest that recruiters had a greater preference for in-group recruitment; values close to -1 indicate preference for out-group recruitment, whilst index values close to 0 suggest neither in-group, nor out-group recruitment patterns, thereby overcoming recruitment biases (Johnston & Sabin 2010; Lu et al 2011). In this study the homophily index (Hx) values for key variables ranged from -0.396 to 0.186. Hx by HIV status revealed that cross recruitment
occurred among networks of HIV positive (Hx=0.093) and HIV negative (Hx=0.08) participants.

To determine the personal network size of each participant, we asked the following: “How many women do you know (i.e. you know their name and they know yours); you have seen them in the past three months; they are 16-24 years old; they live/work/socialize in the study community and they have had sex with more than one man in the past three months?” The personal network sizes of the participants ranged from 2 to 80 with a mean of 6.

Bivariate analyses were performed with inconsistent and no condom use as the main outcomes. To assess the predictors of inconsistent and no condom use (Paper I) and the correlates of intimate partner violence (Paper III), multivariate logistic regression models were constructed in STATA 10.10 using backward stepwise regression methods (Homser 2000). Individualized weights generated on the outcome variables by RDSAT 5.6 were imported and included in each of the final logistic regression models.

The DBS were analyzed at a referral laboratory for anonymous HIV testing where serum was eluted from samples and tested and re-tested with a 4th generation HIV ELISA (Vironostika Uniform II plus 0) and a 3rd generation (antibody only) HIV ELISA (SD Bioline). Samples that were reactive in both assays were reported as positive. Discordant samples were tested by western blot (HIV1/2 Biorad).

4.3.2 Qualitative study (SS 2, Papers II, III and IV)

A year after the quantitative survey was completed, we returned to the study community to conduct a qualitative enquiry to help us better understand the nature of sexual risk and intimate partner violence among young women in this community. The study made use of an exploratory and emergent qualitative design that employed focus group discussions (FGDs), individual interviews (IIs) and Key Informant Interviews (KIIs) to explore the characteristics and drivers of sexual risk behaviours and intimate violence, and to understand parents’ experiences, challenges and opportunities of rearing female adolescents in this high-risk setting. Data were collected from young Black women aged 16-24 years; Black men in their 20’s and 30’s; men and women who were aged 16 years and older in the late 1980’s and men and women who were parents (some of them community leaders, others not) in the study community.

4.3.2.1 Recruitment

Purposive sampling methods were used to recruit 36 sexually active young women aged 16-24 for participation in four FGDs involving 8-10 participants each; 9 sexually active young women to participate in 9 semi-structured IIs; 5 men in their 20’s and 30’s for participation in a men only FGD; 3 men and 3 women who were aged 16 years and older in the late 1980’s for participation in IIs and 12 men and women who were parents for participation in KIIs.

4.3.2.2 Data Collection

The two phases of data collection were undertaken in five phases (Table 3). During the first and second phase (Phase I, II) FGDs were held with young women who were
purposively sampled based on whether they self-reported multiple sexual partnering (FGD 1), or monogamous sexual relationships (FGD 2). Phase III comprised two additional focus group discussions (FGD 3 and 4) with young women who were purposively sampled from alcohol drinking venues known as shebeens, and who met the eligibility criteria. Phase IV comprised one FGD with men (FGD 5) and six IIs with community members who were aged 16 years and older in the late 1980’s to explore whether and in what ways sexual risk behaviours and consumption patterns may have changed over time. Phase V entailed KIIs with 6 men and women who were parents and community leaders, and 6 men and women who were parents but not community leaders. All FGDs, IIs and KIIs were conducted in the local isiXhosa language. Only the first FGD was translated into English; owing to funding limitations, subsequent transcripts were not translated although all the coding for the analysis was done in English.

We used literature and formative research findings on sexual risk behaviours, specifically transactional sex and age mixing, intimate partner violence, and women’s power and control in sexual relationships to construct focus group discussion and individual interviewing guides.

4.3.2.3 Data Analysis

Data were analysed using Graneheim et al’s (2003) content analysis methods. Content analysis entails identifying, coding and categorising the content of qualitative data into themes (Graneheim et al 2003). This method of analysis comprises two levels; the first has to do with surface level identification and coding of the visible components of the text and is referred to as manifest content analysis. The second level delves deeper into the text by applying an interpretative analysis of its underlying meanings (Graneheim et al 2003). The analysis of the data for Paper II and III applied both manifest and content analysis methods, whilst the analysis of the fourth paper (Paper IV) relied more on capturing the obvious, visible meanings.

The first two FGD transcripts and field notes were analysed whilst data collection was still ongoing. This process entailed a two-day data analysis workshop led by an experienced qualitative researcher, and which involved the PhD student and the rest of the research team, all of whom were trained on data analysis of qualitative data. Prior to the workshop, the two transcripts were translated from Xhosa to English, to enable accessibility by those research team members who were non-Xhosa speakers. During the workshop, the transcripts were first read through and then members shared initial thoughts, after which the manifest coding of the data began. Thereafter, each member of the team shared their list of identified codes, which created a lively discussion as different ideas contested for inclusion in the final list of codes. These were grouped together into categories and during latent analysis, were further transformed into major themes.

The preliminarily identified codes, categories and themes were used extensively in the analysis process of the remaining 3 FGDs, the IIs conducted with young women on sexual risk behaviours and intimate partner violence and from men and women who were aged 16 years and older in the late 1980’s. The first author analysed all of the
subsequent transcripts emanating from data collected from the young women and men on her own, largely using the codes, categories and themes generated from the first two FGDs, but also allowing for the emergence of new codes and categories.

With regards to the data collected from parents and community leaders, the PhD student and the three field researchers (who also participated in the workshop analysis mentioned earlier) conducted preliminary analyses of the interviews by manually identifying initial codes and major themes from the first 6 interviews. Examples of the analysis processes and the codes, categories and themes generated during the analysis are illustrated in Tables 5 and 6 (SS 2, Paper III and IV). Thereafter the first author conducted a full analysis of all the transcripts using manifest and latent content analysis methods, with the OpenCode Version 3.6 software program (Umea University, 2011).
### Table 5. Codes, categories and themes (SS 2, Paper III)

<table>
<thead>
<tr>
<th>Codes</th>
<th>Categories</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced sex, verbal abuse, beatings, rape, threats, disrespect, sexual violence, emotional abuse, physical violence</td>
<td>The nature of intimate partner violence</td>
<td></td>
</tr>
<tr>
<td>Women not allowed to come home late at night, women’s search for comfort, inciting violence, women want to be beaten, manning him up, hitting is loving, escaping sex/refusing sex; anger, love, lack of money, you are with him, HIV status, no known reason for staying.</td>
<td>Home rules, search for intimacy, male domination, constructs of masculinity, economic disempowerment, constructs of violence as love, community responses, confusion/lack of reflection, lack of options</td>
<td>Enablers of violence</td>
</tr>
<tr>
<td>Jealousy, must be at home, movement control, men calling the shots during sex, both, women and men share control, he won’t let you go</td>
<td>Male domination, male sexual power, power balance</td>
<td>Relationship power inequity</td>
</tr>
</tbody>
</table>
Table 6: Examples of the qualitative analysis process (SS 2, Paper IV)

<table>
<thead>
<tr>
<th>Data source</th>
<th>Meaning Unit</th>
<th>Code</th>
<th>Category</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, Grandfather,</td>
<td>In our homes we have run out of capacity to persuade our children to listen to us. So for me I think our children overpower us</td>
<td>Struggling to make children listen Overpowered</td>
<td>Loss of parental control</td>
<td>Challenges of parenting children in post apartheid South Africa</td>
</tr>
<tr>
<td>Male, former teen parent</td>
<td>You see, things have changed because of the Constitution which has positioned us very poorly, because it says you cannot give your child a hiding and so on, if you do it then you are said to be abusing your child.</td>
<td>Law prohibiting parental corporal punishment</td>
<td>The disempowering effect of the Children’s Bill of Rights</td>
<td>Challenges of parenting children in post apartheid South Africa</td>
</tr>
<tr>
<td>Female, local ward councillor</td>
<td>You know as members of the Women’s League we once organized ourselves and said we’d go to the Stoep (popular drinking venue for young people in the community) and observe our children</td>
<td>Organization/mobilization</td>
<td>Parents’ initiative</td>
<td>Opportunities of parenting children</td>
</tr>
</tbody>
</table>
5 ETHICAL CONSIDERATIONS

Ethical permission to conduct each of the two sub-studies (ethical permits REC REF:353/2007 (SS 1) and REC REF 095/2009 (SS 2)) associated with the dissertation was sought and received from the Research Ethics Committee of the Faculty of Health Sciences, University of Cape Town, South Africa.

Prior to data collection, the aim, content and procedures of each of the sub-studies were explained both verbally and in written form to each of the participants of the sub-studies. All of the participants gave written informed consent prior to participation in data collection activities.

At the time of data collection, the law governing health research in South Africa- as interpreted by the constitution and in the National Health Act S71 of 2003- did not specify an independent age for consent (DoH 2004). However research with minors (under 18 years of age) required the informed consent of parents or legal guardians and in the case of non-therapeutic research, the Minister’s consent as well as the minor’s if capable of understanding (Section 71 (2) (ii), (iii), (iv)) (DoH 2004).

Since our research required the disclosure of sensitive and stigmatized sexual behaviour by participants, seeking parental consent for participants younger than 18 posed difficulties for my research. We deemed it unlikely that underage participants would give accurate reports of their sexual risk behaviours if their parents were individually and directly involved in the process of seeking informed consent.

Thus, working from the basis that Section 5 (3) of the Research Ethics Guidelines of the Department of Health, acknowledged that adolescents may be capable of independent informed consent and that particular types of research required that they participate unassisted by parental consent, we requested the local ethics committee to waive the requirement that we sought individual parental consent for underage participants. This request was granted.

Thus, instead of seeking individual parental consent, the PhD student conducted parent information sessions in all of the schools that were located in the study community; wherein the study background, aims and objectives were presented. At the information sessions, parents were asked if they would object if their daughters who were younger than 18 years of age participated in the study. No parents objected to the possible inclusion of their underage children in the study. Feedback reports were submitted to the local ethics committee once the parents’ meetings had taken place. On the basis that the information sessions took place and no parents at these sessions objected to the possibility of their underage children’s inclusion in the study, the local ethics committee approved the application to not seek individual, written consent from parents of participants who were younger than 18 years of age.
6 RESULTS

Some of the findings reported in this section and in the discussion were not published in the papers, due to the limited scope of the papers, revisions advised by reviewers and word count restrictions. The unpublished findings are now added to some of the sections and themes, as they add richness to the descriptions of the published findings. Wherever possible, these findings have been labelled as “unpublished data” either in the subheadings used in the results section, and/or at the end of the relevant qualitative excerpts.

6.1 DEMOGRAPHICS AND HIV STATUS (SS 1, PAPERS I & III, AND UNPUBLISHED DATA)

Most of the respondents were young, unmarried and school going (see Table 7). Fifty percent (50%, 44%-56%) reported living in overcrowded homes (i.e. sharing their home with ≥ 6 people; unpublished data) and 53% and 21% (CI 17%-27%; CI 45%-59%) reported household circumstances of poverty and abject poverty respectively.

The prevalence of HIV was three times higher among women aged 20-24 (12%; CI 5.3-22.0) than among women aged 16-19 (4%, CI 1.4-7.3). Average HIV prevalence across age groups was 5% (CI 4.1-6.5).
Table 7. Sample & population estimates of demographic characteristics and sexual risk behaviours with 95% confidence intervals

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sample Proportions</th>
<th>Estimated Population Proportions % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td>66</td>
<td>26 (19.0-32.0)</td>
</tr>
<tr>
<td>16-19</td>
<td>193</td>
<td>74 (68.0-81.0)</td>
</tr>
<tr>
<td>School Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of School</td>
<td>66</td>
<td>26 (16.9-27.8)</td>
</tr>
<tr>
<td>In School</td>
<td>193</td>
<td>74 (72.2-83.1)</td>
</tr>
<tr>
<td>Poverty Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abjectly Poor</td>
<td>51</td>
<td>21 (16.9-27.2)</td>
</tr>
<tr>
<td>Poor</td>
<td>131</td>
<td>53 (45.3-58.8)</td>
</tr>
<tr>
<td>Non-Poor</td>
<td>72</td>
<td>26 (20.1-32.2)</td>
</tr>
<tr>
<td>HIV Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>244</td>
<td>95 (91.6-97.3)</td>
</tr>
<tr>
<td>Positive</td>
<td>6</td>
<td>5 (2.7-08.4)</td>
</tr>
<tr>
<td>Sexual Debut</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥15 years</td>
<td>174</td>
<td>66 (55.2-67.9)</td>
</tr>
<tr>
<td>&lt;15 years</td>
<td>84</td>
<td>34 (32.1-44.8)</td>
</tr>
<tr>
<td>Condom use: main partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistent</td>
<td>50</td>
<td>23 (17.3-27.6)</td>
</tr>
<tr>
<td>Inconsistent</td>
<td>209</td>
<td>77 (72.4-82.7)</td>
</tr>
<tr>
<td>Condom use: casual partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistent</td>
<td>115</td>
<td>44 (37.9-50.4)</td>
</tr>
<tr>
<td>Inconsistent</td>
<td>138</td>
<td>56 (49.6-62.1)</td>
</tr>
<tr>
<td>Condom use: once off partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>145</td>
<td>70 (68.7-82.9)</td>
</tr>
<tr>
<td>No</td>
<td>59</td>
<td>30 (17.1-31.3)</td>
</tr>
<tr>
<td>Age Mixing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>105</td>
<td>41 (38.4-52.3)</td>
</tr>
<tr>
<td>Yes</td>
<td>135</td>
<td>59 (55.2-67.7)</td>
</tr>
<tr>
<td>Concurrency past 3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>36</td>
<td>13 (12.3-23.0)</td>
</tr>
<tr>
<td>Yes</td>
<td>211</td>
<td>87 (77.0-87.7)</td>
</tr>
<tr>
<td>Main Partner Infidelity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>56</td>
<td>28 (23.4-38.9)</td>
</tr>
<tr>
<td>Yes</td>
<td>124</td>
<td>72 (61.1-76.6)</td>
</tr>
<tr>
<td>Transactional Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>9 (3.4-8.8)</td>
</tr>
<tr>
<td>Yes</td>
<td>240</td>
<td>91 (91.2-96.6)</td>
</tr>
<tr>
<td>Number of casual partners past 3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤4 casual partners</td>
<td>157</td>
<td>61 (52.2-64.7)</td>
</tr>
<tr>
<td>≥5 casual partners</td>
<td>102</td>
<td>39 (35.3-47.8)</td>
</tr>
</tbody>
</table>
6.2 SEXUAL RISK TAKING, PREDICTORS OF INCONSISTENT CONDOM USE AND DRIVERS OF TRANSACTIONAL SEX (SS 1, PAPER I & SS 2, PAPER II & UNPUBLISHED DATA)

6.2.1 Sexual risk taking (SS 1, Paper I)

The young women reported an average of 7 male sexual partners in the past three months and a very high proportion (87%, CI 77%-87%) reported concurrency within these sexual relationships. Most of the young women did not use condoms consistently with their most recent main partner (77%, CI 72%-83%) and casual sexual partners (56%, CI 49%-62%) in the past three months (Table 7).

More than 9 out of 10 young women reported that they had engaged in transactional sex with their most recent sexual partner. The extremely high levels of transactional sex occurred within a social environment that sanctioned the practice as more than two thirds (69%, CI 62%-74%) perceived that female friends would not support a decision to no longer engage in transactional sex (unpublished data). Further, among the young women, nearly 8 out of 10 (78%, CI 72%-83%) reported that material incentives were an important consideration when selecting a new sexual partner (unpublished data). As such, most (74%, CI 68%-79%) said that they would not have sex with a man if they knew that he would not provide them with material incentives. More than half (57%, CI 51%-63%) reported that the last time they went out with their female friends, a man at the shebeen paid for their food and drinks (unpublished data).

More than one third (34%, CI 31%-37%) reported early sexual debut (<15 years old), 59% (CI 55%-48%) reported age mixing and 72%, (CI 61%-76%) knew or suspected their main partner to have other sexual partnerships (male partner infidelity).

6.2.2 Predictors of inconsistent condom use (SS 1, Paper I)

The most significant predictor of inconsistent condom use with most recent casual and main partner was having high numbers of casual sexual partners in the past three months (OR 2.4, CI 1.3-4.2 and OR 2.2, CI 1.1-4.6 respectively) (Table 8).
### Table 8. Multivariate logistic regression models showing predictors of inconsistent condom use and no condom use

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>Inconsistent Condom Use: Casual Partners OR (95% CI)</th>
<th>Inconsistent Condom Use: Main Partners OR (95% CI)</th>
<th>No Condom Use with Once-Off Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td>1.00 ***</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>16-19</td>
<td>1.5 (0.8-2.7)</td>
<td>4.3 (1.6-11.8)</td>
<td></td>
</tr>
<tr>
<td>Sexual Debut</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥15 years</td>
<td>1.00 ***</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>&lt;15 years</td>
<td>1.7 (0.9-3.2)</td>
<td>1.9 (0.9-3.9)</td>
<td></td>
</tr>
<tr>
<td>Age Mixing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>***</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Yes</td>
<td>1.5 (0.8-3.1)</td>
<td>1.7 (0.8-3.7)</td>
<td></td>
</tr>
<tr>
<td>Concurrency past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td>1.00</td>
<td>***</td>
</tr>
<tr>
<td>Yes</td>
<td>2.1 (0.9-4.8)</td>
<td>2.2 (0.9-5.2)</td>
<td></td>
</tr>
<tr>
<td>Casual partners past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤4 casual partners</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>≥5 casual partners</td>
<td>2.4 (1.3-4.2)</td>
<td>2.2 (1.1-4.6)</td>
<td>***</td>
</tr>
<tr>
<td>Access to condoms at shebeens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>***</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Yes</td>
<td>0.4 (0.2-1.0)</td>
<td>0.4 (0.2-0.9)</td>
<td></td>
</tr>
</tbody>
</table>

*** Predictor variables where p >0.25 in the bivariate analyses were excluded from the multivariate logistic regression model.
Women aged 16-19 were more likely to not have used a condom at last sex with the last once-off partner (OR 4.3, CI 1.6-11.8) compared to older women (aged 20-24). Women reporting easy access to condoms at shebeens were significantly less likely to not have used condoms at last sex with their most recent once off partner (OR 0.4, CI 0.2-0.9) than their counterparts.

6.2.3 The drivers and characteristics of transactional sex (SS 2, Paper II)

The qualitative data supported the findings of the bio-behavioural survey that levels of transactional sex were extremely high among young women in the study setting. In this poverty-stricken community characterized by a popular youth culture that placed high emphasis on fashionable clothing, social inclusion and censorious peer group norms in the FGDs, transactional sex was used to meet multiple needs. In the accounts given in the FGDs with young women and men, it seemed that engaging in the practice was as much about warding off hunger as it was about negotiating social and wealth inequalities and pursuing fashionable images and modernity. As such the items that featured in their lists of what they exchanged sex for, included food, electricity, alcohol, fashionable clothing, money to go to the hairdresser, driving lessons, school fees, and school lunch. Notably, none of the participants ordered these items into hierarchical categories, they simply named them as commodities that they desired and were able to procure from their transactional sexual encounters.

Participants’ accounts suggested that increases in the availability of commodities, fears of social exclusion and young people’s widespread use of global technologies to police each other’s adherence to popular social codes of dress and behaviour, created new consumption pressures that older men, locally referred to as sugar daddies stepped in to meet:

…On the weekend there must be a kit (fashionable clothing that is determined by a peer group for a particular day/event) that you have to have. If you don’t have that kit… you hide yourself like at home because your friends are wearing new clothes and things like that. (Paper II, FGD 2, young women aged 16–18)

…in everything there is pressure, so even on your parents, you pressurize them, you say “I want this takkie (sneakers), I want this, I want that” you see? (Paper II, FGD 5, men aged 23-32)

If you wear the same clothes this week that you were seen wearing last weekend and the weekend before that, someone will take to the web and you know by the detailed descriptions of what you were wearing, that they are talking about you…everybody laughs and mocks your clothing…(Paper II, FGD 2, young women aged 16–18)

In this context, transactional sexual encounters with sugar daddies presented young women with opportunities to access plenty in the context of little:
You are an old guy, she has nothing, you are paying for her hair, you are buying her Truworths (popular clothing store), you buy her lunch and everything, you give her money, so that she has money for school… (*Paper II, FGD 5, young men aged 23-32*)

…he will buy you airtime, buy you everything…everything, [he will ask] "what are you in need of?" (*Paper II, FGD 3, young women aged 16–24*)

Although highly appreciative of the material benefits of their sexual relationships with sugar daddies, young women were not uncritical, nor unaware of the negative aspects of these sexual partnerships. Complacency, low self-esteem and compromised chances of finding love with younger men were mentioned as some of the negative outcomes of transactional sexual relationships with older men:

It’s wrong…because when you have a sugar daddy who is able to do everything for you, things that you are not able to do yourself or your parents are not able to do, nhe, you get that thing…you become complacent as a person (*Paper II, FGD 3, young women aged 16–24*)

In the discussions with the young women and men, understanding the precise characteristics that distinguished a sugar daddy from an ordinary older, generous male sexual partner was not simple. However, young women were clear that not every older, wealthier male sexual partner was considered a sugar daddy. Specifically, sugar daddies were considered to be older men that young women acquired solely for financial or material benefits:

It’s a sugar daddy when you eat his money…when you are not romantically involved, just eating his money…you are there to eat his money that’s all. (*Paper II, FGD 3, young women aged 16–24*)

It seemed that the “sugar daddy” label was considered inappropriate in relationships with older men that were also characterized by romantic notions of love, even if the relationship featured monetary exchanges:

Obviously, he will still give you money, that is fine but what I am saying is that we should not stereotype this sugar daddy thing; we should not make it [only] about age… Do not let it be, let it not be said that every young woman who is dating an older man is dating a sugar daddy (*Paper II, FGD 4, young women aged 16–24*)

Interestingly, in the men’s FGD, participants were emphatic that sugar daddies were not common in the study community, even though the same men talked about dating and preferring younger women, whom they believed to be more sexually exciting and easier to control:

Participant: …it has nothing to do with age, you see? Because you are getting old, you see, so you always want to see that “I am not as old, I am young”, do you understand? So you are bound to go to young girls
Facilitator: By young, what do you mean? How young is young?
Participant: 15, under 20
Participant: Sweet 16 (Unpublished data, FGD 5, men aged 23-32)

Facilitator: Give me the proportion here in the township. How prevalent is this sugar daddy business here?

Participant 1: Here in the township, you get sugar daddies who are under 20 years of age, or maybe late 20’s and 30’s, but 40’s no, you do not get that here…

Participant 2: No joe,

Participant 3: No, you do not get that here

Participant 2: Grootman (old men) who are in their 40’s and up with a girl who is 16 [years old]? No, no, that is out

Participant1: Okay like late 20’s and early 30’s, yes it happens but not like 40

Participant: No, we do not do that here…

Participant: But its like, it’s like we don’t call it sugar daddy, joe

Participant: We do not have that term “sugar daddy” here in the township

Participant: Finding a timer (old man) who is like 45 [years old] with a child who is 17 (years old)? No we do not do that here (Unpublished data, FGD 5, men aged 23-32)

From the above it is evident that men were not denying the existence of age disparate relationships; rather they seemed keen to distance themselves and their community from the stereotypical, and clearly socially disapproved images of cross-generational sexual partnerships between young girls and much older men. Further, it seemed that it was not so much the number of years defining the age differences that they had a problem with, since they felt that a man in his late 20’s and 30’s could date a young girl aged 15, under 20 or a “sweet 16”. Interestingly, the ages that they described as the common ages of older men date young girls fit their own age range as participants of the FGD, since they were in their 20’s and 30’s. Also, one young woman who mentioned the age gap between herself and her current sugar daddy, suggested a difference of 13 years, but similar to what the men said, the man was clearly still in the category of young adults, rather than what would be considered an old man:

…like me, I was born in 1987, I am 19-years old, you understand? I am dating a man who is 34-years old, I am young, I am beautiful… (Paper II, FGD 3, young women aged 16–24)

Also, men were especially concerned to point out that some age asymmetric relationships were not motivated by monetary exchange, but genuine sexual attraction:

… It’s like there are always two sides to an issue, you see, sometimes you find that she does not want money from you, she is just into you. (Paper II, FGD 5, men aged 23-32)

In this context where certain forms of age mixing were clearly disapproved, dating an older man merely for love was considered an indulgence available only to women from financially stable homes. Many young women framed the decision to enter a relationship with a sugar daddy as one that was somewhat forced upon them by
circumstances of economic deprivation in their homes, within a broader context of local economic inequalities and great pressure to uphold images of a fashionable and modern lifestyle.

Altogether, it seemed that though age asymmetrical relationships were held to be popular in the study community, there was some social discomfort with some types of age mixing, even though they existed.

Notably, young women’s transactional sex networks were characterized by multiple concurrent sexual partnering involving not only sugar daddies but also younger men locally referred to as “is’today”:

...you get money from your sugar daddy and then you share it with your young boyfriend (Paper II, FGD 1, young women aged 16–21)

...some will have an older sexual partner and a younger boyfriend as well (Paper II, FGD 3, young women aged 16–24)

Thus, young women’s relationships with older men yielded not only profitable rewards to meet subsistence and consumption needs, but also created opportunities for them to expand their sexual networks, albeit in dangerous and risky ways.

The elements of risk in young women’s sexual networks were not confined to the maintenance of multiple sexual partners from each end of age asymmetries. Descriptions of some of their sexual encounters suggested high-risk behaviour such as unprotected group sex. Despite the high levels of risk inherent in their sexual behaviours, young women largely maintained a casual, trivial regard for HIV:

Participant: As long as he satisfies your needs for money and alcohol you don’t really care. That is how it is around here...that’s what the slogan says, “Money Talks, Bullshit Walks”
Facilitator: Okay, so what is the bullshit here that’s walking?
Participant: Bullshit is the HIV.
Moderator: Okay.
Participant: It’s what the people say.
Moderator: Okay including what other people say?
Participant: Hmm.
Participant: Yes.
Moderator: Alright, so those things don’t matter?
Participant: They don’t matter. (Paper II, FGD 1, young women aged 16–21)

It is important to note that despite their apparent vulnerability in transactional sexual encounters, in their descriptions of the ways in which they negotiated the terrain of sexual behaviour, it seemed that young women accessed opportunities to embody what can be considered as alternative and fairly uncommon enactments of femininity in their society. In their descriptions of visits to shebeens, they disregarded traditional gender roles that required women to wait to be approached and pursued, and instead actively pursued desired sexual partners for money, alcohol and sexual pleasure:
It’s the sugar daddy... you can see with the car that here he is driving a yellow Kompressor (Mercedes Benz)... [You say to yourself] “I’m going to get him, I’m going to say it to my friends and start going up to him”... (Unpublished data, FGD 2, young women aged 16-18)

...they do not have a problem; you hunt them whilst they are also hunting you! (Unpublished data, FGD 5, young men aged 23-32)

They articulated their appreciation of and insistence on receiving both money and sex in their relationships, fuelling multiple concurrent sexual partnering as they sought different partners to meet different needs:

That’s the whole point. So both money and sex are liked... [because] at the same time girls want to be satisfied (Unpublished data FGD 1, young women aged 16-21)

Further, in their relationships with younger men whom they pursued for their sexual prowess and as a social accessory, they adopted the uncommon role of benefactors, providing these younger partners with money, clothing and alcohol:

...They like to date younger boys...it’s fashionable... a young boyfriend dresses smartly, so it is something for status ...they are called “is’ Today, “is’ now now” (in reference to his youthfulness, especially in comparison to sugar daddies) (Paper II, FGD 1, young women aged 16-21)

Worth noting is also the fact that the younger men were said to remain in these relationships largely because of their profitability, suggesting a shared, perhaps community wide appreciation for transactional sex, that extended beyond young women to include others who were poor but with opportunities to link up to older, wealthier members in the community:

...he is going to stay because he knows she is going to buy him clothes, his sugar mama is going to buy him everything he wants (Paper II, FGD 3, young women aged 16-24)

When community members were asked about how young women obtained fashionable clothing 15 or more years ago in this community, it seemed that sexual behaviour was not commonly used to gain access to desired commodities. Community members observed that back in the 1980’s there were far less commodities available to Black people in the community, both in terms of quantity and variety. They also observed that when they were teenagers, only a few young women could afford fashionable clothing, and those who did either came from well off families or practiced ukuminca (stealing clothing or food items and hiding them between the thighs):

Back then you really had very few clothing shops...they were expensive, yho! … If you saw a girl who is always wearing fashion[able clothing] you just knew this one she practices ukuminca (laughing) or maybe her sister or her aunt…unless they have everything at home (Paper II, Community member, housewife)
Altogether, conversations with the young women, men and community members gave the strong impression that decisions to enter transactional sexual relationships were made in the face of limited economic alternatives, social pressures that had an overwhelming effect on young women and a social context that normalized the behaviour, thus allowing it to flourish.
6.3 INTIMATE PARTNER VIOLENCE (SS 1 & SS 2, PAPER III)

6.3.1 Prevalence and correlates of intimate partner violence (SS 1, Paper III)

High levels of IPV were found among the young women: 86% (81%-90%) had experienced some type of IPV in the past 12 months, 80% (74%-85%) reported physical IPV; 67% (61%-72%) experienced sexual IPV and 60% (54%-66%) experienced both sexual and physical IPV (Table 9).

Table 9. Intimate Partner Violence (IPV) sample and estimated population proportions with 95% confidence intervals16,17

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Sample Proportions %</th>
<th>Estimated Population Proportions % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any IPV past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>33</td>
<td>13</td>
<td>14 (9.3-19.0)</td>
</tr>
<tr>
<td>Yes</td>
<td>226</td>
<td>87</td>
<td>86 (81.0-90.7)</td>
</tr>
<tr>
<td>Sexual IPV past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>85</td>
<td>33</td>
<td>33 (27.1-38.3)</td>
</tr>
<tr>
<td>Yes</td>
<td>172</td>
<td>67</td>
<td>67 (61.7-72.4)</td>
</tr>
<tr>
<td>Physical IPV past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>46</td>
<td>18</td>
<td>20 (14.5-25.9)</td>
</tr>
<tr>
<td>Yes</td>
<td>211</td>
<td>82</td>
<td>80 (74.1-85.5)</td>
</tr>
<tr>
<td>Sexual &amp; Physical IPV past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>102</td>
<td>40</td>
<td>40 (33.6-45.8)</td>
</tr>
<tr>
<td>Yes</td>
<td>157</td>
<td>60</td>
<td>60 (54.2-66.4)</td>
</tr>
<tr>
<td>Any IPV Frequency past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>189</td>
<td>73</td>
<td>75 (69.6-80.1)</td>
</tr>
<tr>
<td>&gt; Once</td>
<td>70</td>
<td>27</td>
<td>25 (19.9-30.4)</td>
</tr>
<tr>
<td>Sexual IPV Frequency past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>222</td>
<td>86</td>
<td>87 (82.9-90.7)</td>
</tr>
<tr>
<td>&gt; Once</td>
<td>37</td>
<td>14</td>
<td>13 (9.3-17.1)</td>
</tr>
<tr>
<td>Physical IPV Frequency past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>199</td>
<td>77</td>
<td>79 (73.4-83.7)</td>
</tr>
<tr>
<td>&gt; Once</td>
<td>60</td>
<td>23</td>
<td>21 (16.3-26.6)</td>
</tr>
<tr>
<td>Physical &amp; Sexual IPV Frequency past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>232</td>
<td>90</td>
<td>91 (87.3-93.9)</td>
</tr>
<tr>
<td>&gt; Once</td>
<td>27</td>
<td>10</td>
<td>9 (6.1-12.7)</td>
</tr>
</tbody>
</table>

16 In the main text only the estimated population proportions are used to describe the results.
17 2 Estimated population proportions were weighted using Respondent Driven Sampling Analysis Tool 5.6
Most of the young women did not have control over the circumstances of their first sexual experience; 70% (CI 63%-75%) reported that they were coerced (i.e. begged, tricked or forced) rather than wanting to have their sexual debut.

Transactional sex for money with most recent casual sexual partner was significantly correlated with sexual IPV (OR 2.1, CI 1.1-3.8) and the combined experiences of both sexual and physical IPV (OR 1.8, CI 1.05-3.2) in the past 12 months (Table 10, Figure 5). Women reporting sex with a man 5 or more years older than themselves in the past three months were significantly more likely to have experienced sexual IPV in the past 12 months (OR 1.7, CI 1.0-3.1) (Table 10, Figure 5).
Table 10. Intimate partner violence and associated sexual risk behaviours among women who have multiple sexual partners

<table>
<thead>
<tr>
<th>Explanatory Variables</th>
<th>Sexual IPV OR (95% CI)</th>
<th>Physical IPV OR (95% CI)</th>
<th>Physical &amp; Sexual IPV OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24 years</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>16-19 years</td>
<td>0.9 (0.4-1.9)</td>
<td>1.0 (0.4-2.7)</td>
<td>0.5 (0.2-1.6)</td>
</tr>
<tr>
<td>Poverty status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-poor</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Poor</td>
<td>1.1 (0.5-2.1)</td>
<td>0.7 (0.3-1.9)</td>
<td>1.00</td>
</tr>
<tr>
<td>Abjectly poor</td>
<td>1.0 (0.4-2.3)</td>
<td>0.5 (0.1-1.5)</td>
<td>1.2 (0.3-3.6)</td>
</tr>
<tr>
<td>School Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of School</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>In School</td>
<td>0.5 (0.2-1.2)</td>
<td>0.6 (0.2-1.8)</td>
<td>0.7 (0.2-2.3)</td>
</tr>
<tr>
<td>Age mixing in the past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td></td>
<td>***</td>
</tr>
<tr>
<td>Yes</td>
<td>1.7 (1.00-3.1)</td>
<td></td>
<td>***</td>
</tr>
<tr>
<td>Transactional sex for money with the most recent casual partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td></td>
<td>***</td>
</tr>
<tr>
<td>Yes</td>
<td>2.1 (1.1-3.8)</td>
<td></td>
<td>1.8 (1.0-3.2)</td>
</tr>
<tr>
<td>Sexual Debut</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥15 years</td>
<td>***</td>
<td>1.00</td>
<td>***</td>
</tr>
<tr>
<td>&lt;15 years</td>
<td>1.2 (0.5-2.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship power inequity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>***</td>
<td>1.00</td>
<td>***</td>
</tr>
<tr>
<td>High</td>
<td>0.9 (0.4-2.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of casual partners in the past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤4 casual partners</td>
<td>***</td>
<td>***</td>
<td>1.00</td>
</tr>
<tr>
<td>≥5 casual partners</td>
<td></td>
<td></td>
<td>0.4 (0.2-0.9)</td>
</tr>
<tr>
<td>Condom use with casual partners in the past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistent</td>
<td>***</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Inconsistent</td>
<td>0.4 (0.2-1.1)</td>
<td></td>
<td>0.4 (0.2-0.9)</td>
</tr>
<tr>
<td>Condom use with main partner in the past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistent</td>
<td>***</td>
<td>***</td>
<td>1.00</td>
</tr>
<tr>
<td>Inconsistent</td>
<td></td>
<td></td>
<td>4.0 (0.4-34.1)</td>
</tr>
<tr>
<td>Condom use with one night stand at last sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>***</td>
<td>1.00</td>
<td>***</td>
</tr>
<tr>
<td>Yes</td>
<td>1.1 (0.5-2.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Partner fidelity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>***</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0.9 (0.4-2.1)</td>
<td></td>
<td>0.6 (0.2-1.7)</td>
</tr>
</tbody>
</table>

*** Predictor variables where p >0.25 in the bivariate analyses were excluded from the final multivariate logistic regression models

63
6.3.2 The nature of intimate partner violence and its enablers (SS 1 & 2, Paper III)

Qualitative findings showed IPV to be a common feature in all the different types of sexual relationships that young women engaged in, including those with sugar daddies, younger men and main sexual partners. Transactional sex, and casual sexual partnering appeared to make young women most vulnerable to violent encounters. When male sexual partners exchanged gifts, money or alcohol with young women, they expected sex in return, and when they met with resistance they forced themselves on their partners:

...he is giving you money and spoils you and things? Well he expect something in return my darling, whether you like it or not, he is going to take it (Paper II, FGD 4, females aged 16-24)

Facilitator: What if she refuses to go with you at the end?
Participants: (All talking at once) Yho! A good clap (slap on the face) is coming her way... One clap! (Laughter) Just one, she is going to follow you! ... The skroneyonyo (derogatory term for women who have multiple sexual partners) ate your money, now what? Force, my brother, take it by force!
Participant: As we say “I gave you food, you give me the goods” (All laughing) (Paper III, FGD 5, young men aged 23-32)

What happened was, he said to me “listen, I have cigarettes” you see? “let’s go and smoke in my shack” you see? And because I am used to going there with him and everyone knows that we normally go to his shack together [I went with him]. So indeed after we’d finished smoking, he wanted to have sex with me. I
was like “but no, since when?... But no [he replied] “listen here, you cannot tell me that, otherwise give me back my smokes (cigarettes) ” you see? So he beats you up until you give in and do this thing with him

(Paper III, Individual Interview III, 18 years old female)

Young women’s risk of experiencing intimate partner violence was also enabled by parents’ rules that prohibited them from entering their homes if they stayed out too late at night. This meant that when they stayed out too late at the shebeen, young women had no other place to go but the home of the man who would have bought them alcohol or food during their outing. Once at their sexual partner’s place their ability to avoid unwanted sexual attention was compromised, thus increasing their vulnerability to sexual violence:

What else could I do? I was at his house in Khayelitsha, far away from home and it was around midnight, what could I do? I was even afraid to scream because what if his mother heard me? How would I explain my presence in her house? So ja, you just put up with it...(Paper III, Individual Interview II, 22 years old female)

Importantly, parents’ rules were applied in a social environment that sanctioned IPV and thus offered little community protection in the event that a young woman was beaten or forced to have sex in the course of an outing with a known partner. Community members were reported to rarely intervene if they witnessed or heard of a woman’s encounter of IPV; instead they judged such a woman harshly if she sought legal recourse, compounding her victimization:

She cannot lay charges against him, because they are going to say “oh no, but you are with him” they won’t understand what happened, you see? Others will say “but we normally see you going to his place...” so that is how they get away with it...even when you say he has raped you, they will still say “but how is that possible when you are with him?” and when you want them, let’s say to come forward as case witnesses in court, they won’t come forward, they will say “why, it is what you got him used to, why do you not want it all of a sudden?”

(Paper III, Individual Interview VII, 18 years old female)

In this context where physical IPV enjoyed a relative degree of social endorsement, the young women and male participants in the FGDs, excused male perpetration of IPV and instead placed the blame for episodes of violence on the misconduct of young women who sometimes needed to be “corrected” through beatings:

You beat them not because you want to, but because that is the only language they understand...they understand love when it is expressed with a beating

(FGD 5, men aged 23-32)

Participant: Like obviously you have to respect...us women must respect our boyfriends so that they do not beat us.
Facilitator: Oh? So if you respected your boyfriend then you would not get a beating?
Participant: Of course! (Paper III, FGD 3, young women aged 16-24)
Disturbingly, young women were reported to sometimes prompt physical violence as a way of eliciting romantic gestures or an apology from main partners who were said to be otherwise undemonstrative and unapologetic except when they had acted violently towards their female sexual partners. In other instances they feigned physical weakness during fights with younger sexual partners, whom they knew they could overcome physically, in order to initiate them into “real manhood”:

He will beat you...you will be crying “hhh, hhh, hhh” and yet you know you could fight back, you know he is your size, but because you want him to be a man, you let him...[because] you also don’t want to be associated with a boy...[so] you toughen him, you make him a man. (Paper III, FGD 4, young women aged 16-24)

Thus, in this high-risk community, gender-based violence was found to be normative and accepted as an inevitable and sometimes necessary social instrument in the negotiation of sex, power and romance in different types of sexual relationships.

6.3.3 Perceptions of gender relations and relationship power inequity (SS 1 & 2, Paper III and II)

Corresponding to the high levels of IPV found among the young women in this study, more than half of them (61%, CI 54%-68%) believed that it was acceptable for a man to hit a woman. Young women also believed that men could not control themselves when sexually aroused (69%, CI 61%-75%). However, only 33% (CI 72%-83%) believed that a woman should be punished by her male sexual partner, and 85% (CI 80%-89%) believed that it was acceptable for a woman to refuse sex, two-thirds believed that women should learn to be self-reliant (66%, CI 55%-68%) and disagreed that women must be taught how to behave by their male partners (67%, CI 61%-72%).

Relation power inequities existed in the form of main partner’s jealousy (59%, CI 51%-65%), control of who the women talked to (48% CI 42%-54%), control of their movements (78%, CI 73%-82%), and their main partners’ need to monitor where they were at all times (73%, CI 68%-21%). A large majority (56%, CI 49%-62%) thought that they could not terminate their relationship with their main partner if they wanted to. Nearly half of the young women reported that main partners made demands on them (42%, CI 36%-48%) and to which they expected compliance if they gave the young women money or gifts (46%, CI 39%-48%). Nearly two-thirds (64%, CI 57%-68%), reported that their main partners had greater decision-making power on issues affecting the couple, although just as many reported that their main partners were not the ones who made decisions about condom use (71%, CI 64%-76%), and 70% (CI 64%-76%) did not find that their main partner made all of the decisions in their relationships.

Qualitative interviews and FGDs also confirmed the existence of relationship power inequities in the form of male dominance, especially in relationships marked by transactional sex:

If you have a sugar daddy, you cannot be seen standing with another man, you cannot be around your friends ... He wants you to be on his side all the time (Paper III, FGD 3, young women aged 16-24)
Because you are putting a carrot in front of her, she has to listen to you…whatever you want her to do, she will do (Paper III, FGD 5, men aged 23-32)

You have more power (laughs)…he is the one who is going to have an upper hand because the guy is older and he has more money (Paper III, FGD 5, men aged 23-32)

Thus men perceived their age and economic dominance in these transactional relationships as accruing for them unlimited power to control their female sexual partners and the terms of their sexual encounters.

The glaringly obvious relationship power inequities defining the relationships of young women in the study setting should not be taken to have existed without any contestation. Although in the minority, some of the young women felt that ultimately they decided if their older, paying male sexual partners and main partners controlled the terms of their sexual encounters and to what extent:

It depends on the individual, what you think of the situation, like in the case of your sugar daddy, he may say “I will not give you money if you do not allow this and that” So I may decide to take the money and have sex without a condom or I may not (Paper III, FGD 3, young women aged 16-24)

In some cases it is 50/50, like with your main partner…sometimes you can say to him “like this, like this” (Paper III, FGD 1, women aged 16-21)

Some men, although in the minority also held the idea that in sexual relationships with their main partners, relationship power was more or less equitably shared:

You may think that you are the one controlling her, but you are not (Unpublished data, FGD 5, men aged 23-32)
Consistent with what was reported in earlier phases of data collection, parents reported multiple sexual partnering, transactional sex, early sexual debut, high rates of teenage pregnancy, alcohol abuse and drug use as the major risk behaviours of young women and men in the study community. In addition to peer pressure, modernity, popular culture’s emphasis on fashionable clothing, poverty and unemployment, they believed that the newly implemented country’s children’s rights were another major driver of sexual risk among adolescents in the study community:

I think perhaps it is because they now have rights, they have too many rights and so they know these things… (Paper IV, Female, community leader)

…When you say “no” you are said to be abusing them…and yet we are giving them the “no” that we were given when we were young…now they have rights and they know them so at the end of the day these rights are putting them at risk… (Paper IV, Male, community leader)

Most of the parents’ challenging experiences of parenting young women in this high-risk context were framed by their strong and negative feelings and encounters of the newly legislated children’s rights in the country. They perceived children’s rights to be a double-edged sword that gave their adolescents excessive liberties on the one hand, whilst undermining their capacity to parent effectively and confidently on the other hand. In this context young women were said to self-rule, without restraint, nor any sense of obligation to account to their parents for their behaviour. These dynamics created feelings of anxiety, disempowerment and loss of control among many parents:

As for us, the parents and the police, our hands and feet are completely tied; we do not have any rights (Paper IV, Male, community leader)

Under normal circumstances, parents should never be controlled by their children, but they know how to rule over you (Paper IV, Female, unemployed mother)

They lamented the loss of rights to use corporal punishment when disciplining their children and their legal obligation to allow their adolescents into the house even when they came home very late at night:

There was a law that was introduced which prevents parents from hitting their children, so now if you hit your child, s/he tells you “I am going up to call Dyantyi (station commander at local police station) because you have hit me” so you end up getting into trouble as the parent… they tell you that “just try and hit me, you shall see, you will be counted in prison by the end of the evening, just hit me, I am going to go up [to the police station]” (Paper IV, Male, grandfather)
But now if she comes home at 1am, she has the right to insist that you open the
door for her, you have to rise from your blankets and open for her, you cannot
say “no I am not going to open for you, go back to where you come from” etc.
Otherwise she is going to answer back and say “My rights require you to let me
in, regardless of what time I come home, otherwise I am going to have you
arrested” (Paper IV, Male, community leader)

Deficits included low social capital, diminishing practice of collective parenting in the
community, poor working conditions and backyard shack dwellings that limited
parental supervision; lack of youth programmes and multi-generational family
structures where adolescent parents related to their children as siblings:

…teen parenting is very common, especially in our generation, you always see
children who have children and then that child is raised by his/her grandparents
and so at a later stage when I take over parenting him/her I find that I am new to
parenting, because both myself and child were raised in this home, more like
siblings than parent and child…so you find that we were both treated as children
in this household and now when you bring the child to stay with you, you find
that they do not recognize you as their real parent, his/her real parents are those
ones (the grandparents). Yes, so that causes conflict in the home…she is able to
tell me “I was not brought up by you” and so that is one of the gaps in our
families (Paper IV, Male, former teen parent)

Sometimes parents are working, so working parents do not know what is going
on with their children because perhaps they come home tired and a tired parent
is not going to be able to monitor and keep track of their child’s behaviour
(Paper IV, Female, community leader)

There are now these backyards (backyard shacks), you send your child to
school, school comes out and maybe she returns early but she enters the main
house late, all this time you are thinking that she is not at home and yet all this
time she was in her shack at the back, then you hear them say to each other
“yho, why are you jamming your life (depriving yourself of fun), when you
could live it up at the back?” (Paper IV, Female, unemployed mother)

Despite the multitude of stressors that parents experienced, some were not entirely
resigned to the challenging context within which they raised their children. As such
some organized themselves into a small vigilant group that observed their children’s
night-time activities at one of the local shebeens. Others actively invested in their
daughters’ reproductive health by initiating them on contraceptives:

You know as members of the Women’s League we once organized ourselves
and said we’d go to the Stoep (popular drinking venue for young people in the
community) and observe our children (Paper IV, Female, community leader)

The very first time, before they are issued with clinic cards, they come with
their parents to the first attendance. Parents will come saying “my daughter is
misbehaving, please put her on contraceptives (Paper IV, Female, community
leader)
However, due to social awkwardness on the topic of sex, many parents missed the opportunity to pair these visits with intergenerational conversations about protective sexual behaviours.
7 DISCUSSION

7.1 SEXUAL RISK TAKING (SS 1 AND 2, PAPERS I & III)

Sub-study 1 (SS1) was the first study to collect quantitative data among a subpopulation of high-risk women self-identifying as engaging in multiple sexual partnering in South Africa. These young women, most of them still in their teens and in school but living in circumstances of poverty, reported surprisingly high levels of co-existing risk behaviours including transactional sex, concurrency, inconsistent condom use with main and casual sexual partners and intimate partner violence (SS 1 and 2, Papers I and III). Comparable levels of high-risk behaviours have only been noted in one other study also conducted among women who have multiple sexual partners and in a similar township setting in Cape Town (Townsend et al 2013). Similar to the findings of SS 1, Townsend et al (2013) found that most of the women self-identifying as engaging in multiple sexual partnering, had also engaged in recent concurrency (85%), unprotected last sex with main partner (77%) or casual partners (49%), and, 23% had first time sex when they were younger than 15. Other studies have assessed multiple sexual partnering as one of many indicators of sexual risk, among women in the general population (Jewkes et al 2006; Shisana et al 2009), or, among women who were predominantly engaged in commercial sex work (van Loggerenberg et al 2012).

7.1.1 Sexual risk and violence interconnections (SS 1 and 2, Papers I, II and III)

Despite the fact that not all of the risk behaviours were statistically correlated with all of the main outcomes (inconsistent condom use (Paper I), physical IPV, sexual IPV, and sexual/physical IPV (Paper III))\(^{18}\), the fact that they were all so prevalent, suggests that for most of the young women, these behaviours occurred together, creating what has been referred to as a risk behaviour syndrome (Jessor 1991).

In the conceptual diagram below (Figure 6) I theorize about how these risk factors might be linked and how they are produced and shaped by social and institutional processes outside of the young women’s sphere of control. The model shows how sexual risk taking progresses from sexual coercion at early sexual debut to high-risk behaviours such as multiple sexual partnering. The diagram is an attempt to illustrate the ideologies and underlying social processes thought to influence women’s vulnerability to sexual risk behaviours and violence, and how specific economic, relational and institutional factors may promote and enable certain sexual risk behaviours (Figure 6).

\(^{18}\) Statistically significant associations were observed between high numbers of partners and inconsistent and no condom use; transactional sex with a casual partner and sexual IPV and combined experiences of both sexual and physical IPV; and age mixing and sexual IPV.
Figure 6. Interconnections between sexual risk taking, intimate partner violence and social and ideological processes.
Sexual coercion at sexual initiation leaves an indelible mark and establishes a psychosocial template that enables exposure to high-risk behaviours in later life among victims (Wood, Maforah & Jewkes 1998; Jewkes et al 1999; Pettifor et al 2004; Manzini 2002; Wandera, Ntsozi & Kwagara 2011; Stockman et al 2013). This is because sexual coercion at sexual initiation is associated with early sexual debut, i.e. it often occurs in the early phases of adolescent females’ psychosocial and sexual development, when they have not yet developed protective sexual negotiation skills (Manzini 2002; Young, Furman & Jones 2012). Further, the experience of coercion itself, by affecting young women’s self-esteem (Valois et al., 2013) and self-efficacy to exercise personal power over their bodies, compromises their ability to build behavioural defences against future unwanted sexual attention (Young, Furman & Jones 2012). The experience of sexual coercion is also associated with low impulse control (Stockman et al 2013; Young, Furman & Jones 2012; Wandera, Ntsozi & Kwagara 2011; Moore et al 2007), which creates perfect opportunities for the establishment of sexual risk behavioural patterns that thrive on poor capacity to delay gratification and/or refuse unwanted sexual advances. Such behavioural patterns include the tendency to engage in random, unsafe sex, regularly entering new sexual partnerships that young women then struggle to terminate, leading to the maintenance of multiple concurrent sexual partners (Jewkes 2002). Multiple concurrent sexual partnering exposes young women to transactional sex and vice versa (Luke 2003; Dunkle et al 2006; Jewkes et al 2003; Mah & Maughan-Brown 2009); both transactional sex and multiple sexual partnering are associated with women’s tendency to engage in sexual relations with men who are older and wealthier (age mixing) (Luke 2002, 2003; Leclerc-Madlala 2008; Hope 2007; Kuate-Defo 2004). All three risk behaviours are strong predictors of intimate partner violence (Jewkes et al 2010; Dunkle et al 2006; Townsend et al 2011) since men, who are older and wealthier and thus more powerful, assume ownership over women that they "buy" or "invest" money in. Underlying all of these interactions are socio-cultural norms and ideologies that produce, normalize and accommodate these practices, ensuring their sustained presence in young women's sexual experiences, even as they grow older. In the South African context, these ideologies and socio-cultural norms include dominant ideals of masculinity (O’Sullivan et al 2006; Jewkes & Morrell 2010), constructs of modernity (Leclerc-Madlala 2004; Weissman et al 2006), gender power inequities (Jewkes et al 2010; Pettifor et al 2004), ideals of femininity that accommodate men, often regardless of their harmful behaviours (Jewkes & Morrell 2010), and local cultures of violence that together and separately create an environment that allows these sexual risk behaviours and intimate partner violence to flourish (Jewkes & Morrell 2010). On the other hand, much more tangible factors such as peer pressure, women’s limited economic capacity to provide for themselves, and wealth inequalities directly influence young women’s risk of participating in transactional sex, age mixing and multiple sexual partnering (Luke 2002; Leclerc-Madlala 2004; Hunter 2002). Relational factors such as frequent relationship conflict and infidelity (which is an indicator of multiple concurrent sexual partnering) promote intimate partner violence (Abrahams et al 2006; Jewkes 2002).

7.1.2 Concurrency and inconsistent condom use (SS 1, Paper I)

The findings of SS 1 showed that acquiring large numbers of sexual partners in a short space of time increased the likelihood of unsafe sex in all the different sexual relationships that young women reported (SS 1, Paper I). This is an important finding, because as mentioned earlier, multiple concurrent sexual partnering is of no
epidemiological meaning if condoms are used consistently, and by all partners in young women’s sexual networks (Tanser et al 2012; Delva et al 2013; Sawers, Isaac & Stillwagon 2011). The finding is not unexpected, since high numbers of sexual partners in a short space of time imply a high number of sex acts, which might make it difficult to maintain consistent condom use through all coital acts (Delva et al 2013). It is also possible that multiple sexual encounters present young women with too many complex, sexual dynamics that they are ill equipped to manage and control due to age and gender power inequities.

Not surprisingly, and confirming what other studies have reported about the differential use of condoms between different partners (van Loggerenberg et al 2012; Hendriksen et al 2007; de Walque & Kline 2009; Townsend et al 2013) inconsistent condom use was especially high in young women’s relationships with main partners, even though they also reported a high rate of main partner infidelity (SS 1, Paper I). Inconsistent or low condom use with main partners is concerning in concurrent sexual relationships for two reasons. First, sex is known to occur with greater frequency in main partnerships (de Walque & Kline 2009; MacPhail & Campbell 2001), thus the cumulative number of unsafe sex acts in concurrent sexual networks, creates fertile opportunities for the efficient transmission of HIV to everyone in the sexual network (Mah 2008). Second, despite the risks involved in the neglect of condom use with main partners, it may be one of the most difficult risk behaviours to change, because for most people main partnerships are sites of intimacy. Thus negotiating condom use in the context of these relationships may prove difficult since intimacy demands a degree of spontaneity and abandon, which may prove challenging to balance with the caution and vigilance demands of safe sex practices (Motsemme 2007). Further, young women, especially those who are adolescents, may lack the emotional and sexual maturity that is required to manage such dynamics and thus find safe sex extremely challenging to practice consistently. For this reason, it is crucial that HIV prevention strategies in their promotion of consistent condom use across all sexual partnerships, grasp and reflect on anthropologist Ralph Bolton’s powerful insight that “the biggest reason for unsafe sex is love, which involves risk taking, giving and trusting” (1995).

7.1.3 Transactional sex (SS 1, Paper I and unpublished data)

Transactional sex emerged as one of the major risk behaviours among the young women included in sub studies 1 and 2 (Papers I and II). Not only was it reported by nearly all of the young women who participated in the bio-behavioural survey (SS 1, Paper I), it was also shown to be practiced within a social environment that endorsed and normalized the practice. In this poverty stricken context, most of the young women reported that they would not participate in sexual relationships that did not offer material incentives, nor receive peer support if they made the decision to enter sexual relationships where such incentives were not provided. These findings support the results of research conducted elsewhere in South Africa and in the Sub-Saharan African region (Leclerc-Madlala 2004; Moore, Biddlecom & Zulu 2007; Hunter 2005; Maganja et al 2007; Be’ne & Merten 2008; Norris et al 2009, Wamoyi et al 2011), which found that transactional sex is normalized and not at all pathologized or stigmatized in communities where the practice is prevalent. The normalization of transactional sex owes in part to the way in which those who engage in the practice determinedly differentiate it from commercial sex work (Stoebenau et al 2013; Ankomah 1992). Another normalizing and differentiating factor for those engaging in the practice is the
fact that transactional sexual encounters take place in the context of relationships (no matter how ambiguous or transitory their nature) rather than the client-service provider scenario of commercial sex work (Ankomah 1992). Further, in African settings, the practice is also perpetuated by the cultural notion that “no self-respecting woman would remain in a friendship without material recompense” (Tabet 1991; Ankomah 1992).

In the qualitative study (SS 2, Paper II), discussions with young women and men suggested that young women used the practice of transactional sex to access various items that enabled them to meet a varied assortment of needs. Some of these needs were related to subsistence and others to consumption. Young women also used the profits accrued from their transactional sexual encounters to access symbols of modernity and successful womanhood, including fashionable clothing and alcohol during outings. Through transactional sex they maintained images that purchased them admission into social groups, adopted new and fashionable gender roles as partners to and providers for younger sexual partners, attempted material similarity with those wealthier in their community, and conformed to the dictates of popular youth culture, thereby avoiding social exclusion. These findings were not unique to this study; over the years several other studies in South Africa and beyond have been reporting young women’s use of transactional sex to not only meet subsistence needs (Wojcicki 2000; Preston-Whyte et al 2000; Luke 2002) but also pursue modernity, access globalized symbols of success; bridge wealth inequalities and meet with peer approval through fashion and outings centred around alcohol drinking (Leclerc-Madlala 2004; Hunter 2005; Wamoyi et al 2010; Wamoyi et al 2011; Onoya et al 2012; Pitpitan et al 2012).

Fashionable clothing was the most predominant topic in young women’s discussions about modernity, young womanhood and transactional sex. Young women’s interest in fashionable images is theorized to stem from South Africa’s incorporation into the global, cultural movement, facilitated by post-apartheid neo-liberal policies of trade liberalization and direct foreign investment, which have opened up the country to unprecedented contact with global commodities and lifestyles (Leclerc-Madlala 2004; Hunter 2005). These macro-level processes of transformation have had a particularly striking impact on the consumption patterns of Black populations, who were previously “landlocked” in their peripheral, isolated township communities, with minimum access to most global commodities. Since South Africa’s political emancipation from apartheid, restrictions on Black people’s movements have been lifted, road and transport infrastructure has been improved, and all corners of the country, including townships and rural towns, are experiencing an unprecedented influx of cheap goods, particularly clothing, from Asian markets (Kaplinsky, McCormick & Morris 2007; Van der Westhuizen 2006; Harrison & Dunne 1998).

These macro-level changes may have altered the consumption patterns of Black populations in unintended and unexpected ways and thereby set the scene for conspicuous consumption of the highest order, despite the population’s persistent lack of access to the kind of economic power that would enable them to benefit positively from globalization. In this way, true to Daniel Cohen’s contention, among poor, young Black women, post-apartheid forces of globalization may have “altered people’s expectations more than [they have] increased their ability to act” (Cohen, 2005).

It is important to point out that even though fashionable images seem to have enjoyed
prominence in young women’s discussions about transactional sex in the qualitative study (SS 2, Paper II), they did not categorize the items for which they exchanged sex into a hierarchical order of needs versus wants. Researchers often categorize the items named by participants in transactional sex research into needs versus wants, basic versus luxurious items, independently from participants, as a way of unpacking the underlying motivations informing young women’s practice of this behaviour (Leclerc-Madlala 2004; Swidler & Cotts-Watkins 2007). However, constructs of luxury and necessity are specific to individuals depending on their social position and the variety of goods to which they are exposed (Csaba 2008). In this study items mentioned by participants were only assessed for the meanings that they had for the young women who named, desired and purchased them with proceeds from transactional sex. This is not to imply that categorizing items exchanged for transactional sex is without significance in our endeavours to understand the complex arrangements of the practice; it is indeed of great analytical value for our understanding of women’s motivations for transactional sex. However it must be recognised that when categorizations of items that are exchanged for transactional sex are made independently of participants, the risk is that we may end up misclassifying what young women consider important needs as frivolous luxuries. Consequently, we may design inappropriate interventions since we would have misconstrued the true underlying motivations informing young women’s pursuit of transactional sexual encounters.

Regardless of the underlying motives and the meanings that young women attached to the various incentives, the qualitative findings of sub study 1 showed that on the basis of the commodities that male sexual partners gave to young women during transactional sexual encounters, these men presumed ownership over them and exercised brutal and violent control over their bodies (SS 2, Paper III).

7.1.4 Intersections between intimate partner violence, transactional sex and age mixing

Nearly all of the young women participating in the bio-behavioural survey had been slapped or beaten, threatened with a gun or raped by a sexual partner in the past 12 months (SS 1, Paper III). An overwhelming 70% reported coercion at first sex, implying young women’s lack of control of the circumstances of first sex. Given these implications and young women’s reports about the sexual violence threatened or enacted by their older and wealthier male sexual partners whenever they refused to have sex (SS 1, Paper III), the extremely high levels of IPV reported in the bio-behavioural survey (SS 2, Paper III), were not surprising. Men’s own boastings about the power they wielded in transactional sexual encounters support the women’s reports (SS 1, Paper III, male FGD). However, when compared to other studies conducted among young women in the general population, measuring IPV in the same way as we did, the rates of violence reported by participants in SS 1 (Paper III), are much higher than previously reported in South Africa (Jewkes et al 2010; Jewkes et al 2006; Dunkle et al 2004). For instance, a study conducted among rural, sexually active young women in the general population in the Eastern Cape Province, found much lower rates of IPV: 47% and 9% reported experiences of physical and sexual IPV respectively, and 43% reported experiencing both types of IPV in the past 12 months, (Jewkes et al 2010) although these levels are high from a global perspective.
It would seem that the high rates of IPV observed among young women in SS 1, are closely related to the context of multiple sexual partnering that framed their sexual risk taking patterns. This consideration is supported by the fact that the only other comparably high rates of IPV [perpetration] in the country were found in a study that measured violence within a study population that had a similarly self-defined high-risk sexual behaviour, i.e. men who have multiple sexual partnering (Townsend et al., 2011). Further, other studies conducted among various populations in the country have also found multiple sexual partnering to be a strong predictor of IPV (Pitipatan et al., 2012, Jewkes et al., 2006; Dunkle et al., 2004).

Consistent with the qualitative reports (SS 2, Paper III) of the brutal intersections between IPV and transactional sex in casual sexual partnerships, in the survey (SS 1, Paper III), young women who had engaged in transactional sex with a casual partner who was much older than they were, were significantly more likely to have experienced sexual IPV and compounded experiences of both sexual and physical violence in the past 12 months, than those who did not report transactional sex with recent casual partners. Importantly, men’s sense of entitlement over their younger, transactional sexual female partners was not even about the size of the material incentive that they exchanged for sex. For an incentive as little as a cigarette, one young woman’s sexual partner expected sex in return and when she refused he forced himself upon her. Thus men perpetrated brutal acts of violence as part of their performances of valorized hegemonic masculinities (Jewkes & Morrell 2010); that is, they beat and forced their female sexual partners to have sex with them because they could, since the broader society in which they lived endorsed men’s perpetration of physical IPV. The young women’s responses to these acts of violence were largely resigned, if not acquiescent.

In both the qualitative and quantitative studies, women reasoned that some performances of male domination were to be anticipated among those who engaged in transactional sex (SS 2, Paper II) and violence the consequence among women who needed correction (SS 2, Paper III) and the acceptable way in which women were to be treated by men in their relationships (SS 1, Paper I). Overall, in this study, relationship power inequities, together with sexist constructions of the world that both men and young women subscribed to created an enabling environment for a socially endorsed, gendered violence project. Jewkes (2002), in her analysis of the underlying causes of IPV, identified the socio-cultural environment as the central authority that allocates men rights over women’s bodies, sanctioning and perpetuating acts of violence against women in intimate relationships. Importantly, in more recent writings, Jewkes also confirms that men’s perpetration of IPV does not occur without women’s acquiescent and accommodating responses to such perpetration (Jewkes & Morrell 2010). In a setting such as the study community, where violence is normative, women accommodate IPV and male dominance in part because that is what they believe about acceptable, normal relations between men and women, but also because resistance threatens other rewards of being in intimate relationships that they may be least prepared to forego (Jewkes & Morrell 2010; Wood, Lambert & Jewkes 2007). Research suggests that chief among the rewards of intimate sexual relationships that young Black women in poor settings are not prepared to forego, are monetary rewards (Jewkes & Morrell 2010), and, the social status of being in an intimate relationship (Wood, Lambert & Jewkes 2007).

Young women’s prioritization of material incentives in their sexual relationships, and the patriarchal norms that govern heterosexual relationships, provide a good context
for our understanding of the important and significant associations that SS 1 and 2 established between transactional sex, age mixing and sexual IPV (Papers I, II, III). What is communicated clearly by the interconnections between these risk factors is the way in which the organization of power in transactional, age-disparate sexual relationships is unfairly structured to allocate disproportionate male capacities to control sexual encounters, whilst limiting women’s ability to influence the conditions and outcomes of these encounters. Young women enter transactional sexual relationships with a great desperation to ensure that the sexual encounters accrue high material rewards for them (Wojcicki 2000; Hawkins et al 2005; Jewkes & Morrell 2010). And yet contrary to the upfront, pre-coitus negotiation of the price of sex in commercial sex work, transactional sexual encounters follow a cash on delivery system, that relies on an implicit code of conduct that precludes young women’s ability to negotiate what rewards they get and when they receive them (Jewkes et al 2012). Thus whatever they receive from transactional sexual encounters is solely dependent on the charitable inclinations of their [paying] male partners, who use the discretionary powers allocated to them by the norms of the practice to control the terms and the conditions of the sexual act and mete out violent acts whenever so inclined. In such relationships, women’s concerns about maximizing the monetary rewards of transactional sexual encounters, the dominance of older men, and the implicit (rather than explicit) manner in which sex is negotiated mean that young women have little opportunity to assert their sexual power or escape violence (Jewkes et al 2010; Dunkle et al 2004; Luke 2002).

Despite the despairingly high prevalence of violence in women’s intimate relationships, and the relationship power inequities evidenced in the qualitative and quantitative findings (SS 1 & 2, Paper III), some of the views that the young women held about gender relations contradicted their lived experiences of gender power inequities and violence. For instance, whilst two thirds of the young women believed that it was ok for a man to hit a woman (SS 1, Paper III), equally they disagreed with the idea that women should be taught how to behave by their sexual partners. Most of the young women also believed that women should learn to be self-reliant and that they have a right to refuse sex. In SS 2, many of the young women’s narrations of how their sexual relationships came about, suggested that their role was that of initiator, rather than passive receiver of men’s propositions for transactional sex. In many discussions, when they discussed what they considered most important about being young and being a woman, their mention of fashionable clothing, money and alcohol was often accompanied by the mention of young women’s love for sex and sexual pleasure. In the men’s FGD, though they largely boasted about their dominance of their female sexual partners in their relationships, they acknowledged that main female partners were considered as “headmasters” in their lives, and some perceived that during shebeen outings young women “hunt” men, in a bold and predatory manner. Judged against the findings on the high levels of IPV and the way in which relationship power inequities operate to increase the young women’s vulnerability to HIV in SS 1 and 2, these findings may be dismissed by some as lacking usefulness for our understanding of the desperate position of poor, young women in their sexual relationships. However, acknowledging the existence of inconsistencies, however small, in the way in which women reflect upon and manage their gendered position in the overwhelmingly patriarchal contexts that produce their vulnerability to HIV and violence, has important implications for the development of appropriate interventions (Motsemme 2007). Most interventions addressing violence and sexual risk behaviours among women in South Africa are not
effective (Pronyk et al 2006; Harrison et al 2010). It may be that interventions fail because they lack critical understanding of the fluid and contested manner in which men and women’s ideas about what constitutes appropriate versus inappropriate gender relations are produced in modern societies, including those that are patriarchal (O’Sullivan et al 2006; Motsemme 2007). It is thus the contention of my research that despite the overwhelmingly patriarchal and largely deleterious context in which young women negotiated sexual behaviour, there was something new, and somewhat defiant about the way in which they thought about and negotiated certain aspects of their sexual behaviour. Thus the inconsistencies observed in young women’s responses to questions about gender relations (SS 1, Paper III) and in the way they initiated their relationships (SS 2, unpublished data), suggest that dominant ideas that so far have perpetuated sexist constructions of how men and women should behave in relationships, though widely held were not uncontested among young women.

Further, other researchers are increasingly placing emphasis on analyses of women’s sexual behaviours and performances of femininity that go beyond victimization constructions (Leclerc-Madlala 2004; Jewkes & Morrell 2010; Hunter 2002; Silberschmidt & Rasch 2001; Hawkins et al 2007; Afrika 2010; Thomas 2004) to ones that take into account the ways in which “women actively participate in daily power struggles to challenge their own intimate relationships” (Motsemme 2007: 84). Such analyses do run the risk of overemphasising women’s agency, and this must not be encouraged, for that would dilute the difficult and often painful context within which many women, especially those who are poor and marginalized live out their daily lives. Rather, our reflections about women’s sexual risk taking and power struggles should embrace the idea that “Even those who live in the most dire circumstances possess a complex and oftentimes contradictory humanity and subjectivity that is never adequately glimpsed by viewing them as victims or on the other hand, as superhuman agents”. Osei-Kofi (2005:367)

Further we should critically examine those elements of women’s gender oppression that are vulnerable to transformation. Specifically Motsemme (2007) encourages that we carefully delineate demonstrations of women’s agency in the initiation stages of their transactional sexual relationships to understand which aspect of their personhood are exercising agency, and which ones remain passive and disempowered. Similar to what was suggested by young women’s relationship initiation behaviours in SS 2, in Motsemme’s study of sexual behaviour, HIV/AIDS and love in a township located in Kwazulu Natal (South Africa) (2007), she found that young women only exercised bodily agency, in that when looking for money or sex, they had control of where they took their physical bodies. In the case of SS 2, young women could visit a shebeen in search of new sexual partners or “walk” their bodies to a man that they fancied and proposition him for a sexual relationship. Admittedly, bodily rather than sexual agency, does not accrue meaningful power for women to be in control of their sexual behaviour, nor does it protect against violence and abuse in their intimate relationships. However, rather than dismissing women’s bodily agency, the pertinent question for research to ask is “if not the body, then what other forms of agency are available to young women forgotten in the urban margins?” (Motsemme 2007: 84)

In my research, it did not seem that women had other forms of agency available to them. This may be due to the way in which men resist and punish any attempts that women make to exercise some autonomy or even empowerment (Jewkes 2009; Jewkes
& Morrell 2010; Wood, Lambert & Jewkes 2007; Bhana, de Lange & Mitchell 2009; Groes-Green 2009). In a qualitative study of Zulu male teachers’ perceptions about gender-based violence, it was suggested that men react with violence to women’s demonstration of power and resistance of traditional gender norms (Bhana, de Lange & Mitchell 2009; Ragnarsson et al 2010). Other researchers have suggested that men’s violent reactions to women’s enactments of power in poor (as opposed to middle class) settings have to do with their own disenfranchisement and attempts to protest against and recover from what they experience as subordination following their loss of other markers of ideal masculinities (e.g. secure employment) (Groes-Green 2009).

7.1.5 Age mixing, sugar daddies and cross-generational sex: implications for HIV prevention strategies (SS 1 and 2, Papers I, II and III)

Age mixing was prevalent among young women in both the qualitative discussions (SS 2, Papers II and III) and in the quantitative survey (SS 1, Papers I and III). Reflections on the intricacies of young women and men’s understanding of this risk behaviour as evidenced in the study and in the sphere of HIV behaviour change communication are thus warranted. Among young women sugar daddies were older sexual partners that they pursued for money and not for love, without specifying age limits, although one of the participants in FGD 3 indicated that she was 19, dating a man who was 34 years old. In the men’s FGD, the men presented two types of relationships between young women and older men; those where age gaps were large but the older men fitted in the social category of those considered as youth19; and those where the older men were 40 years and older. The men approved of and voiced familiarity with the former but strongly disapproved of and denied the existence of the latter in the study community. Men’s dispute of the existence of sugar daddies in their community may be a reflection that it was age mixing rather than extreme forms of cross-generational sex that was common and sanctioned in the study community. Further, the differences drawn by the men between sugar daddy relationships and relationships between older men and young women, are important in South Africa right now. Currently the National Department of Health is embarking on a huge media campaign against “sugar daddies”, with the Minister of Health quoted as saying “It is clear that it is not young boys who are sleeping with these girls. It is old men. We must take a stand against ‘sugar daddies’ because they are destroying our children”20. In this statement, the Minister of Health captured the anxiety of many parents of young women in the country. Interestingly, whilst age mixing is known to be a common phenomenon in Black communities (Shisana et al 2005; Leclerc-Madlala 2008), cross-generational sexual relationships between young girls and the much older men that the Minister of Health and the present campaign are targeting are not common (Leclerc-Madlala 2008; Ott et al 2011; Luke 2005). This is not to say that addressing wide age differences in young women’s sexual relationships is an unworthy endeavour; on the contrary, it is well established that age differences that span 5 or more years, place young women at risk of HIV in South Africa and the Sub-


Saharan Africa region (Luke 2003; Hope 2007; Kuate-Defo 2004; Kelly et al 2003; Gregson et al 2002; Ott et al 2011; Leclerc-Madlala 2008; Shisana et al 2005; Hallett, Gregson & Lewis 2007). However, if prevention responses show poor perception of the differences between age mixing and extreme forms of cross-generational sex, we may end up with uninformed communication strategies that are tailored to speak to a non-existent audience or an uncommon phenomenon. Such strategies have little chance of making a difference to young women’s sexual risk taking. Effective responses should address the cultural preference for age asymmetries in intimate relationships between men and young women in Black communities in South Africa, with emphasis on the importance of avoiding relationships where age gaps are larger than 4 years (Gregson et al 2003; Luke 2005) rather than on avoiding “old men”.

7.2 HIV PREVALENCE AND YOUNG WOMEN’S PERCEPTIONS OF HIV RISK (SS 1 & SS 2, PAPERS I AND II)

The overall HIV prevalence among the young women was 5% (SS 1, Paper I). While almost double the provincial prevalence of 3% observed among youth aged 15-24 (Shisana et al 2009), it is lower than the 22% HIV prevalence reported among women aged 18-35, recently participating in a microbicide feasibility study conducted in the study community (Nel et al 2011).

One of the reasons for the lower prevalence of HIV in SS 1 may have to do with the fact that nearly three quarters of the participants belonged in the age category 16-19 years old, which is known to have a much lower prevalence of HIV (Shisana et al 2005, 2009; Townsend et al 2013), since HIV prevalence peaks when young women are older than 20 years of age in the country (Shisana et al 2009). This consideration is supported by the fact that when I disaggregated the HIV data by age, HIV infections were shown to increase three-fold (12%) among women aged 20-24 compared to those aged 16-19 (4%), mirroring the trend observed in national household surveys (Shisana et al 2005, 2009). In the most recent national household survey (Shisana et al 2009), the prevalence of HIV among women under 20 years of age was 7% among 15 - 19 year olds, but showed a three fold increase among women aged 20-24 (21%). Further, in the only other study conducted among women who have multiple sexual partners in Cape Town, being HIV infected was significantly related to being older than 19 years (Townsend et al 2013). These findings highlight that much can be done to prevent HIV in this subpopulation if interventions target women earlier, specifically when they are young adolescents.

In SS 2 (Paper II), young women displayed a casual attitude towards HIV. The young women’s casual regard for HIV suggests that the virus was not considered the most urgent threat to circumvent among them (Selikow et al 2002), as judgment and social exclusion by peers were perceived to pose a greater hazard. Casual attitudes towards HIV are noted by other studies among women who engage in transactional sex (Nyanzi, Pool & Kinsman 2001, Silberschmidt & Rasch 2001, Motsemme 2007). Young women’s nonchalant attitude towards HIV It may be that young women adopt a nonchalant attitude towards HIV because engaging in risky sex has important and immediate meanings for their economic and existential life, making contemplations about possible disease outcomes of their practices and unworthy exercise since doing so would threaten the livelihood and social benefits that they acquire through unsafe sex (Motsemme 2007). Further, in the context of poverty and inequality, the poor are
known to engage in riskier behaviour as social values are more easily eroded by stressful circumstances of deprivation (Demombynes & Özler 2005). It may also be that when one is conditioned to a life surrounded by multiple risks (e.g. risks of violence, sudden loss of income or the death of key relatives), risk becomes normalized and thus not urgent to avoid (Motsemme 2007; Campbell 1997 and 2000).
7.3 EXPERIENCES, CHALLENGES AND OPPORTUNITIES OF PARENTING IN THE STUDY COMMUNITY (SS 2, PAPER IV)

The qualitative study that was conducted primarily to understand parents’ perspectives on the drivers of young women’s sexual risk behaviours as well as their experiences of rearing children in such a high risk setting, yielded some unexpected findings. Whilst parents’ perceptions on common risk behaviours in the study community corroborated the findings of SS 1 (Paper I and III) and SS 2 (Paper II), the dominance of their discontent and frustrations with the country’s newly instituted children’s rights was unexpected. The dominance of this theme in conversations with parents was unexpected because of the dearth of research on parenting in general (Motsemme 2007; Dawes et al 2004; Appolis 1996) and on parents and marginalized populations’ lived experiences of applying the many new [and well intentioned] laws implemented to reify a rights-based transformation agenda in the country.

7.3.1 Parenting in the context of children’s rights (SS 2, Paper IV)

Many of the parents in this study grappled with and negatively experienced the new government laws promoting children’s rights. From their experiences, parenting under these new rights radically changed family power dynamics, transforming children into powerful, self-ruling members of the family, whilst reducing their parents’ role to subservience. These outcomes were not intentioned nor envisioned by the legislators, public officials and citizenry who participated in the drafting of the Children’s Bill of Rights, which articulates children’s rights and responsibilities, along with those of parents (The Department of Justice, 2005). For the participants in our study, however, this legislation represented a discontinuity from their traditional, social constructs of effective child-rearing practices. Parents’ main complaint against these laws was that they could no longer use corporal punishment to discipline their children, nor exercise such forms of discipline as locking them out if they returned home too late at night. Both of these practices are largely shunned in the modern world, however in this setting, known for its long history of using strong behavioural control to discipline children, they constitute very normal, tried, tested and approved parenting practices. Part of the reason for parents’ strong attachments to corporal punishment, may have to do with South Africa’s history of using violence to control people, resolve conflict and manage behaviour (Appolis 1996; Morrell 2006). The culture of using violence to discipline children is shared almost across all social and racial groups in the country, with only the Indian community shown to be the least in favour of using parental corporal punishment (Dawes et al 2004). Two surveys conducted among various populations in South Africa showed parental corporal punishment to be most common in Black and White households (Dawes et al 2004), suggesting that this practice is rooted in a broader societal belief system (Morrell 2006).

In the study setting, corporal punishment may have been of particular significance since parents who rear children in high-risk environments are known to place a high premium on controlling strong behavioural parenting methods that promote reflex obedience in children, to keep them out of harms way (Murry et al 2001; Dawes et al 2004). Examination of the evidence on the effectiveness of strong behavioural control methods on the sexual and health outcomes of adolescents, suggests mixed outcomes. In high-risk settings, there is some evidence to suggest that they may deter negative adolescent sexual and social behavioural outcomes (Jarret 1999; Murry 2001). In middle class
communities they achieve the opposite (Meschke, Bartholomae & Zentall 2002). Further, a meta-analytic and theoretical review of studies on the practice found that whilst high levels of corporal punishment produced high levels of compliance, they also resulted in aggression, low levels of internalized morality and negative mental health outcomes (Gershoff 2002).

Despite the parents’ clear commitment to parenting methods that ensured protective outcomes for their adolescents, their use of strong behavioural control methods did not suggest that they reflected on the potential harm that could emanate from these practices. For instance, they shared about refusing their daughters entry into the household after a late night out, essentially exposing them to very real encounters with danger, particularly as the study community is known for high rates of violence and crime. Further, the tendency to lock adolescents, especially young women, out of the home was also mentioned in SS 2 (Paper III), suggesting that this is a community norm whose implications parents have not reflected about.

Importantly, the disempowering experiences of many of the parents in this study may have negatively impacted on their parenting self-efficacy (Jones & Prinz 2004). Parents with a low degree of self-efficacy experience great difficulty in parenting effectively, especially when faced with a context that undermines child-rearing efforts (Coleman & Karraker 1998). It is not surprising then that parenting self-efficacy is considered to be a strong predictor of parenting practices (Coleman & Karraker 1998; Jones & Prinz 2004; Dumka et al 2010), making it an indispensable component of positive parenting strategies.

7.3.2 Other impediments to effective parenting

Apart from children’s rights, parents complained about the diminishing practice of collective parenting, suggesting low social capital. Social capital is an essential resource for parents in poor communities since communities that contend with multiple stressors and risks are even more dependent on their social networks for day-to-day survival than those in more affluent environments (Boykin & Allen 2001). Thus interventions that seek to strengthen parenting in contexts of risk and deprivation, need to include approaches that foster and encourage interdependence and communal problem solving strategies among parents.

Another cited parenting challenge in the study community was the phenomenon of multi-generational family structures where children born to teens were reared by grandparents as siblings of their teen parents, creating difficulties for the young parents to play functional, parenting roles in their children’s lives in later life. Evidence suggests that such multi-generational family structures are common, and not recent in South Africa (Appolis 1996, Motsemme 2007). They are said to exist within a context of overcrowded households marked by poverty and deprivation (Boykin & Allen 2001; Holborn & Eddy 2011; DiClemente et al 2001). Parenting programs that are tailored for complex family structures such as those that assist teen parents and their extended families to nurture, manage and strengthen strong parent-child relationships between teen parents and their children are urgently needed.
7.3.3 Opportunities for positive parenting practices

Finally, many of the parents in our study community were reported to proactively place their daughters on contraceptives as soon as they noticed signs of sexual activity. However, other important components of sexual and reproductive health, such as parent-child communication about sex and HIV were not commonly addressed. A study conducted among parents and adolescents in KwaZulu-Natal province, in a similar setting to the study community, also found that preventing adolescent pregnancy was the sole concern of most mothers (Kelly & Parker 2000), due to its immediate and negative impact on the future of a girl-child. Similar to the findings of SS 2 (Paper IV), in Kelly & Parker’s study (2000), parents did not engage in parent-child communication about sex, nor in any efforts to prevent sexually transmitted infections. And yet, evidence suggests that young women who have limited to no parent-child communication about sex are more likely to have negative sexual health outcomes, such as non-condom use, than those who engage in conversations about sex with their parents (DiClemente et al 2001).
8 METHODOLOGICAL CONSIDERATIONS

Research methodology refers to the methods, procedures and instruments that enable research to generate knowledge that is valid and reliable. To this end reflecting on the manner in which research was conducted, what could have been improved, including indications of limitations and errors is of great value (Miller 1983). In this section I attend to the issues of internal and external validity and trustworthiness.

8.1 INTERNAL VALIDITY AND TRUSTWORTHINESS

Validity refers to the extent to which a measurement does what it purports to do. In qualitative research validity is encompassed in the concept of trustworthiness (Mays & Pope 2000). Mays & Pope (2000) propose six procedures that should be used to assess validity. These include providing a clear detail of the methods; triangulation; respondent validation; reflexivity; attention to negative cases and fair dealing. I shall not delve into each one of these; instead I shall endeavour to explain those aspects that were not dealt with as sufficiently and succinctly as they could have been.

8.1.1 Clear detail of methods

Providing a clear detail of the methods used to pursue qualitative research enhances the level of trustworthiness of the findings. In Paper II (SS 2), there is a discrepancy between the themes provided in the description of the qualitative analysis outputs and those that appear in the findings section. This discrepancy may serve to confuse the reader; thus a clearer method would have entailed displaying the same themes in the methods as in the findings. The observed discrepancy occurred upon revision of the manuscript once it was returned to me by the peer reviewers who were appointed by the journal that published the manuscript. In an attempt to make the key messages clearer in the findings section, during revision, I created new subheadings by combining certain themes to tell a more coherent story. A better process would have been to clarify this merging of themes in the methods section.

8.1.2 Respondent Validation

For both Papers II and III, there are findings that could have been better elucidated by respondent validation. Specifically, returning to participants to understand and confirm the contradictions in the way in which they experienced control by their sexual partners would have given the findings better grounding.

8.1.3 Reflexivity

Reflecting on the similarities and differences that a researcher shares with participants and the power dynamics that are produced and shaped by what each party brings to the data collection process is crucial in qualitative research. This is because the researcher is also a research instrument in qualitative research and interpretations are not entirely separate from the researcher’s experiential background (Fossey et al 2002).

I undertook the research as a young (27 years old at the time), Black, Xhosa speaking female PhD student, with a rural middle class background. I was similar to the
participants in term of race, language and youthful demeanor. However, I was also an outsider in that whilst many of them were township born and bred and living in poverty, I came from a rural, conservative and relatively well-off background. These etic attributes may have differentiated me from the participants in significant ways, affecting what information they shared and how they shared it; whilst emic characteristics may have led me to over-interpret what I was seeing due to my familiarity with the social context.

To counteract and minimize negative effects of these similarities and differences I (i) projected a non-judgemental, curious and delighted disposition in the manner in which I engaged with the participants; (ii) emphasized those characteristics that we shared such as age and language and (iii) regularly debriefed with my local supervisor after every data collection session and made sure that I shared my thoughts about what I was hearing, observing and experiencing in the course of collecting data. Altogether, I did not find that the participants treated me with any awkwardness, nor did the differences seem to affect their responses to my questions.

8.2 EXTERNAL VALIDITY/GENERALIZABILITY

There may be limitations to the extent to which the results of SS 1 (Paper I and III) may be generalizable. This is due to the eligibility criterion that limited enrolment to women reporting more than one sexual partner in the past three months. Whilst presenting us with important findings about the organization of risk factors among this very high-risk population, owing to the limits imposed by the eligibility criteria, the results limit the extent to which we can make sufficient conclusions about the size of this risk group in the general population. However, formative research and the qualitative study suggested that multiple concurrent sexual partnering is endemic in this setting. Further, since the eligibility criteria were not disclosed to the participants, they were not primed to only bring peers who self-identified as engaging in multiple sexual partnering, thus women from the general population were likely recruited as well. This is particularly compelling when we consider that when participants were screened for eligibility, only two were ineligible on account of having only one sexual partner. That said, future research should seek to establish the size of this risk group without ambiguity, by recruiting sexually active young women, without necessarily requiring them to admit to multiple sexual partnering as the condition for inclusion.
9 CONCLUSIONS AND RECOMMENDATIONS

9.1 CONCLUSIONS

• Young women in this high-risk setting in South Africa maintain more than one sexual partnership at a time, and also engage in several other high-risk sexual behaviours. Together with extremely high levels of violence, these risk behaviours cluster to form a risk syndrome, heightening their vulnerability to HIV.

• The high prevalence of inconsistent condom use reported across different types of concurrent sexual partnerships in this study lends some support to recent theoretical arguments that multiple concurrent sexual partnering may be a significant driver of HIV in high prevalence settings such as South Africa.

• In post-apartheid South Africa, transactional sex is one of the underlying drivers of multiple concurrent sexual partnerships. For those young women who engage in this behaviour, it is not merely about consumption versus survival needs but about pursuing social inclusion and avoiding exclusion in a local context with new and sudden exposure to commodities, social and economic inequalities, global technologies, and a very strong popular youth culture.

• Young women who engage in high-risk sexual behaviour experience extremely high levels of intimate partner violence. Their heightened exposure to violence seems to be enabled by the convergence of elements of risk that inherently undermine women’s power and exacerbate vulnerability to dominance, bullying and ill-treatment, namely age and economic power differentials in their sexual relationships.

• Today, parents of young women in high-risk communities are faced with a multitude of stressors and challenges defined by changes in the macro-sphere where laws to protect children were conceived but not carefully implemented, and deficits in the local sphere where parents negotiate historical and modern day belief systems about best practice parenting norms in the absence of certainty, social cohesion, and critical reflection.
9.2 RECOMMENDATIONS

• A combination of macro-level and bottom up strategies that address social, economic and gender inequalities and the negative impact of global technologies and popular youth culture on young women are urgently needed.

• Since risk behaviours are interlinked, targeting single isolated acts may not be effective. Instead, multi-layered interventions are needed that simultaneously target and build capacity at the individual, community and societal levels, thus impacting on the all the important actors involved in the production of HIV risk and vulnerability in poor, high risk communities in South Africa.

• At the individual level, strategies that encourage behaviour change whilst building economic empowerment among women; those that capacitate them to avoid or better manage sexual partnerships marked by age and economic asymmetries; as well as those that promote positive role models for both women and men, are some of the examples of interventions that may hold promise for risk reduction in relation to HIV and intimate partner violence in high risk communities.

• The direct involvement of men in preventive efforts should be encouraged e.g. through strategies that emphasize the inclusion of men as allies and problem solvers, rather than potential perpetrators of harm against women. Promising strategies would include those that enable men to consider the intrinsic and non-intrinsic assets that they possess for the improvement and protection of women’s lives. For example, notions of men’s physical strength as an asset for the protection of women rather than an instrument of harm could be diffused through mass media communication strategies; and their socially inculcated sense of responsibility towards their mothers and sisters could be harnessed to extend to responsibility towards sexual partners.

• Protective systems against intimate partner violence at the community and household levels could include the development of neighbourhood watch patrols, improvement of physical infrastructure such as ensuring well-lit streets, regular monitoring and gradual reduction of alcohol serving venues, and implementation of bystander programs that cultivate new community norms regarding violence. Such programs would place emphasis on community monitoring and reporting of incidences of intimate partner violence and the extension of support to survivors of such crimes.

• Crucial to parents’ success in their parenting roles in high risk environments, is the attainment of capacities that enable them to reflect and critically evaluate the impact of their parenting practices on the overall well-being of their adolescents.

• Parenting programs that are tailored for complex family structures to nurture, manage and strengthen strong parent-child relationships between teen parents and their children are urgently needed.

• Our knowledge of the precise ways in which multiple concurrent sexual partnering configures the risk of HIV infection among young women in the general population, would benefit greatly from repeat bio-behavioural surveillance studies that would confirm the actual size of this risk population, whilst also yielding important information for the development of targeted prevention strategies for young women.
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## Appendix A

### IMIBUZO YOVAVANYO / SCREENING QUESTIONNAIRE

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1. **Mingaphi iminyaka yakho?**  
   How old are you?

2. **Ingaba uhlaa / usebenza / uzonwabihla / uphilisana apha ekuhlaleni?**  
   Do you live / work and/or socialise here in the study community?

3. **Ingaba uye wathandana wabelana ngesondo namaOu agqithileyo kwisinye kwiinyanga ezi 3 ezidlulileyo?**  
   Have you had sex with more than 1 man in the past 3 months?

4. **Mangaphi amantombazana owaziyo (ukutsho oko wazi amagama abo nabo bazi awakho); owabonileyo kwezinyanga ezintathu; aphakathi kweminyaka eyi 16-24 ubudala; abaahlala/abaphangela/abazonwabisa eMbekweni/Parl; aye athandana abelana ngesondo nama Ou angaphezu kwiinyanga?**  
   How many women do you know, (you know their name and they know yours); you have seen them in the past 3 months; they are 16-24 years old; live / work and/or socialise in the study community; they’ve had sex with more than 1 man in the past 3 months?  
   (PARTICIPANTS MUST PROVIDE A RESPONSE TO THIS QUESTION)

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Predictors of Inconsistent Condom Use among a Hard to Reach Population of Young Women with Multiple Sexual Partners in Peri-Urban South Africa

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Abstract

Background: Evidence suggests that multiple concurrent sexual partnering may be a key driver of the high HIV prevalence among young women in South Africa. However, little is known about whether and how extent women who have multiple sexual partners also engage in other high-risk sexual behaviors such as inconsistent condom use. And yet, multiple concurrent sexual partnering is of little epidemiological relevance if all partners in these sexual networks use condoms consistently. This study assesses the prevalence of sexual risk behaviors and HIV, and predictors of inconsistent condom use among women aged 16–24 with multiple sexual partners in a peri-urban setting in South Africa.

Methods: We used Respondent Driven Sampling, a sampling strategy for hard-to-reach populations to recruit 259 women aged 16–24 in a bio-behavioral cross-sectional survey in the Western Cape province. Estimates of population proportions and 95% confidence intervals (CIs) were calculated using the Respondent-Driven Sampling Analysis Tool 5.6 (RDSAT). The primary outcome was inconsistent condom use in the past three months.

Results: Young women reported an average of 7 partners in the past 3 months and a high prevalence of sexual risk behaviors: concurrency (87%), transactional sex (91%) and age mixing (59%). Having >5 sexual partners in the last 3 months doubled the risk of unprotected sex (OR 2.43, CI 1.39–4.25); HIV prevalence was 4% among 16–19 year olds, increasing threefold (12%) at age 20–24.

Discussion: Multiple sexual partnering, where a high number of partners are acquired in a short span of time, is a fertile context for unprotected and risky sexual behavior. The young women featured in this survey present with a constellation of high-risk sexual behaviors that cluster to form a risk syndrome. Carefully tailored repeat bio-behavioral surveillance surveys are recommended for this sub-population.

Introduction

The HIV epidemic has stabilized in South Africa, but at an unacceptably high national prevalence rate of 11% [1] with some sub-populations continuing to be more at risk of contracting HIV than others. Young women aged 15–24 are one such sub-population, as they account for 90% of all new HIV infections in their age group [2]. Further, HIV prevalence among young women increases dramatically with age: 7% among 15–19 year olds compared to 21% among 20–24 year olds and 33% among 25–29 year-olds [1]. This three- to four-fold increase in HIV prevalence among young women as they grow older demonstrates their escalating vulnerability to HIV. Owing to these HIV transmission dynamics among women aged 20–29, they have been classified as a most at risk population (MARPs) [1]. Further, HIV prevalence among females aged 15–24 years is three to four times higher than among males of similar age [1]. Clearly, there are sustained age and sex variations in HIV transmission among young people in the country.

Structural factors such as women’s socio-economic status and gender disempowerment contribute to women’s heightened vulnerability to HIV in South Africa [3–5]. In addition, studies in the region point to the high prevalence of sexual risk behaviors among young women, such as early sexual debut, transactional sex, age mixing and low to no condom use [6–9] to explain women’s vulnerability to HIV. Moreover, none of these studies have been conducted among women who have multiple sexual partners; a risk behavior considered to heighten the risk of HIV in the region.

Multiple sexual partnering increases the likelihood of concurrency because the more sexual partners one acquires in a short space of time, the greater the likelihood of partner overlap [10,11]. Although not incontrovertible [12,13], evidence suggests that concurrency is a key driver of the epidemic in sub-Saharan Africa.


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Condom Use among Women with Multiple Partners

In high HIV prevalence settings, the density of concurrent sexual networks increases the chance that an uninfected sexual partner will encounter an acutely HIV-infected sexual partner (with high viral load and greater infectivity) during an unprotected sexual act in the sexual network [10,14–16]. While an association between concurrency and low condom use has been found amongst women aged 18–50 in the USA [15], it is not known whether and to what extent women who have multiple sexual partners in Sub-Saharan Africa also engage in other risk behaviors such as transactional sex (where sex is exchanged for cash or material goods), age mixing (where young women have much older male sexual partners) or inconsistent condom use. And yet, multiple sexual partnering is of little epidemiological relevance when all partners in these sexual networks use condoms consistently.

We aimed to assess the prevalence of sexual risk behaviors and HIV and the predictors of inconsistent condom use among young women with MSP in a peri-urban setting in South Africa.

Methods

Ethics Statement

Informed consent for biological and behavioral data was sought from all eligible participants. Due to the sensitivity of our research questions, parental consent for participants who were younger than 18 was not sought. Instead parent information sessions conducted by the first author were held in all the schools in the study community two months prior to the study. No parent raised concerns or indicated they would refuse for their underage children to participate in the study. The Research Ethics Committee of the Faculty of Health Sciences, University of Cape Town, granted ethics approval for the study.

Study Setting

The study was conducted in the Western Cape province of South Africa. The Western Cape province has the lowest prevalence of HIV nationally (4%) and also among youth aged 15–24 (3%) [1]. It is also known to be one of the wealthiest provinces in the country. Our study community is a poor, Black, peri-urban township located in the Cape Winelands region of the province, approximately 60km from Cape Town. The community has a population of 25,600 people, high rates of unemployment (38%) and informal housing (55%) [17]. Formative research revealed a number of risk factors for HIV in this community; the normative practice of concurrent sexual partnering among young women, very few recreational facilities, and a large number of alcohol serving venues (n = 16) known as shebeens, that are popular among young people, and men and women who want to meet new sexual partners.

Sampling

Women reporting multiple sexual partnerships are underrepresented in conventional surveys [15] owing to the stigmatization of this risk behavior. We used respondent driven sampling (RDS), a chain referral sampling methodology, known to be effective for the recruitment of populations that are hard-to-reach [18–20] to recruit women who self reported more than one male sexual partner in the past three months into a bio-behavioral cross sectional survey.

Similar to snowball sampling, RDS recruits individuals through networks of friends. However, in addition, RDS limits the influence of recruiters on the final composition of the sample (by restricting the number of recruits per recruiter); determines the personal network size of each participant (i.e. the number of peers known by each participant who represent with the population characteristics of interest); and weights the sample (by network size) to compensate for the over- or under-sampling of individuals with certain socio-demographic characteristics, thereby adjusting for the non-random sampling of participants in the analysis [20–22].

Due to the lack of prevalence data on condom use and related sexual risk behaviors among women who have multiple sexual partners in the region and in the country, the main outcome variable (inconsistent condom use) could not be used to calculate sample size. An approximate sample size of 270 was thus calculated based on an estimated antenatal HIV prevalence of 9% in the region, with a precision of +/- 5%, and a design effect of 1.5.

Eligibility

Eligible participants were female; aged 16–24 years; residing/working/socializing in the study community; self-reporting more than one male sexual partner in the past three months; and reporting a social network size of 1 or more women who have multiple sexual partners.

Recruitment

Recruitment began with five initial respondents known as ‘seeds’ who reported multiple sexual partnering during informal conversations initiated by the first author at local shebeens two months prior to the study. When the study commenced in October 2007, the seeds were invited to participate in the survey at a fixed study site. Seeds were screened for eligibility and if eligible, provided informed, written consent. They were assigned a unique recruitment number to link them to future recruits and enrolled in the survey. They received three recruitment coupons with which to recruit friends and/or acquaintances. The recruitment script asked seeds (and every subsequent participant cum recruiter) to recruit friends/peers that they knew to behave in the same way as them. Cosmetics shopping vouchers were issued for completing the survey questionnaire ($30–$4), for providing a Dried Blood Spot sample ($30–$4) and for each successfully enrolled recruit ($20–$2.50). This process was followed through a number of recruitment waves for every subsequent recruit who came to the study site and who successfully completed the survey.

We recruited 309 young women with a maximum of 12 recruitment waves. Fifty women (16%) were ineligible: 25 were younger or older than the age limit; 20 did not know any women who had multiple sexual partners; two did not have more than one sexual partner in the past three months and one did not stay nor socialize in the study community. The final sample was thus 259 women.

Data Collection

Following informed consent, participants completed a pilot tested, paper based and self-administered demographic and behavioral questionnaire consisting of 105 items. The questionnaire was offered in English and in the primary, isiXhosa language of the participants. We queried about participants demographics such as age and poverty status. To measure levels of poverty we used a five-item Poverty Scale [23] that we then categorized to infer three levels of poverty: abjectly poor, poor and non-poor. Sexual behavior was assessed by questions about age at sexual debut; number of sexual partners; condom use in the past three months with main (non-secret, steady and predominant) and casual (secret but regular and sometimes long term) partners; condom use at last sex with once off partners (partners with whom
sex was once and never again); transactional sex; age mixing; and concurrency. These variables are defined in greater detail in Annex 1.

Participants took between 30 and 60 minutes to complete the questionnaire. Three trained, Xhosa-speaking young female interviewers were made available to assist participants in cases where they needed the questionnaire to be explained.

A qualified nurse collected Dried Blood Spot (DBS) samples from consenting participants immediately after the survey questionnaire was completed. All participants were offered free voluntary pre- and post-test counseling and testing (VCT) for HIV. A sample attained equilibrium when the distribution on key variables remained stable even as new individuals were added to the sample [19,20,21]. Equilibrium was reached between 2 and 3 waves on key variables such as age, poverty status, HIV status, inconsistent condom use with main and casual partners, male partner infidelity, transactional sex, concurrency, and age mixing.

Homophily index values that are large (1 > Hx > 0.09) suggest that recruiters had a greater preference for in-group recruitment; small index values (−1 ≤ Hx ≤ 0) indicate preference for out-group recruitment, whilst index values close to 0 suggest neither in-group nor out-group recruitment patterns, thereby overcoming recruitment biases [20,21]. In this study the homophily index (Hx) values for key variables ranged from −0.396 to 0.106. Hx by HIV status revealed that cross-recruitment occurred among networks of HIV-positive (Hx < 0.09) and HIV-negative (Hx = 0.08) participants.

To determine the personal network size of each participant, we asked the following: “How many women do you know (i.e. you know their name and they know yours); you have seen them in the study community and they have had sex with more than one man in the past three months?”. The personal network sizes of the participants ranged from 2 to 80 with a mean of 6.

Bivariate analyses were performed with inconsistent and no condom use as the main outcomes. To assess the predictors of inconsistent and no condom use, multivariable logistic regression models (Table 2) were constructed in STATA 10.10 using backward stepwise regression methods [24]. Individualized weights generated on the outcome variables by RDSAT 5.6 were imported and included in each of the final logistic regression models.

We also conducted Mantel-Haenszel tests for homogeneity to determine if transactional sex modifies the interaction between inconsistent condom use with casual partners and concurrency.

The DBS were analyzed at a referral laboratory for anonymous HIV testing where serum was eluted from samples and tested and re-tested with a 4th generation HIV ELISA (Vironostika Uniform II plus 6) and a 3rd generation (antibody only) HIV ELISA (SD Bioline). Samples that were reactive in both assays were reported as positive. Discordant samples were tested by western blot (HIV1/2 Biorad).

Results

All young women reported sexual relations with a main partner, an average of 7 male sexual partners in the past three months and a very high proportion (87%, CI 77.0–87.7) reported concurrency within these sexual relationships. Table 1 shows the prevalence of sexual risk behaviors. Despite the fact that 73% (CI 67.6–78.4) reported easy access to condoms at shebeens, the majority reported inconsistent condom use both with their most recent main partner (77%, CI 72.4–82.7) and casual sexual partners (56%, CI 49.6–62.1) in the past three months. Among those who reported having sex with once off partners in the past three months (82%, CI 64.3–95.9), 30% (CI 17.1–31.3) did not use a condom at last sex with their most recent once off partner.

More than 9 out of 10 young women (91%, CI 91.2–96.6) reported that they had engaged in transactional sex with their most recent sexual partner. More than one third (34%, CI 31.2–36.7) reported early sexual debut (<15 years old), 59% (CI 55.2–64.7) reported age mixing and 72% (CI 61.1–76.6) knew or suspected their partner to have other sexual partners. Most of the respondents were aged 16–19 (74%, CI 68.0–81.0), with 21% (CI 16.9–27.2) reporting abject poverty.

Women who reported a high number of multiple sexual partners (five or more casual partners in the past three months), were also significantly more likely to have unsafe sex (inconsistent condom use) both with their casual partners (OR 2.45, CI 1.29–4.25), and with their most recent main partner (OR 2.22, CI 1.07–4.60), compared to those with fewer partners (Table 2). Transactional sex did not modify the interaction between inconsistent condom use with casual partners and concurrency (crude OR 1.93, CI 0.94–3.95; adjusted OR 1.93, CI 0.94–3.96).

The youngest women (aged 16–19) were more likely to not have used a condom at last sex with the last once-off partner (OR 4.37, CI 1.29–15.7), compared to older women (aged 20–24). Early sexual debut (<15 years) was also marginally associated with the likelihood of not using condom at last sex with this type of partner (OR 1.90, CI 0.91–3.94). Women reporting easy access to condoms at shebeens were 55% less likely to not have used condoms at last sex with their most recent once off partner (OR 0.45, CI 0.20–0.97).

The prevalence of HIV was three times higher among women aged 20–24 (32%, CI 5.3–22.0) than among women aged 16–19 (4%, CI 1.4–7.3). Average HIV prevalence across age groups was 5% (CI 4.1–6.5).

Discussion

This is the first study in South Africa to be conducted among a heterosexual, young female subpopulation who self-report having multiple sexual partners. In this township sub-population, we found a strikingly high prevalence of high-risk behaviors for HIV. Despite the fact that the majority were still in school and less than a quarter reported abject poverty, most young women had engaged in transactional sex, and practiced unsafe sex with concurrent, considerably older partners, many of whom also had other sexual partners.

In a context where strict monogamy is considered the exception rather than the rule [25–27] and where material rewards are generally considered a common feature of successful sexual relationships [25,27,29] classifying women who have multiple sexual partners and comparing them to other groups in South Africa is complex. First, despite the high number of partners and the high prevalence of transactional sex among them, this subpopulation cannot be simply classified as commercial sex.
workers (CSWs) [3,28,29]. Two studies that have measured sexual risk among commercial, female sex workers in Pretoria [30] and in Johannesburg [31], report dynamics of risk that may be similar to what we found among our subpopulation: a similarly high prevalence of inconsistent condom use with main partners (59%) in spite of almost half (41%) of the population of CSWs reporting male partner infidelity [30] and levels of condom use with clients comparable to what was reported for condom use at last sex with once off partners in our study. However, and importantly, despite these similarities, the terms and conditions of the sexual exchange are organized differently in the two groups, resulting in different opportunities for safer sex negotiations.

Table 1. Sample & population estimates of demographic characteristics and sexual risk behaviors.

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Sample Proportions %</th>
<th>Estimated Population Proportions % (95% CI) 1,2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16–19</td>
<td>66</td>
<td>25</td>
<td>26 (19.0–32.0)</td>
</tr>
<tr>
<td>20–24</td>
<td>193</td>
<td>75</td>
<td>74 (68.0–81.0)</td>
</tr>
<tr>
<td>School Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of School</td>
<td>66</td>
<td>25</td>
<td>26 (16.9–27.8)</td>
</tr>
<tr>
<td>In School</td>
<td>193</td>
<td>75</td>
<td>74 (72.2–83.1)</td>
</tr>
<tr>
<td>Poverty Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abjectly Poor</td>
<td>51</td>
<td>20</td>
<td>21 (16.9–27.2)</td>
</tr>
<tr>
<td>Poor</td>
<td>131</td>
<td>51</td>
<td>53 (45.3–58.8)</td>
</tr>
<tr>
<td>Non-Poor</td>
<td>72</td>
<td>29</td>
<td>26 (20.1–32.2)</td>
</tr>
<tr>
<td>HIV Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>244</td>
<td>6</td>
<td>5 (2.7–9.8)</td>
</tr>
<tr>
<td>Positive</td>
<td>6</td>
<td>94</td>
<td>95 (91.6–97.3)</td>
</tr>
<tr>
<td>Sexual Debut</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥15 years</td>
<td>174</td>
<td>60</td>
<td>66 (55.2–67.8)</td>
</tr>
<tr>
<td>&lt;15 years</td>
<td>84</td>
<td>40</td>
<td>34 (32.1–44.8)</td>
</tr>
<tr>
<td>Condom use: main partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistent</td>
<td>50</td>
<td>19</td>
<td>23 (17.3–27.6)</td>
</tr>
<tr>
<td>Inconsistent</td>
<td>209</td>
<td>81</td>
<td>77 (72.4–82.7)</td>
</tr>
<tr>
<td>Condom use: casual partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistent</td>
<td>115</td>
<td>45</td>
<td>44 (37.9–50.4)</td>
</tr>
<tr>
<td>Inconsistent</td>
<td>138</td>
<td>55</td>
<td>56 (49.6–62.1)</td>
</tr>
<tr>
<td>Condom use: once off partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>145</td>
<td>71</td>
<td>70 (64.7–82.9)</td>
</tr>
<tr>
<td>No</td>
<td>59</td>
<td>29</td>
<td>30 (17.1–31.3)</td>
</tr>
<tr>
<td>Age Mixing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>105</td>
<td>45</td>
<td>41 (38.4–52.3)</td>
</tr>
<tr>
<td>Yes</td>
<td>135</td>
<td>55</td>
<td>59 (55.2–64.7)</td>
</tr>
<tr>
<td>Concurrency past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>36</td>
<td>15</td>
<td>13 (12.3–23.0)</td>
</tr>
<tr>
<td>Yes</td>
<td>211</td>
<td>85</td>
<td>70 (67.2–87.7)</td>
</tr>
<tr>
<td>Main Partner Infidelity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>56</td>
<td>31</td>
<td>26 (23.4–38.0)</td>
</tr>
<tr>
<td>Yes</td>
<td>124</td>
<td>69</td>
<td>72 (61.1–76.6)</td>
</tr>
<tr>
<td>Transactional Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>7</td>
<td>9 (3.4–4.8)</td>
</tr>
<tr>
<td>Yes</td>
<td>240</td>
<td>93</td>
<td>91 (91.2–96.6)</td>
</tr>
<tr>
<td>Number of casual partners past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;5 casual partners</td>
<td>157</td>
<td>59</td>
<td>61 (53.2–64.7)</td>
</tr>
<tr>
<td>≥5 casual partners</td>
<td>102</td>
<td>41</td>
<td>39 (35.1–47.8)</td>
</tr>
</tbody>
</table>

1Only the estimated proportions are used to describe the results in the main text.
2Estimated population proportions were weighted using Respondent Driven Sampling Analysis Tool (RDSAT) 5.6.

doi:10.1371/journal.pone.0051998.t001
relationships, often after sexual intercourse has taken place and relies on implicit and symbolic rather than explicit communications about the type and price of the sex act [3,27,32,33]. The absence of an empowering context that allows for explicit and upfront negotiations about the type and cost of sexual encounters prior to the sex act means that young women who are in transactional sexual relationships of this kind are constrained in their ability to proactively determine the sexual (safety) terms of the sexual act [29,32]. This is perhaps one area where CSWs, who negotiate sex for exchange encounters preliminarily and explicitly, are positioned advantageously to women who engage in transactional sex. These differences are important to emphasize if appropriate and tailored intervention strategies are to be developed for women who engage in transactional sexual relationships, particularly as this risk behavior is more common in peri-urban settings than commercial sex work [27].

The high number of sexual partners observed among the young women may be indicative of the multiplicity of young women’s needs [25], which may not be sufficiently met by main, single partnerships. This proposition is particularly compelling in light of emerging evidence that young women’s main partnerships in South Africa may be socially structured to be “traditional” [34], with emphasis on enactments of masculinities and femininities that encourage male partners to be dominant, controlling, and emotionally reserved, whilst requiring women to be sexually timid, submissive and tolerant of their main partners’ misbehavior. Thus young women may be acquiring various sexual partners, to meet multiple needs, be it love, sexual pleasure, material rewards or insurance against abandonment by their current main sexual partner [25,26]. Interventions that target this subpopulation need to take into account the ways in which social beliefs about men and women’s roles in their intimate steady relationships configure the size and function of their multiple partnerships.

Together with the high levels of inconsistent condom use, multiple sexual partnering and concurrency, the reported high prevalence of male partner infidelity may lead to very densely populated sexual networks, otherwise known as “concurrency superhighways” [17], which facilitate a wider spread of HIV [16]. Further, the highly significant association between inconsistent condom use and a high number of partners in a short period of time suggests that multiple sexual partnering creates a fertile environment for unsafe sexual practices. The finding also highlights the importance of interventions that emphasize partner reduction among populations where multiple sexual partnering is a norm.

The high prevalence of age mixing among our study participants could explain the low use of condoms. Older men often take on a dominant position in age-asymmetrical relations, often after sexual intercourse has taken place and relies on implicit and symbolic rather than explicit communications about the type and price of the sex act [3,27,32,33]. The absence of an empowering context that allows for explicit and upfront negotiations about the type and cost of sexual encounters prior to the sex act means that young women who are in transactional sexual relationships of this kind are constrained in their ability to proactively determine the sexual (safety) terms of the sexual act [29,32]. This is perhaps one area where CSWs, who negotiate sex for exchange encounters preliminarily and explicitly, are positioned advantageously to women who engage in transactional sex. These differences are important to emphasize if appropriate and tailored intervention strategies are to be developed for women who engage in transactional sexual relationships, particularly as this risk behavior is more common in peri-urban settings than commercial sex work [27].

Clearly the practice of transactional sex is not untouched by the prevailing gender norms that undermine women’s sexual and reproductive health in the country [27]. However, transactional sex should not be simply reduced to a behavior where women are construed as mere passive victims who have no opportunities for agency and enactments of empowerment in their relationships [30,31,41,4]. An important question regarding displays of agency is whether they translate to empowerment that is sexually protective and meaningful for HIV risk reduction among young women [34].

Further, the high prevalence of transactional sex in a context where more than two thirds of the population are classified as poor and non-poor rather than abjectly poor, suggests that the popularity of the risk behavior may have more to do with wealth inequalities than abject poverty [28,35].

Together, these findings emphasize the need for a more nuanced understanding of transactional sex; one that clearly distinguishes transactional sex from commercial sex work, leading to interventions that are better equipped to deal with the complexity of this risk behavior and its driving factors.

The high number of sexual partners observed among the young women may be indicative of the multiplicity of young women’s needs [25], which may not be sufficiently met by main, single partnerships. This proposition is particularly compelling in light of emerging evidence that young women’s main partnerships in South Africa may be socially structured to be “traditional” [34], with emphasis on enactments of masculinities and femininities that encourage male partners to be dominant, controlling, and emotionally reserved, whilst requiring women to be sexually timid, submissive and tolerant of their main partners’ misbehavior. Thus young women may be acquiring various sexual partners, to meet multiple needs, be it love, sexual pleasure, material rewards or insurance against abandonment by their current main sexual partner [25,26]. Interventions that target this subpopulation need to take into account the ways in which social beliefs about men and women’s roles in their intimate steady relationships configure the size and function of their multiple partnerships.

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### Table 2. Multivariate logistic regression models showing predictors of inconsistent condom use and no condom use.

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>Inconsistent Condom Use: Casual Partners OR (95% CI)</th>
<th>Inconsistent Condom Use: Main Partners OR (95% CI)</th>
<th>No Condom Use with Once-Off Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20–24</td>
<td>1.00 ***</td>
<td>1.00 ***</td>
<td></td>
</tr>
<tr>
<td>15–19</td>
<td>1.50 (0.82–2.74)</td>
<td>4.37 (1.67–11.81)</td>
<td></td>
</tr>
<tr>
<td>Sexual Debut</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥15 years</td>
<td>1.00 ***</td>
<td>1.00 ***</td>
<td></td>
</tr>
<tr>
<td>&lt;15 years</td>
<td>1.75 (0.95–3.23)</td>
<td>1.90 (0.91–3.94)</td>
<td></td>
</tr>
<tr>
<td>Age Mixing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>***</td>
<td>1.00 ***</td>
<td>1.00 ***</td>
</tr>
<tr>
<td>Yes</td>
<td>1.58 (0.80–3.11)</td>
<td>1.70 (0.82–3.70)</td>
<td></td>
</tr>
<tr>
<td>Concurrency past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1.00 ***</td>
<td>1.00 ***</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2.14 (0.95–4.83)</td>
<td>2.24 (0.95–5.28)</td>
<td></td>
</tr>
<tr>
<td>Casual partners past 3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤4 casual partners</td>
<td>1.00</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>&gt;5 casual partners</td>
<td>2.43 (1.39–4.25)</td>
<td>2.22 (1.07–4.60)</td>
<td>***</td>
</tr>
<tr>
<td>Access to condoms at shebeens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>***</td>
<td>1.00 ***</td>
<td>1.00 ***</td>
</tr>
<tr>
<td>Yes</td>
<td>0.46 (0.20–1.07)</td>
<td>0.45 (0.20–0.97)</td>
<td></td>
</tr>
</tbody>
</table>

**Predictor variables where p < 0.25 in the bivariate analyses were excluded from the multivariate logistic regression model. doi:10.1371/journal.pone.0051998.t002
ships [7–9] and are known to use their age (and economically) related power to undermine young women’s preferences for safer sex [5,7]. This is particularly concerning in a context where the prevalence of HIV has been shown to increase drastically among older men, suggesting that when young women establish unprotected sexual contacts with this group they are essentially entering and mixing with a high HIV seroprevalence pool [1,2,36]. Thus, interventions that reduce the prevalence of age mixing could significantly reduce the prevalence of HIV among young women [37].

Notably, women who reported easy access to condoms in alcohol serving venues were more likely to use condoms with once off partners. This is an indication of the large gains to be made if condom availability is extended to spaces where young people socialize and where transactional sexual relationships are initiated.

The drastic increase in HIV infections among women aged 20–24 compared to those aged 16–19 in our sample mirrors the trend observed in national household survey data, which show a relatively low prevalence of HIV for women under 20 years of age (7% among 15–19 year olds), but a three-fold increase among women aged 20–24 (21%) [1]. These findings highlight that much can be done to prevent HIV in this subpopulation if interventions target women earlier, specifically when they are young adolescents. Further, the overall HIV prevalence of 5%, whilst almost double the provincial prevalence of 3% among youth aged 15–24 [1], supports emerging evidence that suggests that high-risk behaviors do not necessarily translate to a high prevalence of HIV in low prevalence settings [38].

We deliberately recruited women who self-reported multiple sexual partnering because of the strong hypothesized link between this behavior and HIV prevalence and gaps in knowledge about this and concomitant risk behaviors in the Sub Saharan African region. While multiple sexual partnering is common among women in the general population [25,39], current national household surveys provide limited knowledge about this high-risk behavior. As such, what we know about women who have multiple sexual partners is based on knowledge derived from qualitative studies but rarely confirmed through quantitative enquiries. Thus, whilst conclusions about the extent to which our subpopulation is representative of all women who have multiple sexual partners should be made cautiously, these results make an important contribution to our understanding of this risk group. They show not only that these women have high numbers of partners, but that they also engage in a range of other high risk behaviors such as transactional sex and age mixing, whilst foregoing consistent condom use with their various sexual partners, making them a high-risk group for HIV infection.

Limitations

While women are known to under-report sexual behaviors [1,11] we believe the use of a peer recruitment strategy and our efforts to ensure confidentiality and anonymity provided a greater opportunity for women to report honestly. Despite this strength, our study has limitations. First, although we set eligibility criteria that limited enrolment to women reporting more than one sexual partner in the past three months, women in the general population, such as those who have serial rather than concurrent multiple sexual partners were not precluded from participating in the study. However, the results indicate that we largely captured a high-risk subpopulation, since nearly 9 out of 10 women reported concurrency. Second, although providing important information about the extent of risk behaviors among women who have multiple sexual partners, owing to the limited scope of this study, we are not able to make sufficient conclusions about the size of this risk group in the general population. Third, the sample size was calculated to detect HIV prevalence and associated risk among women of reproductive age (15–49). However, the recruitment strategy and the eligibility criteria that we used yielded a largely adolescent age cohort (age group 16–19) that is known to have a relatively low HIV prevalence [1]. Fourth, we used a single item measure of concurrency in our study, which might be limited in light of the UNAIDS recommendation that measures focus on coital exposure, overlap duration and point prevalence [39].

Conclusions

Four main implications emerge from these findings. First, young women who have multiple sexual partners present with a risk profile marked by a constellation of risk behaviors, clustering to form what is known as a “risk behavior syndrome” [40] which heightens their vulnerability to HIV. Thus, addressing single isolated acts, rather than the range of interlinked, sexual risk behaviors, will not be effective. Second, multiple sexual partnering creates a favorable environment for unsafe sex practices to flourish; thus interventions that target this subpopulation must emphasize consistent condom use with all sexual partners. Third, the context of gender and economic inequalities that encourages the practice of transactional sex and compromises young women’s ability to negotiate safer sex, calls for structural, socio-economic interventions that provide women with alternatives (such as conditional cash transfers that are linked to behavior change [41] and that alter the social environment in which they make decisions about their sexual practices. Creative strategies that redefine and link ideas of pleasurable, profitable sex to sexual health and safety are also relevant. To optimize the viability and success of such strategies, the full engagement of young women and men as partners in the development, implementation and evaluation of interventions that target them is necessary. Finally, given the very high prevalence of sexual risk behavior and gaps in knowledge about the magnitude of multiple sexual partnering in South Africa, repeat bio-behavioral surveillance studies that make use of survey methods that are carefully tailored to elicit accurate disclosure of multiple sexual partnering and associated high risk behaviors among sexually active young women in the general population, are recommended.

Supporting Information

Anmos S1 Definition and coding of variables. (DOC)

Author Contributions

Conceived and designed the experiments: YZ LT AT AME. Performed the experiments: YZ LT AME. Contributed reagents/materials/analysis tools: YZ LT AME. Wrote the paper: YZ LT AT AME. Developed the protocol and the data collection tools: YZ LT AT AME.

Acknowledgments


References

“Money talks, bullshit walks” interrogating notions of consumption and survival sex among young women engaging in transactional sex in post-apartheid South Africa: a qualitative enquiry

Yanga Z Zembe1,2*, Loraine Townsend1, Anna Thorson2 and Anna Mia Ekström2

Abstract

Background: Transactional sex is believed to be a significant driver of the HIV epidemic among young women in South Africa. This sexual risk behaviour is commonly associated with age mixing, concurrency and unsafe sex. It is often described as a survival- or consumption-driven behaviour. South Africa’s history of political oppression as well as the globalization-related economic policies adopted post-apartheid, are suggested as the underlying contexts within which high risk behaviours occur among Black populations. What remains unclear is how these factors combine to affect the particular ways in which transactional sex is used to negotiate life among young Black women in the country.

In this paper we explore the drivers of transactional sex among young women aged 16–24, who reside in a peri-urban community in South Africa. We also interrogate prevailing constructions of the risk behaviour in the context of modernity, widespread availability of commodities, and wealth inequalities in the country.

Methods: Data were collected through 5 focus group discussions and 6 individual interviews amongst young women, men, and community members of various age groups in a township in the Western Cape, South Africa.

Findings: Young women engaged in transactional sex to meet various needs: some related to survival and others to consumption. In this poverty-stricken community, factors that created a high demand for transactional sex among young women included the pursuit of fashionable images, popular culture, the increased availability of commodities, widespread use of global technologies, poverty and wealth inequalities. Transactional sex encounters were characterized by sexual risk, a casual attitude towards HIV, and male dominance. However, the risk behaviour also allowed women opportunities to adopt new social roles as benefactors in sexual relationships with younger men.

Conclusion: Transactional sex allows poor, young women to access what young people in many parts of the world also prioritize: fashionable clothing and opportunities for inclusion in popular youth culture. In the context of high HIV prevalence in South Africa, strategies are needed that present young women with safer economic gateways to create and consume alternative symbols of modernity and social inclusion.

Keywords: Transactional sex, Young women, Consumption sex, Survival sex, HIV, Wealth inequalities, Post-apartheid, Global technologies, Modernity, South Africa
Background

Transactional sex, where sex is exchanged for cash and/or material goods and/or alcohol [1-4], is an important risk behaviour for HIV in Africa. Typically, transactional sex occurs between young women and casual male sexual partners who are older and wealthier than they are [2,3,5-8] and who are popularly referred to as sugar daddies. In the patriarchal context that marks many African societies, transactional sexual relationships with sugar daddies compromise young women’s ability to negotiate safe sex practices and increase the risk of male perpetrating intimate partner violence [6,8,9]. Further, multiple, concurrent sexual partnering and low or no condom use often mark these relationships [2,7,11] as these behaviours are thought to maximize the monetary rewards from the practice [1]. In this way, transactional sex exposes women to multiple risk behaviours that they may not have been exposed to in the absence of the practice [3].

Transactional sexual relationships are not a recent phenomenon in Africa, but the ways in which they are defined, named and discussed have evolved and are not uncontested. The literature on transactional sex suggests that the practice of exchanging money or gifts between people in sexual relationships has always been part of normative sexual behaviour in most Black African communities. It is a practice that is driven by the cultural notion that “no self-respecting woman would remain in a friendship without material recompense” [1,12]. Ethnographers travelling the African continent in the 18th century labelled all elements of sexual exchange that they encountered as prostitution [1,2,13] in stark opposition to the informants’ own definitions and reasoning about their behaviour [1]. In doing this, they overlooked two factors: firstly that monetary exchange in sexual relationships can be both “a practical economic arrangement and a symbol of love” [4,12,14], and secondly that transactional sexual partnerships are heterogeneous [3] and generally exist on a continuum, largely defined by the fact that it is common practice to exchange gifts in sexual relationships in many parts of the world [16,17] on the other. However, contemporary discourse on sexual exchange encounters accepts that they are not prostitution, but transactional sex if: sexual exchange is understood as a practical economic arrangement and is not explicitly described as an exchange of love or compensation for translation; and generally exist on a continuum, largely defined by the amount and nature of the exchange items.

As with most forms of sexual behaviour, defining transactional sex precisely continues to be a challenge for social scientists. Definitional challenges owe in part to the existence of prostitution on the one hand, and the fact that is it common practice to exchange gifts in sexual relationships in many parts of the world [16,17] on the other. However, contemporary discourse on sexual exchange encounters accepts that they are not prostitution, but transactional sex if: sexual exchange is undertaken within the context of a relationship (no matter how ambiguous or transitory its nature); the negotiation of exchange items is neither explicit nor upfront; and those who engage in the practice determinedly differentiate their behaviour from prostitution [2,13,18,19].

In the context of high HIV prevalence in South Africa, understanding and discussing transactional sex is a strong focus of HIV behavioural research. This is to be expected given the differential vulnerability of heterosexual women to HIV compared to men in the country [20,21]. Further, evidence suggests that transactional sex is a common feature of sexual relationships in the country. For example, in a study among 1645 men aged 18–49, residing in rural, farm and urban areas of South Africa, 66% reported at least one transactional sexual relationship [15]. As with all sexual norms, the practice of transactional sex and its associated risk behaviours have undergone reconstruction, transformed and shaped by the country’s many historical and political processes including colonisation, apartheid, and the forces of globalization that have marked the post-apartheid era [2,14,18,23]. The period of colonisation and apartheid affected the configuration of sexual relationships in South Africa through the migrant labour system and laws that restricted the movement of Black women to urban areas, which forced men to live apart from their spouses for long periods of time. The separation of men from their rural sexual partners created new demands for formal commercial sex work in urban areas, weakened fidelity in marriage, and advanced the behavioural factors that are linked to transactional sex, namely multiple concurrent sexual partnering [14,24,25], and male biased gender inequalities [14]. Notably, during these periods, premarital sexual exchange relationships, whilst in existence, were not major drivers of sexual behaviour. Instead, boyfriends and girlfriends engaged in reciprocal gift giving [26], and men constructed images of masculine success from their ability to save money for ilobola (bride-wealth), build a rural homestead, and continue their bloodline through children [14]. Today, owing to high rates of unemployment, and thus a reduced capacity to afford ilobola, marriage in Black communities is uncommon and in its absence men have turned to alternative ways of expressing masculine success: namely multiple concurrent sexual partnering and transactional sex [2,14,22].

Several other laws of the apartheid era (e.g. the Group Areas Act No. 41, of 1950; the Bantu Education Act No.47 of 1953 and the Industrial Conciliation Act No. 28 of 1956) marginalized Black Africans from meaningful economic participation, and set in motion the racially and geographically defined wealth inequalities that persist as a major challenge in the country [27]. It is hypothesised that these wealth inequalities are part of the structural factors that give rise to high rates of sexual risk behaviours, such as transactional sex, that are found among Black African men and women in South Africa [14].
Post apartheid, South Africa dismantled apartheid laws and adopted a neo-liberal, Growth, Employment and Redistribution (GEAR) policy. This policy stressed openness, trade liberalization, privatization, direct foreign investment, and an emphasis on increased flow of goods (in and out of the country) through less-regulated import and export industries [28-30]. These economic policies incorporated the country into the global economy and culture and brought about a more pronounced presence of globalization, which in this context, is defined as openness [of the world] to trade, information, people, and culture [31]. Research shows that the benefits and the detriments of globalization are experienced differently in the world depending on populations’ socio-economic status and access to resources, among other things.

Further, a few ethnographic studies in South Africa have linked women’s motivations for engaging in transactional sex to globalization. These studies established that proceeds from sexual exchange encounters are used to purchase symbolic commodities, and wealth inequalities in the country.

The well-documented influences of South Africa’s political history and the socio-economic arrangements of the present era on sexual behaviour raise important questions about young women’s motivations for engaging in transactional sex. There are studies that suggest that the practice is a survival-driven strategy (survival sex) [11,13,38], the poor woman’s means of “getting by in a world of poverty and disempowerment” [13]. Another school of thought sees transactional sex as a means for young women to fulfill their consumption appetites and pursue images of modernity and success (consumption sex) [2,4,7,39] in the context of globalization. In each of these paradigms, the framing of discussions on transactional sex relies on assumptions that either overplay or underplay the poverty circumstances of women who engage in sexual exchange relationships. Nuanced considerations that explore the interaction between consumption and survival needs are needed to frame young women’s motivations for engaging in transactional sex.

In this paper we explore the drivers of transactional sex among young women aged 16–24, who reside in a peri-urban community in South Africa. We also interrogate prevailing constructions of the risk behaviour in the context of modernity, widespread availability of commodities, and wealth inequalities in the country.

**Methods**

**Study setting**

The study community is located in the Cape Winelands region of the Western Cape Province, which is located sixty kilometres north of Cape Town, in South Africa. The Western Cape Province is the second wealthiest of the nine provinces that make up South Africa. However, it also has the highest levels of wealth inequalities in the country [40]. Consistent with the distribution of poverty at the national level, the highest incidence of poverty in the Western Cape is found amongst the Black population, where almost half of this population is classified amongst the province’s poorest households and, together with the Coloured (multi-racial) population, account for all abject poverty in the province [41].

The Cape Winelands, within which the study community is located, reflects the wealth inequalities reported for the province, with poverty pockets scattered in the midst of wealthy neighbourhoods. The study community, a township, is one such poverty pocket. It has a population of 25600 people, many of whom are Black and Xhosa speaking (99%), and unemployed (38%) [42]. It is a by-product of the many segregation laws passed pre- and during apartheid, which made it compulsory for people to reside only in areas declared for the exclusive use of their particular racial group [43].

As with many other townships in post-apartheid South Africa, the community has recently seen the emergence
of shopping complexes, large chain store supermarkets, cafés, formal and informal clothing retail stores, creating localized and thus easier access to material goods.

Ethics statement
At the beginning of every focus group discussion and individual interview, information and consent forms were read, discussed and signed with and by each of the participants. Due to the sensitivity of our research questions, parental consent for participants who were younger than 18 years was not sought. Instead the lead author conducted parent information sessions in all the schools in the study community wherein the study background, aims and objectives were presented. No parents objected to the possible inclusion of their underage children in the study. We submitted feedback reports and signed attendance registers to the local ethics committee once the parents’ meetings had taken place.

The Research Ethics Committee of the Faculty of Health Sciences, University of Cape Town, South Africa granted ethics approval to conduct this enquiry.

Study design
The study made use of an exploratory and emergent qualitative design that employed focus group discussions (FGDs) and individual interviews (IIs) to explore the characteristics and drivers of transactional sex amongst young and sexually active Black women. Data were collected from young Black women aged 16–24 years; Black men aged 20–35 years; and community members of various age groups residing in a peri-urban township in which the study was conducted.

Recruitment and data collection were undertaken in three phases (Table 1). During the first phase (Phase I) FGDs were held with young women who were purposively sampled based on whether they self-reported multiple sexual partnering (FGD 1), or monogamous sexual relationships (FGD 2). Phase II comprised two additional focus group discussions (FGD 3 and 4) with young women who were purposively sampled from alcohol drinking venues known as shebeens, and who self-reported sexual activity in the past 3 months. Phase III comprised one FGD with men (FGD 5) and six IIs with community members who were aged 16 years and older in the late 1980’s to explore whether and in what ways sexual risk behaviours and consumption patterns may have changed over time. All FGDs and IIs were conducted in the local isiXhosa language. Only the first FGD was translated into English; owing to funding limitations, subsequent transcripts were not translated although all the coding for the analysis was done in English.

Table 1 Data collection phases

<table>
<thead>
<tr>
<th>Data collection phase</th>
<th>Data collection method</th>
<th>Participants</th>
<th>Number of participants</th>
<th>Age range</th>
<th>Sampling procedure</th>
<th>Inclusion criteria</th>
<th>Data collector</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Focus Group Discussion 1</td>
<td>Young women</td>
<td>10</td>
<td>16-21 years old</td>
<td>Purposive</td>
<td>Resident in the study community, reporting multiple sexual partnering</td>
<td>Lead author (aged 27) and 1 female research assistant aged 23, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>I</td>
<td>Focus Group Discussion 2</td>
<td>Young women</td>
<td>10</td>
<td>16-18 years old</td>
<td>Purposive</td>
<td>Resident in the study community, reporting monogamy</td>
<td>Lead author (aged 27) and 1 female research assistant aged 23, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>II</td>
<td>Focus Group Discussion 3</td>
<td>Young women</td>
<td>8</td>
<td>16-24 years old</td>
<td>Purposive</td>
<td>Resident in the study community, reporting current sexual activity</td>
<td>Lead author (aged 27) and 1 female research assistant aged 23, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>II</td>
<td>Focus Group Discussion 4</td>
<td>Young women</td>
<td>8</td>
<td>16-24 years old</td>
<td>Purposive</td>
<td>Resident in the study community, reporting current sexual activity</td>
<td>Lead author (aged 27) and 1 female research assistant aged 23, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>III</td>
<td>Focus Group Discussion 5</td>
<td>Men</td>
<td>6</td>
<td>23-32 years old</td>
<td>Purposive</td>
<td>Aged 20+</td>
<td>2 male research assistants aged 25 and 32 respectively, both Black and Xhosa speaking</td>
</tr>
<tr>
<td>III</td>
<td>Individual Interviews 1-6</td>
<td>Men and women</td>
<td>6</td>
<td>36 years and older</td>
<td>Purposive</td>
<td>Resident in the study community, aged ≥ 16 years in the late 1980’s</td>
<td>3 female research assistants aged 34, 36 and 40 respectively, all Black and Xhosa speaking</td>
</tr>
</tbody>
</table>
this process, multiple sexual partnering was set as the inclusion criterion for the first FGD (FGD 1). However, for subsequent FGDs this inclusion criterion was dropped because it was decided that the voices of women who may engage in transactional sex without necessarily self-reporting multiple sexual partnering were also important.

The findings of the formative assessments were used to construct FGD facilitation guides that contained unstructured and open-ended questions about sexual experience, modernity, and motivations for transactional sex. For example, an opening question in the facilitation guide asked: “Tell me about what it means to be a young woman here in the study community”. Another question asked: “What are the signs of modernity among young women in the study community?” These questions were also informed by contemporary literature on transactional sex.

For FGDs 3 and 4 an A4 sized print media image of a young, Black, woman (aged between 20 and 24) dressed in smart yet casual fashionable clothing was passed around and participants were asked to share the most immediate thoughts that came to mind as they studied the picture. The image was used to explore the ideas and importance that young women attach to fashionable images, and how they go about attaining similar images for themselves. Pursuing this particular angle was informed by contemporary literature on transactional sex. The idea of using this image was based on the first author’s prior experience with Paulo Freire’s popular education methods (www.freire.org) that make use of pictorial material to stimulate critical thinking and discussions about social processes.

Data analysis
All data were analysed using Graneheim et al’s [45] manifest and latent content analysis methods. The transcripts of FGD 1 and 2 and field notes were analysed during a two-day analysis workshop attended by the lead author, second author and trained research assistants. At the workshop, every member of the research team individually read through each of the transcripts, shared initial thoughts, and began manifest coding of the data. A total of 25 codes was generated, which included “modernity”, “sugar daddies”, “younger sexual partners”, “food”, “alcohol”, “fashionable clothing”, “HIV”, “inequality”, “male power”, “poverty”, “unemployment”, “technology”, “fear of exclusion”, “loneliness” and “being left out”. These were grouped together into categories such as “consumption items”, “subsistence items” etc., that were then further transformed into major themes. Major themes included “motivations for transactional sex”, “local wealth inequalities”, “interaction between age and economic asymmetries and transactional sex”, “consumption sex for survival”, “popular culture”, “forces of globalization”, and “the role of peer pressure”. The codes, categories and themes generated from this analysis were then used in the analysis of the remaining FGDs, which was undertaken by the lead author using the same steps that were followed during the analysis workshop.

Reflexivity
All necessary steps were taken to ensure adherence to the principles of objective scholarship throughout the collection and analysis of these data. The lead author, a young (27 year old at the time), Black, Xhosa-speaking female PhD student with a rural middle-class background, engaged in continuous reflexivity to ensure an open mind, treating all prior and personally held beliefs, assumptions and knowledge about the study population and the subject matter with awareness, suspicion and distance. However, an open mind is not an empty mind, and since qualitative analysis is interpretative, interpretations are not entirely separate from the researcher’s experiential background [46]. The co-facilitator in FGDs 1–4 was a young (23 year old at the time) Black woman from the study community, with a secondary school qualification and three years experience in field research. Because she was a local woman who resided in the study community, we debriefed regularly and limited her participation to note taking and recruitment. The co-facilitators of the men’s FGD were Black men aged 25 and 32; neither came from the study community, but both were first language speakers of isiXhosa and were fluent in the colloquial “tsotsi taal” language commonly used by men in South African townships.

Findings
The use of transactional sex to negotiate poverty, local constructs of modernity, and wealth inequalities
Transactional sex was said to be a common feature of young women’s sexual relationships in the study community. Broadly, the young women and men linked the popularity of transactional sex in their community to poverty; local, social constructions of successful sexual relationships; modernity; and their preoccupation with money, fashion, and alcohol. When discussing their transactional sexual exploits, the young women mentioned a wide range of items that were exchanged and/or purchased with proceeds from transactional sex activities. These items included money, clothing, alcohol, food, cellular telephone recharge vouchers, school fees, electricity for their homes, and family meals. Notably, items were mentioned without any attempts to categorize them into degrees of importance.

He buys you food... and 6% (slang for alcohol) (FGD 1, young women aged 16–21)
Come the 15th of the month (pay day for provincial government employees) he gives me his [bank/retail store] card to go and buy myself a new outfit or a pair of sneakers from Sportscene (an expensive sportswear store) (FGD 4, young women aged 16–24)

You buy paraffin, you take some money home and buy electricity (FGD 3, young women aged 16–24)

You warm up your home, make it warm, even providing [your family with] mngqusho (an African staple food, made with dried corn kernels and beans) (FGD 4, young women aged 16–24)

However, although poverty and wealth inequalities were frequently cited as the context within which young women made the decision to engage in transactional sex, fashionable clothing and alcohol were mentioned more often than other items across all FGDs. The prominence of fashionable clothing and alcohol in young women’s lives was attributed to local definitions of modernity:

...The modern girl here, she likes clothes (FGD 1, young women aged 16–21)

...You see, in these times we are living in we like cars, we like clothes, we like alcohol, too much! (FGD 3, young women aged 16–24)

The meanings that young women attached to fashionable images were communicated during the exercise that we employed in the two FGDs where we invited participants to offer opinions about a printed image of a young, Black woman dressed in fashionable clothing. For the participants in FGD 3, the image represented a woman who is sophisticated, employed, wealthy or in a relationship with a sugar daddy who spends money on her. Participants in FGD 4 thought that the young woman in the image represented success, happiness, modernity, a love for clothes, financial independence, control, and strength.

For the participants then, by physical appearance alone, a young woman could convey important messages about herself, such as her affiliation to fashionable society, modernity, her economic background, and involvement in an economically rewarding sexual relationship.

In a context where fashionable images were laden with such important meanings, to be found lacking fashionable clothing was perceived as tantamount to social suicide, and was said to lead to social exclusion, feelings of shame and loneliness:

...on the weekend there must be a kit (fashionable clothing that is determined by a peer group for a particular day/event) that you have to have. If you don’t have that kit... you hide yourself like at home because your friends are wearing new clothes and things like that. (FGD 2, young women aged 16–18)

Thus, young women displayed heightened awareness of others who were better dressed and well-off among them. They were said to use transactional sex and the money/material benefits generated from the practice to negotiate socio-economic inequalities in ways that proved that they were equal to, or the same as the next best dressed, socially mobile and economically well-off young woman in the community:

And like, in our days, there are children who are coming from well-off homes, you see, they have all these clothes, so these ones feel small, so in an effort to look like the others they resort to this behaviour, to get money (FGD 5, men in their early 20’s and 30’s)

She has to dress up... she has to be similar to her friend. And it shows. Let’s say her [well dressed] friend is dependent on her parents, but she does not have parents at all, or she has parents but they are uneducated and stuff... (FGD 3, young women aged 16–24)

According to some of the women, men willingly spent on their female partners’ dress and hair because they believed that a woman’s outward appearance had direct implications for her male sexual partner’s image and reputation in the community:

[He] can buy me something to wear when the two of us are going out ... he won’t want me to be seen looking snaks (ugly) when I’m going with him, you see... (FGD 2, young women aged 16–18)

From the above, we see that the focus on fashionable images in this community was not only driven by the young women’s preoccupation with modernity, but by widely shared perceptions that linked outward appearance to reputation.

Sugar daddies: popular, profitable, but scorned gateways to modernity and fashionable images

Young women reported a willingness to do whatever was required of them to access fashionable items of clothing, alcohol and money. While one young woman suggested that some might resort to “…taking an old lady’s social welfare grant”, others reported that transactional sex with older, wealthier men (locally referred to as “sugar daddies”) was a popular strategy for accessing cash to buy desirable goods and a lifestyle that was otherwise unavailable to many young women in the study community:
...she has a sugar daddy, she asks her sugar daddy for money, she uses it to provide for herself; you see (FGD 4, young women aged 16–24)

...he will buy you airtime, buy you everything... everything, [he will ask] "what are you in need of?" (FGD 3, young women aged 16–24)

Because I am also driving now, because of my sugar daddy...I am driving now and I even drive to Cape Town, anywhere, because of my sugar daddy... (FGD 4, young women aged 16–24)

The young woman featured in the quote above was said to be the envy of all her friends because accessing driving lessons was deemed the height of modernity and quite uncommon for most young women in the study community. Thus sexual relationships with older and wealthier men were seen to hold multiple possibilities for young women to not only escape poverty, but also live out what was clearly construed as a modern and successful femininity.

Young women reported that the failure to obtain fashionable items from parents and friends led to only one other means of meeting a young, woman's needs – sugar daddies:

Moderator: ...so what happens if you get a parent who doesn't have the money to pay or doesn't want to? Participant: Yes, they borrow the clothes [All answer]
Moderator: They borrow from whom? Participant: From their friends
Moderator: Okay, so you borrow from your friends Participant: Hmm
Moderator: What if your friends don't lend you their clothes then, what are you going to do? Participant: Sugar daddy, Sugar daddy [All answer, Laughter]
Moderator: So basically he is always ready to get these things
Participant: There is no other way (FGD 2, young women aged 16–18)

In a culture where young women generally date men who are older than they are [47] and where material rewards are accepted as necessary markers of important sexual relationships [1,2,14,15,48], understanding the precise characteristics that distinguish a sugar daddy from an ordinary older, generous male sexual partner is not without complexity. However, it was clear from the conversations that we had with the young women that not every older, wealthier male sexual partner was considered a sugar daddy. In fact young women and men perceived a clear distinction between relationships with a sugar daddy and those with other types of sexual partners, including those who are older but not necessarily acquired for transactional purposes:

It's a sugar daddy when you eat his money...when you are not romantically involved, just eating his money... you are there to eat his money that's all. (FGD 3, young women aged 16–24)

Specifically, sugar daddies were considered to be older men that young women acquired solely for financial or material benefits. It seemed that the "sugar daddy" label was considered inappropriate in relationships with older men that were also characterized by romantic notions of love, even if the relationship featured monetary exchanges:

Obviously, he will still give you money, that is fine but what I am saying is that we should not stereotype this sugar daddy thing; we should not make it [only] about age... Do not let it be, let it not be said that every young woman who is dating an older man is dating a sugar daddy (FGD 4, young women aged 16–24)

Men were especially concerned to point out that some age asymmetric relationships were not motivated by monetary exchange, but genuine sexual attraction:

... It's like there are always two sides to an issue, you see, sometimes you find that she does not want money from you, she is just into you. (FGD 5, men in their early 20's and 30's)

Despite the popularity of sugar daddies, young women were not altogether uncritical of this type of relationship. Some participants' reports delineated the circumstances within which young women made the decision to date older men into categories of “right” and “wrong”. The circumstances that were considered “right” included instances where the young woman's family was poor and thus unable to afford her the apparel that were associated with a life of modernity, “Wrong” circumstances included those where there was an absence of poverty and/or where the young woman was perceived to have alternative economic strategies:

I can just study. I can fund my studies because my parents use their government social grants to the last penny for my education...so if you are dependent on a sugar daddy; that is wrong. (FGD 3, young women aged 16–24)

Further, in some young women's discussions, sugar daddy relationships were associated with a number of
negative factors. Such factors included ideas that having a sugar daddy who meets a young woman's every need inspired complacency, compromised the chance of finding true love with same age partners, undermined dignity, self-esteem and self-efficacy, and exposed one to HIV:

It's wrong... because when you have a sugar daddy who is able to do everything for you, things that you are not able to do yourself or your parents are not able to do, nhe, you get that thing... you become complacent as a person (FGD 3, young women aged 16–24)

She loses her self-esteem, her dignity...like among same age men, you lose your dignity because you went to an old person... secondly, once he gets sick (referring to HIV), you are done for (FGD 4, young women aged 16–24)

Participants in the men's FGD boasted about their benefactor role as providers of plenty in the context of little in their sexual relationships with poor, younger women:

You are an old guy, she has nothing, you are paying for her hair, you are buying her Truworths (popular clothing store), you buy her lunch and everything, you give her money, so that she has money for school... (FGD 5, young men in their early 20's and 30's)

These men perceived their age and economic dominance in these transactional relationships as accruing for them unlimited power to control their female sexual partners and the terms of their sexual encounters:

Because you are putting a carrot in front of her, she has to listen to you...whatever you want her to do, she will do (FGD 5, men in their early 20's and 30's)

You have more power (laughs)... he is the one who is going to have an upper hand because the guy is older and he has more money (FGD 5, men in their early 20's and 30's)

Some of the women confirmed the gendered power imbalances that transactional sex with older wealthier men brought, but seemed to accept this as what was due to a woman who pursued men for money:

You ate his money so he is controlling you (FGD 4, young women aged 16–24)

Within this context of a popular yet gender-disempowering and somewhat criticized behaviour, dating an older man purely for love was considered a luxury not available to poor young women who lived in environments of social and economic inequality:

There is this idea that age is not important, that if you love a person, you love him, that's all there is to it. But it happens that you are struggling at home where you are coming from and then your friends dress well, and if they want things from their parents, they get them, and yet you do not get those things, then you are forced to find a sugar daddy (FGD 4, young women aged 16–24)

Dating an older man merely for love was considered an indulgence available only to women from financially stable homes:

Sometimes you...how do I put it...sometimes it is alright to date someone who is that old... because you love him, you do not care about his assets, because at home you are financially stable, you see. (FGD 4, young women aged 16–24)

Thus, young women framed the decision to enter a relationship with a sugar daddy as one that was somewhat forced upon them by circumstances of economic deprivation in their homes, within a broader context of local economic inequalities and great pressure to uphold images of a fashionable and modern lifestyle.

Weighing up priorities: material benefits versus sexual health

Notably, the young women's conscious awareness of the negative aspects of relationships with sugar daddies was strongly contradicted by reports of their high prioritization of money and desirable goods over all else, including sexual health:

Participant: As long as he satisfies your needs for money and alcohol you don't really care. That is how it is around here... That's what the slogan says, "Money Talks, Bullshit Walks"

Moderator: Okay, so what is the bullshit here that's walking?

Participant: Bullshit is the HIV.

Moderator: Okay.

Participant: It's what the people say.

Moderator: Okay including what other people say?

Participant: Hmm.

Participant: Yes.

Moderator: Alright, so those things don't matter?

Participant: They don't matter. (FGD 1, young women aged 16–21)

The above dialogue ensued when we were discussing the implications of transactional sex for the young women's sexual health, reputation, and image. The participants made light of the negative sexual health
outcomes of risky sexual encounters. When young women encountered opportunities for transactional sex, other matters including HIV, were “set aside” to make way for high monetary returns from their sexual encounters:

Like, when a woman meets a guy here she does not think straight, especially not about HIV and other STDs, its only money, not diseases, she puts them aside and attends to the guy (FGD 1, young women aged 16–21)

In this context, extremely risky sexual encountersincluding descriptions of sexual encounters that seemed to suggest unprotected group sex, were dismissed as unimportant:

Participant: Sometimes my sugar daddy will want me and then say bring your friends along so we can have fun, do you understand? He finishes (has sex with) all of us, he does not want to use condoms with me, he is not going to want to use them with my friends

Moderator: And how do young women feel about this?
Participant: No, you just eat his money; you go, you don’t care about that; you are there to eat his money that’s all. (FGD 3, young women aged 16–24)

The low regard for HIV was further pronounced by reports that the virus is rarely mentioned in conversations among young women and their sexual partners. In instances where it was mentioned in the FGDs, young women rarely referred to it by name, preferring to call it “the sickness”, and various humorous names that attempted to trivialize it.

The convergence of new pressures, popular youth culture, and global technologies that enable a thriving environment for transactional sex

The popularity of transactional sex in the study community was said to be further fuelled by a new commodity that had become an important accessory for modern young women to possess: younger male sexual partners, locally referred to as “is ‘today’” or “is now now” (in reference to their youthfulness and associations with modern times):

...they like to date younger boys...it’s fashionable... a young boyfriend dresses smartly, so it is something for status... they are called “is ‘Today’, “is now now” (in reference to his youthfulness, especially in comparison to sugar daddies) (FGD 1, young women aged 16–21)

Dating younger men was thus described as another important symbol of modernity among young women in this community, “Is ‘today’s” were defined as younger male sexual partners, often in their early to late adolescent years:

I can be 19 but have a young boyfriend aged 13, 14... (FGD 1, young women aged 16–21)

Same age partners were also classified as “is ‘today’”. The greater likelihood that a young woman would have sexual relationships with older men was said to explain the description of same age male sexual partners as younger partners:

He is your younger boy friend even if you are the same age, because you first got involved with older people (FGD 1, young women aged 16–21)

These sexual relationships were said to run concurrently with sugar daddy relationships. They provided young women with the economic ability to offer financial support to their younger male sexual partners, transforming their traditional position from beneficiary to benefactor in sexual exchange relationships:

...you get money from your sugar daddy and then you share it with your young boyfriend (FGD 1, young women aged 16–21)

...some will have an older sexual partner and a younger boyfriend as well (FGD 3, young women aged 16–24)

In this way, sugar daddy relationships were shown to have a place of importance in the young women’s lives. Young women’s relationships with older men yielded not only profitable rewards to meet subsistence and consumption needs, but also created opportunities for them and their younger partners to push social boundaries about what constitutes appropriate relationships. Notably, the “is ‘today’s” were said to maintain these relationships for reasons similar to those that motivated young women to stay in transactional sexual relationships with older men, namely to access money, alcohol, and clothing:

So he does not go anywhere, because he knows she is going to buy him clothes, his sugar mama is going to buy him everything he wants (FGD 3, young women aged 16–24)

Thus young women were said to buy and maintain the affections of their younger male sexual partners by ensuring that they were fashionably clothed, fed, and provided for during outings to shebeens.
Peer norms that inspired group behaviour among young women in the study community were reported to be another major driver of transactional sex and associated activities. Young women’s descriptions of peer norms included reports of weekend rituals, which involved young women informing their “schemes” (friendship groups) about the fashionable dress code of the day, meeting up, visiting the local shebeen, and once there “selling” each other to wealthy men for alcohol:

**Moderator:** The scheme issue, I want to understand it. What is a scheme?

**Participant:** It is a group of friends… It works when you’ve noticed a certain guy who has money, then you call your friends… It is important because when you are going somewhere there must be a plan A as well as a plan B… Maybe today you are the one who’s being sold so you must seduce men… they give each other turns if this week it was Lindiwe, the following week its somebody elses turn… *(FGD 1, young women aged 16–21)*

Young women did not censure the idea of women selling each other; they perceived it as just another necessary strategy to maximize their chances of guaranteeing a good flow of alcohol during outings to the shebeen. However, a good looking member of FGD 1 complained that these “selling” activities were sometimes exploitative, especially for the prettiest young women in these groups, who were sometimes “sold” more regularly than others.

Peer norms and dictates were said to extend beyond young women’s groups to include those that operated to define desirable masculinities and create peer pressure for men:

**You must drink, if you do not drink here in the township you are looked at as someone who is strange, you see my brother?** *(FGD 5, men in their early 20s and 30s)*

**If you are a man and you don’t have a car that means you are nothing here…** *(FGD 1, young women aged 16–21)*

**…in everything there is pressure, so even on your parents, you pressurize them, you say “I want this takkie (sneakers), I want this, I want that” you see?** *(FGD 5, men in their early 20s and 30s)*

Importantly, not all the young women that we spoke to expressed positive regard for group norms; a few young women considered schemes to be unimportant and shared reports of jealousy and disloyalty in these groups. However, the general impression was that these peer norms were powerful in monitoring, appraising, and punishing peer behaviour that deviated from the local popular youth culture of maintaining fashionable images, drinking copious amounts of alcohol, and propositioning casual sexual partners for transactional sex purposes:

**If you cannot sleep around (i.e. engage in casual sex) you get kicked out of the scheme…** *(FGD 1, young women aged 16–21)*

**They pitsha (a local term used to describe visiting shebeens to meet new sexual partners for transactional sex purposes) so when you stay at home they look down on you and things like that… like they say bad things about you** *(FGD 2, young women aged 16–18)*

Further, these peer norms were said to be reinforced by a free, local web-based social networking forum, which young people in the community used to name and shame each other:

**We gossip about each other, there is even a web… the web where people are picked on, where it is said “so and so was such and such” how are you then supposed to feel?** *(FGD 2, young women aged 16–18)*

**They make fun of her and write about her on the web** *(FGD 1, young women aged 16–21)*

**Last year I was discussed a lot on the web, a lot… of course I did not like it** *(FGD 3, young women aged 16–24)*

Incidents that were said to be likely to surface on the social networking site included those about wearing unfashionable clothes or clothes that they had been seen wearing the previous weekend:

**If you wear the same clothes this week that you were seen wearing last weekend and the weekend before that, someone will take to the web and you know by the detailed descriptions of what you were wearing, that they are talking about you… everybody laughs and mocks your clothing…** *(FGD 2, young women aged 16–18)*

Thus, the fear of socially punitive consequences for those who did not conform or were found lacking in terms of fashion and drinking, placed real pressure on young women to invest in fashionable clothing and to engage in the activities linked to popular culture.

When asked to mention factors that influenced their sexual risk behaviours, young women cited television...
rities were said to put young women under pressure to pursue images of wealth, style and success through sexual relationships with older, wealthier men:

Yho! I’d say it’s the television! It’s the television, its technology… (FGD 3, young women aged 16–24)

...we are put under pressure by Khanyi Mbau (a local celebrity famous for a fashionable lifestyle that is entirely funded by her sexual relationships with older, wealthier men) it’s them that corrupt us (FGD 3, young women aged 16–24)

Interviews with community members who were aged 16 years and older in the late 1980’s suggested that the availability and variety of commodities had increased compared to 15 years ago, and that this was related to the commonness of transactional sex among young women:

...It’s because everything is available or you know technology as well because 15 years ago there were no such things as MXIT (a very popular and cheap social networking facility available on mobile phones) 15 years ago there was not much [access to] TV

(Community member, local nurse)

There are too many commodities…they overwhelm our children (Community member, housewife)

In addition to these ideas of increased availability of commodities, there were reports that 15 years ago, there were fewer goods. Interestingly, one community member linked the perceived substantial increase in commodities and the proliferation of televised images to the post-apartheid era, suggesting that ordinary South Africans link this critical period in the country’s history to the onset of the more pronounced presence of globalization:

The first thing is TV…these things started in the late 1980’s but really excelled after 1994 (Community member, taxi driver)

According to these community members, very few young women were able to afford fashionable images and those who could, either came from well-off families or were likely to have accessed their clothing through a phenomenon known as ukuminca, which refers to holding (and hiding) items stolen from department stores between one’s thighs:

Back then you really had very few clothing shops…they were expensive, yho! … if you saw a girl who is always wearing fashion[able clothing] you just knew this one she practices ukuminca (laughing) or maybe her sister or her aunt…unless they have everything at home

(Community member, housewife)

According to these community members, there were visible changes in the consumption patterns of young people in this community. These changes were informed by significant shifts in the availability and pricing of goods and the population’s exposure to global images and technologies, so that what was previously uncommon became in abundant supply.

Discussion

The findings from this study suggest that transactional sex was perceived as a lucrative economic strategy among young women in the study community. It was a practice that represented opportunities to access plenty in the context of little. Through transactional sex the young women could meet their subsistence and consumption needs, attain symbols of modernity and successful womanhood, purchase admission into social groups, adopt new and fashionable gender roles as partners to and providers for younger sexual partners, conform to the dictates of popular youth culture, and avoid social exclusion. Despite these perceived benefits, the risk behaviour was also shown to create opportunities for the domination of young women by their older and wealthier sexual partners similar to that found in studies from other parts of South Africa [8,15]. In the young women’s accounts of their transactional sexual relationships with sugar daddies, it was also clear that their sexual encounters were sometimes unprotected, and extremely risky, thus heightening their vulnerability to HIV. Latent analysis of the findings suggests that in the study community, contextual factors that created the high demand for transactional sex included the pursuit of fashionable images, popular youth culture, globalization processes such as the increased availability of commodities and technologies in South Africa, limited economic opportunities, inequalities and poverty.

Owing to the multiple ways in which transactional sex was used among the young women, the items for which they exchanged sex were varied: from food and electricity, to alcohol, fashionable clothing, and cash. As has been found in other studies, [2,17,38] fashionable commodities were crucial to young women’s social identities in the study community. This finding may be indicative of the need to re-examine notions of what women in poor communities need to survive. Food may be but one in a range of essential items that they must have in order to achieve perceived success in their society.

Redefinitions of survival have implications for how data on the items that are exchanged in transactional
sex are used to theorize about what level of poverty motivates women to engage in the practice, and whether the items reflect survival or consumption sex. To deduce consumption versus survival motivations for transactional sex, the prevailing practice has been to classify the items of exchange (such as clothing, food, school fees) that participants name in their accounts about the practice into needs versus wants; basic versus consumption items [2,18,49] despite giving no indication that participants personally reported any hierarchical categorization of these items. And yet, constructs of luxury and necessity are specific to individuals, and as such vary from person to person depending on their social position and the variety of goods to which they are exposed [50].

When we engage in this hierarchical categorization of items for which poor women exchange sex, we run the risk of misclassifying what they consider important needs as frivolous luxuries. Consequently, we may design inappropriate interventions since we would have misconstrued the true underlying motivations of their sexual risk behaviours. From these findings we see how the pursuit of fashionable clothing was not a mere exercise in conspicuous consumption for consumption's sake, but one that was necessary for surviving social exclusion, loneliness, and scorn. Further, it is well-established that along with investing efforts in strategies that ensure the survival of basic hunger, "even the poorest people engage in conspicuous consumption" [51]. Thus, a more meaningful consideration of the motivations for transactional sexual relationships is one that considers that they are varied, arising from and meeting diverse needs among women for whom "the only economic capital some of them possess is their sexual organ" [1].

Young women's preoccupation with fashionable clothing was not unexpected since adolescence and young adulthood are developmental stages where most young people are highly sensitive to their outward appearance and the perceptions of their peers about it [35]. Further, the aesthetic, social, and economic meanings that the young women in this study attributed to fashionable images suggest ways in which the women in our study used their own outward appearance/s to convey positive perceptions and attributes about themselves. This is not unique, as clothing is generally used as a communication tool, which "allows a message to be created and [selectively] understood" [52]. Further, young women's perceptions that fashionable images conveyed important statements about one's socio-economic background and personal attributes are indicative of consumerism, a phenomenon that is "above all else a coded system of signs [messages through images], through which people communicate with each other" [53]. This being the case, it is not surprising that clothing held a place of such importance for young women in this community, because consumerism transforms goods into necessities that become useful in how we construct our identities [54]. The easy accessibility of large and varied quantities of fashionable goods that were previously unavailable or available only in limited quantities in township locations during the apartheid era [44] may have transformed young women's roles as consumers. Previously, communities such as the study setting were isolated from mainstream economic development and had limited access to information, commodities, and knowledge about the lifestyles of those beyond their immediate surroundings. Through the lifting of restrictions on Black people's movements, improved road and transport infrastructure, the influx of goods from Asian markets, and increased and unlimited access to local and global print and visual media in the post-apartheid era, previously "landlocked" townships suddenly opened up socially and geographically. These macro-level changes may have set the scene for conspicuous consumption of the highest order among a population made vulnerable by their limited economic power to benefit positively from globalization. Further, the young women's interaction with globalization suggests that among the poor the phenomenon has simultaneously created opportunities for inclusion and exclusion from the global arena. Inclusion opportunities have materialized in that the images and goods that were once remote have been brought near, but due to the lack of economic capacity to access these commodities, many poor populations are "left behind" [55].

To explain their obsession with modern images of success and their use of transactional sex to access them, young women blamed global and local media images as shown on television. These reports confirm widespread notions of the media as consumerism's most loyal and rewarding handmaiden, used by "brokers of consumption to construct the everyday reality of consumers" [54]. Further, young women's reference to a celebrity's influence on their obsession with fashionable images indicates a number of important issues. First, these young women were not ignorant consumers of media images of success and wealth; they were able to reflect on the way in which they were affected by what they viewed on television. This suggests that there are opportunities to use the media to create alternative and helpful HIV risk-sensitive images and narratives for young women to absorb. Second, it serves to confirm the long established theory of emulation, where consumers of a lower class seek to establish similarity with those above them in the social hierarchy by vying for images and habits that are found among the wealthy [56]. While in the 19th century, the lower class's exposure to consumers within higher social hierarchies would have been limited only to those visible in their immediate surroundings, in
The process of emulation is able to occur with greater intensity with the aid of the media and modern technology inherent in cultural globalization. The existence and widespread use of the community’s web-based social networking tool was further testimony to the extent to which these young women and the rest of the community were “global citizens in local states” [57]. People around the world are increasingly exposed to social networking technologies, which simultaneously expand and shrink their worlds, so that they are at once extending their social networks and yet reducing social spaces in which they can “hide” and live private lives. In this community the use of social policing tools that made transactional sex necessary for young women to survive social exclusion, gossip, and scorn created additional pressure to conform to peer norms of consumption and the upholding of fashionable images.

The findings about young women’s awareness and pressure to emulate those who are better off are instructive about the use of transactional sex in societies that are not only poor, but also defined by local economic inequalities. Even though the study community continues to exist as a poverty pocket within a wealthy region, intra-racial economic inequalities that exist within many Black African communities in modern day South Africa [58] are mirrored here. As such, beyond affording young women with capital to prove their agency, increase their desirability and popularity among peers, sexual exchange relationships with sugar daddies were used as one way of bridging the social and economic inequalities that existed in the study community. However, sexual relationships with older men place young women at high risk of HIV infection [6,9,59-61]. Evidence on age mixing suggests that a young woman’s risk of becoming infected with HIV is significantly increased by an age difference between herself and her older partner of as little as five years [9]. In this study, the sexual control wielded by older men further increased the young women’s vulnerability to HIV.

Young women’s criticism of sugar daddy relationships suggests that, had they possessed other means of accessing the items of exchange that they acquired through transactional sex, the practice would not have enjoyed the high level of popularity that it did. Sexual exchange relationships between young men (adolescent males) and older women who are employed or in profitable sexual exchange relationships with older men, is uncommon in Sub-Saharan Africa [59,62]. The phenomenon, which was evident in the study setting, suggests a number of things about the use of transactional sex to reconfigure sexual norms. First, it might be a reflection of a shared perception that transactional sex is a highly lucrative strategy for both young women and men who have opportunities to use their sexuality to link up to older, wealthier patrons. Second, it suggests a possible shift in African constructions of the dating and mating game, which generally censure intimate relationships where the male partner is younger than his female counterpart. Third, this shift may be indicative of opportunities for change in other gender norms that are discriminatory towards women and those that do not serve women’s reproductive health interests. Fourth, the provider role that is played by young women who are in sexual relationships with younger male partners can be interpreted to suggest two major functions that stand in tension with one another. On the one hand it serves to create possibilities for avenues of power (sexual, economical and decision making) otherwise unavailable to young women in sexual relationships. On the other hand their provider role may be reinforcing the common status of women as primary caretakers, nurturers, problem bearers, and breadwinners in many Black African families in South Africa. Finally, young women’s concurrent sexual relationships with older and younger men produce “concurrency superhighways” [63] that create fertile opportunities for HIV transmission across age cohorts, from older men to young women to their even younger male sexual partners.

Another uncommon finding of the study concerns the young women’s reports that they sometimes “sold” each other to guarantee access to alcohol during outings to shebeens. It suggests both the extent to which young women might be prepared to go to satiate their appetites for symbols of modernity, as well as the capacity for young people’s friendships to become contexts of risk and possible coercion [64]. On the other hand, peer groups that foster pro-social and positive behaviour have been associated with young people’s reduced vulnerability to risky behaviours [65]. Through data collection young women’s conversations about HIV were marked by a casual attitude towards the virus and a trivialization of sickness and disease. The young women’s casual, dismissive attitudes towards HIV invite reconsideration of the vulnerability paradigm that is often used to explain women’s higher susceptibility to HIV infection. This paradigm assumes that women (and not men) want to prevent HIV and that the main barrier to safe sex practices is their male partner’s negative attitudes towards condom use [66]. Owing to this paradigm, HIV prevention theories and programs concentrate on the importance of empowering women to insist on condom use, rather than understanding whether they even believe HIV is important enough to protect against, and what their feelings about using condoms are. More useful approaches are ones that see the establishment of our understanding of women’s individual perceptions of HIV risk and their
personal regard for condom use as an important point of departure in HIV prevention.

Further, the young women’s casual regard for HIV suggests that the virus was not considered the most urgent threat to circumcision [22], as judgment and social exclusion by peers were perceived to pose a greater hazard. This may be explained by the fact that young, socially and economically vulnerable women have less incentive to forego the rewards of risk behaviour that are linked to financial and material gain [67]. In the context of poverty and inequality, the poor are also known to engage in riskier behaviour as social values are more easily eroded by stressful circumstances of deprivation [50]. It may also be that when one is conditioned to a life surrounded by multiple risks (e.g. risks of violence, sudden loss of income or the death of key relatives), risk becomes normalized and thus not urgent to avoid.

Limitations
Our study has a number of limitations. First, we did not enquire about participants’ individual socio-economic status, and so this paper has had to rely only on the study setting’s demographic profile to deduce the participants’ economic status, which overall was low. Second, the findings of the paper are largely based on data from FGDs, which are known to sometimes produce only the single stories of the group’s most dominant participants, rather than multiple and contesting realities. We attempted to overcome this by conducting several FGDs with different types of social and age groups. Third, our sample is in no way representative of the whole population of young women in South Africa or in the study community. However, the participants’ descriptions do provide important insights about those women who engage in transactional sex in the study setting and others similar to it. Fourth, we limited the IIs to six participants because the decision to include the perceptions of community members in the enquiry was only made towards the end of the data collection period. By then, we were approaching the festive season (November – January) a time that is difficult for research in Black communities because many families migrate to the rural Eastern Cape Province for the holidays.

Conclusion
Our findings suggest that young women in contexts of generalized poverty in modern South African townships engage in transactional sex to meet needs that are necessarily varied. Transactional sex is perceived to be a lucrative economic strategy that allows young women to not only ward off hunger, but to access the fashionable images that are necessary for social survival. Put simply, cash incentives from transactional sex allow them to access what young people in many parts of the world also prioritize. Innovative strategies that address the structural realities that make it difficult for young women in poor communities to choose a different gateway to images of modernity and avoid social exclusion from their peer groups are needed.

The findings also show that young women are able to use transactional sex to carve out new gender identities by using proceeds from the practice to take on provider roles in sexual relationships with younger men, suggesting new possibilities for gender equality in poor communities. Future research is needed to exploit these possibilities and assist women in the creation of protective and empowering gender roles. Finally, more research is needed to explore how best to foster a sense of urgency and priority around HIV among young women and men who live in contexts of poverty, inequality and exposure to multiple risks.

Competing interests
The authors declare that they have no competing interests.

Authors’ contributions
YZ, LT, AT and AME conceived and designed the study. YZ, LT, AT and AME developed the study protocol. YZ developed the data collection instruments. YZ collected the data. YZ and LT analysed the data. YZ, LT, AT and AME drafted the manuscript. All authors read and approved the final manuscript.

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Intimate partner violence and relationship power inequity among young women reporting high-risk behaviours in South Africa.

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ABSTRACT

Background: Every four minutes a woman is raped in South Africa, making gender-based violence a leading public health problem in the country. The most common form of gender-based violence is intimate partner violence (IPV). IPV is especially pronounced in relationships marked by sexual risk behaviours and thus it is associated with HIV vulnerability. However, the prevalence of IPV and how it interacts with other risk factors among women who engage in high-risk behaviours such as multiple sexual partners is rarely reported.

This paper aims to understand the extent and correlates of IPV, enabling factors and relationship power inequity among young women aged 16-24 reporting high-risk behaviours in a peri-urban setting in the Western Cape, South Africa.

Methods: Two hundred and fifty nine women residing in a predominantly Black peri-urban community in the Western Cape, South Africa, were recruited into a bio-behavioural survey using Respondent Driven Sampling (RDS). After the survey, individual interviews and focus group discussions were conducted with young women and men in the study community. Survey data and qualitative transcripts were analyzed using the RDS Analysis Tool 5.6 and content analysis methods respectively.

Findings: Nearly 9 out of 10 women (86%, CI 81-90) reported experiences of IPV in the past 12 months. Experiences of sexual IPV were significantly correlated with sex with a man who is 5 years or older (OR 1.7, 95% CI 1.0-3.2) and transactional sex with most recent casual partner (OR 2.1, 95% CI 1.1-3.8). The circumstances within which many of the young women negotiated their violent relationships were marked by high relationship power inequity.

In the qualitative enquiry, young women confirmed the normative and pervasive presence of violence in their sexual relationships. Enablers of violence included young women’s collusions with norms that promoted violence and gender inequity, community tolerance of IPV, casual sexual partnering, and structural disadvantage.
that placed sexual activity in men’s physical domain precluding women’s ability to escape violent sexual encounters.

Discussion: Young women’s experiences of IPV were interwoven with age and economic asymmetries, and enabled by risky behaviours and social constructs of approved masculine and feminine roles that caused them to accept and even collude with social processes that promote violence. Interventions to reduce violence and sexual risk in women’s relationships need to address the structural template that frames gender power inequities and women’s socio-economic vulnerability.
INTRODUCTION

Violence against women is a worldwide problem of pandemic proportions, with at least 1 in 3 women reporting physical, sexual or psychological abuse in her lifetime, often perpetrated by a known sexual partner, relative or acquaintance [1]. South Africa features prominently as one of the most unsafe spaces in the world for women owing to its long history of political violence and racial and gender inequalities [2, 3]. In the country, a woman is raped every four minutes and 50% of murdered women are killed by an intimate partner, resulting in the world’s highest reported rate of intimate femicide [4]. A recent nationwide gender based violence prevalence study reports that more than 70% of women in South Africa experience emotional abuse in their relationships [5].

The most prevalent form of gender-based violence is one that is committed in the context of an intimate relationship, commonly referred to as intimate partner violence (IPV) [5]. IPV refers to all acts of physical, sexual, emotional and psychological harm occurring in an intimate relationship with a current or former sexual partner or spouse [5]. The consequences of IPV against women reach beyond the physical scars created by the acts of violence; they compromise women’s physical and mental health by placing them at risk of chronic pain, physical disability, poor pregnancy outcomes, post-traumatic stress disorder, low self-esteem, depression, psychological distress, suicide and substance abuse [6-10]. In the high HIV prevalence context of South Africa, where women carry a disproportionately high burden of the virus [11], IPV colludes with other risk factors to elevate women’s vulnerability to the epidemic [9].

Studies conducted in South Africa and in the greater Sub Saharan Africa region demonstrate a clear link between experiences of IPV and the increased likelihood of HIV infection among affected women [12-14, 15, 16, 17, 3]. A study conducted among women attending an antenatal clinic for routine HIV testing in the Gauteng province, established IPV as an independent risk factor for HIV [12]. Most recently, an analysis of a cohort sample of women aged 16-23 residing in the eastern region of the country, found that women reporting more than one episode of IPV at baseline were significantly more likely to acquire HIV than women reporting one to no incidence of violence in their relationships at 24 months follow up [17]. Other analyses suggest that 72% of HIV infections in South Africa could be averted if IPV were to be eliminated [3].
The strong associations between HIV and IPV are in part due to a common risk environment, characterized by poverty, limited economic opportunities, high-risk sexual norms, and gender and economic inequalities [18]. These factors act in concert to undermine women’s capacity to prioritize and choose protective sexual behaviour on the one hand, whilst enabling enactments of masculine power that sustain high levels of violence on the other hand [19]. Within this context of structural disadvantage, IPV heightens women’s vulnerability to HIV through three main risk avenues: fear, coercion and a host of high-risk behaviours linked to IPV [13]. Fear of violent accusation discourages women from refusing unwanted sex [20, 21], or insisting on condom use [22, 23, 24]. Unprotected, coerced or forced sex also increases the risk of HIV transmission if the partner is infected, which is probable since violent men are more likely to engage in higher sexual risk behaviours than non-violent men [14, 25, 26, 27]. The interplay between IPV and high-risk behaviours is a very complex dynamic. Some women may turn to other men perceived to be more caring than their violent partners and thus become embroiled in multiple concurrent sexual partnerships, some of which may be marked by transactional sex [25, 17, 28, 29]. Others may turn to alcohol to cope with the distress inherent in violent relationships [29]. Qualitative evidence from South Africa also suggests links between age mixing (having a partner who is 5 or more years older than the index female or male participant) and IPV risk [30].

Knowledge about the intersections between IPV and sexual risk behaviours is important if we are to properly understand and respond to factors that compromise women’s well-being. However, in the South African context much of the evidence on the intersections between IPV and sexual risk taking among heterosexual populations is informed by studies conducted among men and women in the general population. Little attention has been paid to most-at-risk heterosexual populations such as women who have multiple sexual partners. Only one study reports findings from a cross-sectional survey among high-risk, heterosexual men who have multiple sexual partners [27]. The other studies draw their conclusions from studies of pregnant women attending antenatal clinics [14]; national surveys [22, 5]; non-high risk young women and men residing in rural and peri-urban settings in the Eastern Cape [9, 14,

Importantly, one study among high-risk heterosexual men who have multiple sexual partners in a peri-urban setting in Cape Town [27], found that they perpetrated IPV at much higher rates than reported by studies among men in the general population. Further, although women who have multiple sexual partners constitute a most-at-risk-population for HIV in South Africa [11], little is known about this subpopulation’s prevalence and patterns of risk taking [33], and the levels of violence, and indicators of gender power inequity among them. Knowledge about the particular ways in which IPV intersects with other risk behaviours among these women is needed to inform the development of tailored and effective interventions.

Accumulating evidence on intersections between IPV and sexual risk behaviours highlights the fundamental role that is played by relationship power inequities in the domination, control and regulation of women and their bodies [14, 17, 22]. The concept of relationship power equity, i.e. the degree that control and decision-making powers are equally and fairly distributed between sexual partners [22], is rarely measured in studies investigating IPV among women in South Africa [22]. Only three previous studies have measured relationship power equity among women in the country [22]. These studies suggest that low relationship power equity is significantly associated with more frequent experiences of IPV [12], low condom use [22] and HIV infection [17].

This paper aims to understand the extent and correlates of IPV, enabling factors and relationship power inequity among young women aged 16-24 reporting high-risk behaviours in a peri-urban setting in the Western Cape, South Africa.
METHODS

Ethics statement
All of the participants of both the quantitative and qualitative studies gave informed, written consent prior to data collection. Due to the sensitivity of our research questions, parental consent for participants who were younger than 18 was not individually sought. Instead the lead author conducted parent information sessions in all the schools in the study community; wherein the study background, aims and objectives were presented. At the information sessions, parents were asked if they would object if their daughters who were younger than 18 years of age participated in the study. No parents objected to the possible inclusion of their underage children in the study. Feedback reports were submitted to the local ethics committee once the parents’ meetings had taken place. On the basis that the information sessions took place and no parents at these sessions objected to the possibility of their underage children’s inclusion in the study, the local ethics committee approved the application to not seek individual, written consent from parents of participants who were younger than 18 years of age.

The Research Ethics Committee of the Faculty of Health Sciences, University of Cape Town, South Africa granted ethics approval to conduct this inquiry.

Study setting
The study was located in the Cape Winelands region of the Western Cape Province in South Africa. The Province has a population of approximately 5 million, the majority of whom are Coloured (mixed race) (49%), 33% Black, 16% White, and 1% Asian/Indian [34]. The racial categorization herein used is a product of apartheid laws of racial segregation, but it is applied here because of its continuing and differentiating effect on South African populations. Although constituting a minority group in the province, due to their historical and disproportionately high exposure to multiple, deleterious social and economic risk factors, Black people bear the highest burden of poverty [35], HIV [11] and violence [19].

The Western Cape Province has the highest rates of crime against women in the country [36] and among the highest rates of community violence in the world [37]. Further, rates of community and interpersonal violence are highest in the areas
historically designated for occupation by Black and Coloured populations, i.e. townships [37]. The high levels of violence observed in the province’s townships have their roots in the country’s history of institutionalized racism, which sparked violent confrontations between the State and the oppressed, protesting Black & Coloured citizenry from the 1950’s onwards [38, 39]. The pervasive use of state sponsored violence to control and regulate Black & Coloured people during the apartheid era extended its social influence to families and households as people embraced violence as the universal language of engaging in conflict. Thus interpersonal violence became normative [37]. It is also noted that the deployment of violent strategies such as random and frequent beatings, harassment, arbitrary arrests and civil unrest by the State led to the total collapse of community systems of maintaining social order and accountability for how people treated one another [39]. In this context, aided by poverty, intra-community violence and crime became the order of the day.

In Cape Town, the pervasive culture of gang violence affecting many townships is attributed to these socio-political dynamics. Today, whilst just about all residential areas in the province are known to have common occurrences of crime, townships are especially unsafe at home, at school and on the streets, especially for young women, girls and children [19, 37].

In addition to the high rates of violence, gender and economic inequalities are prominent in the province as women account for larger proportions of those who are poor and unemployed than men [40], and the Western Cape was recently reported to be the most economically unequal region in the country [41]. Yet the Western Cape is the second wealthiest province in the country, suggesting great opportunities for pro-equality and pro-poor resource allocation and investment in social infrastructure projects.

Within this backdrop of a province that is marked by contradictions, 60 kilometres outside Cape Town, lies the study community. It is a township that is a by-product of the Group Areas Act No. 41, of 1950, which made it compulsory for people to reside only in areas declared for the exclusive use of their particular racial group. This Act effectively divided the country into open and closed spaces, creating various nationalities in one, and centres and peripheries of social and economic activity.
Today this community remains poor and somewhat marginalized from mainstream economic development with numerous, small government-issued homes and backyard shacks, and an ever increasing number of alcohol serving venues. The community has a population of 25,600 people, the majority of whom are Black (99%) and largely unemployed (38%) [42]. It has its own local epidemic of violence, with recent crime statistics showing a nearly 50% increase in violent crime in the community between 2008/2009 and 2011/2012 [43].

Study design
It is important to note from the onset that we are aware that the patriarchal social scripts that entrench gender power inequities and IPV in intimate relationships are common across racial and socio-economic strata. However, in our study we limited participation to Black women. This is because of the differential burden of HIV, poverty and violence experienced in Black communities in general and by Black women in particular in South Africa.

Quantitative and qualitative methods were used to collect data between 2007 and 2009 from sexually active young women. Owing to the stigmatization of sexual risk behaviors among young women, we presumed our population of interest to be unlikely to report sexual risk behaviors accurately within a conventional survey and recruitment approach. Thus, in the quantitative study we used respondent driven sampling (RDS) to recruit young women reporting multiple sexual partnering in the past three months. RDS is effective for recruiting populations who engage in stigmatized behaviors and are thus hidden or hard-to-reach and where a sampling frame is impossible to construct [44, 45]. The details of the RDS recruitment and data collection process are reported in detail elsewhere [33]. In the quantitative survey, eligible participants were female; aged 16-24 years; residing/working/socializing in the study community; self-reporting more than one male sexual partner in the past three months; and reporting friendship or acquaintance with one or more women who have multiple sexual partners. Our analytical sample comprised 259 young women; sufficient to reach the number of waves required to declare RDS successful.

A year after the quantitative survey was completed, we returned to the study community to conduct a qualitative enquiry to help us better understand the nature of
sexual risk and intimate partner violence among young women in this community. In the qualitative study we used purposive sampling methods to recruit 36 sexually active young women aged 16-24 for participation in four focus group discussions involving 8-10 participants each and 9 semi-structured individual interviews. Initially, multiple sexual partnering was initially set as the main criterion for inclusion. However, after the first focus group discussion and repeated formative research visits, we realized that hidden and non-hidden multiple sexual partnering, was extremely common in this community. It was thus decided that asking potential participants about the number of sexual partners during recruitment would be unnecessarily intrusive in the environment where the data were collected, namely shebeens (alcohol serving venues). Thus, young women were eligible if they were aged 16-24, resided in the study community and reported a current sexual relationship(s).

Recruitment and data collection took place at shebeens. We approached young women who were sober and appeared to be more or less in our target age group. Those who were willing to talk to us were asked their age, whether they had a current sexual partner and whether they lived in the study community. If they answered in the affirmative, we proceeded to tell them about our study and enquired if they were interested in participating in a focus group discussion or individual interview (depending on the type of data being collected on that day) about sexual relationships, womanhood and intimate partner violence. The young women who consented to participate in the data collection activities were asked to meet us in a hired private room in 15 minutes or an hour’s time, depending on the number of participants already recruited. The hired room was situated one floor above the alcohol and meat serving area and sufficiently distant to avoid the noise of the shebeen and provide privacy. We ensured that none of the participants were drunk when we sought written informed consent and during the focus group discussions and/or individual interviews. Following the same process described above, we also recruited 6 men aged 23-32 to participate in a focus group discussion about local men’s perceptions of sexual relationships and how they related to their female sexual partners.

All of the focus group discussions and interviews were conducted in the isiXhosa language of the participants. The first author, a young, Black, Xhosa speaking, PhD student, and a locally trained, young, Black, female research assistant recruited all the female participants and co-facilitated the focus group discussions. However, only the
first author conducted the individual interviews. Two Black, Xhosa speaking, male research assistants co-facilitated the men’s focus group discussion.

Data collection
To collect survey data, we used a 103-item survey questionnaire that assessed experiences and the frequency of intimate partner violence, perceptions about gender relations, relationship power inequity, demographic information and sexual risk behaviours. The frequencies of the last two variables are reported elsewhere [33]. Questionnaires were self-administered in isiXhosa and English.

IPV measures were constructed using the WHO violence against women instrument to measure physical partner violence and sexual partner violence in the past 12 months. Typical questions asked “In the past 12 months did your main partner slap you or throw something at you which could hurt you because you made him angry?”

To measure relationship power equity we used a validated sexual relationship power scale (SRPS) originally consisting of 23 items [22, 17] but reduced to 15 for the purposes of our study. The SPRS items enquired about decision-making dominance and relationship control [22, 15]. Typical items included “when my partner wants me to sleep over he expects me to agree”; “your partner has more control than you do over whether or not you have sex”, to which participants were required to give agree or disagree responses.

Prior to the analysis, the 15 items of the scale were summed up and divided into tertiles that featured 3 levels of relationship power inequity (low, medium and high). For purposes of our analysis we then dichotomized the variable into low and high relationship power inequity.

Data analysis
Estimates of population proportions and 95% confidence intervals (CIs) for all demographic variables, IPV outcomes and sexual risk behaviors were calculated using the Respondent-Driven Sampling Analysis Tool 5.6 (RDSAT) (www.respondentdrivensampling.org) [44].

To assess the correlates of IPV in the past 12 months, we fit multiple logistic regression models with demographic characteristics that we hypothesised to be
potential confounders (age, socio economic status and education or school status), and added explanatory variables that included sexual risk behaviors (transactional sex, age mixing, condom use, number of partners, concurrency, sexual debut, partner fidelity, circumstances at first sex, type of first time sexual partner), and indicators of relationship power equity, women’s perceptions of gender relations and weights generated on the main outcome by RDSAT 5.6 [44]. Explanatory variables with a p-value above 0.25 were removed by backward elimination, so that final models consisted of demographic characteristics and explanatory values where p ≤ 0.25.

For the qualitative data, manifest and latent content analysis methods were used. The process of analysis began with a two day workshop wherein the first and second author, as well as trained research assistants were led by an experienced qualitative researcher through the process of analysing the transcripts of the first two focus group discussions. This process is described elsewhere [47]. After the analysis workshop, the first author analysed all subsequent transcripts on her own, largely using the codes, categories and themes generated from the first two FGDs, but also allowing for the emergence of new codes and categories.

Illustration of the analysis process, and the codes, categories and themes identified during the analysis are described in Table 4 and 5 respectively.
RESULTS
IPV prevalence and associations with sexual risk behaviours
Most of the young women had experienced IPV in the past 12 months (86%, CI 81%-90%). Eighty percent (CI 74%-85%) had been beaten, slapped or threatened with a weapon (physical IPV); 67% (CI 61%-72%) experienced sexual violence (sexual IPV) from one of their sexual partners; 60% (CI 54%-66%) experienced both sexual and physical IPV; and 25% (CI 20%-30%) had experienced physical IPV more than once in the past 12 months (Table 1).

Sexual IPV was significantly associated with age mixing (OR 1.7, CI 1.0-3.1) and transactional sex for money with the most recent casual partner (OR 2.1, CI 1.1-3.8). Engaging in transactional sex for money with the most recent casual partner almost doubled the likelihood of having experienced both sexual and physical IPV in the past 12 months (OR 1.8, CI 1.05-3.2). We did not find any statistically significant correlates of physical IPV (Table 2).

Perceptions of gender relations and relationship power inequity
Consistent with the high levels of IPV found among the young women in this study, more than half of them (61%, CI 54%-68%) believed that it was acceptable for a man to hit a woman. More than two-thirds (69%, CI 61%-75%), also believed that men could not control themselves when sexually aroused. However, 85% (CI 80%-89%) also believed that it was acceptable for a woman to refuse sex, two-thirds believed that women should learn to be self-reliant (66%, CI 55%-68%) and disagreed that women must be taught how to behave by their male partners (67%, CI 61%-72%).

When we asked the young women about the distribution of decision-making power and experiences of being controlled in their main partnerships, the majority reported main partner’s control in the form of jealousy (59%, CI 51%-65%), control of who they talked to (48% CI 42%-54%) and of their movements (78%, CI 73%-82%), and their main partners’ need to monitor where they were at all times (73%, CI 68%-21%). Nearly half of the young women (46%, CI 39%-48%) reported that if their main partners gave them money or gifts they also expected them to do everything that they wanted them to do. In the area of decision making, more than 50% thought that they could not terminate their relationship with their main partner if they wanted to
(56%, CI 49%-62%) and nearly two-thirds reported male partner’s greater say in decisions affecting the couple (64%, CI 57%-68%). However, nearly three quarters of the young women reported that their main partners did not make all the decisions about the use of condoms in their relationships (71%, CI 64%-76%), and 70% (CI 64%-76%) did not find that their main partner made all of the decisions in the relationship (Table 3).

The nature of IPV

The qualitative data support the findings of the quantitative survey, not only in terms of the high prevalence of IPV, but also with regards to the pervasive gender power inequities defining women’s sexual relationships in the study community. In the individual interviews, one young woman had been raped in a relationship with a young man that she smoked cigarettes with. This young man was the young woman’s boyfriend, but they had not yet begun to have sex when one day he invited her to his room, shared his cigarettes with her, cajoled her to have sex with him and upon refusal, forced himself on her:

What happened was, he said to me “listen, I have cigarettes” you see? “lets go and smoke in my shack” you see? And because I am used to going there with him and everyone knows that we normally go to his shack together [I went with him]. So indeed after we’d finished smoking, he wanted to have sex with me. I was like “but no, since when?”…But no [he replied] “listen here, you cannot tell me that, otherwise give me back my smokes (cigarettes)” you see? So he beats you up until you give in and do this thing with him

(Individual Interview III, 18 years old female)

Thus on the basis that they had a relationship and that there had been an exchange, the young man presumed sexual entitlement and power over her. Focus group discussions with women and men suggested that this was normative in the study setting: when male sexual partners exchanged gifts, money or alcohol with their female sexual partners, they expected sex in return, and when they met with resistance they forced themselves on their partners:

…he is giving you money and spoils you and things? Well he expects something in return my darling, whether you like it or not, he is going to take it (FGD IV, females aged 16-24)

Facilitator: What if she refuses to go with you at the end?
Participants: *(All talking at once)* Yho! A good clap (slap on the face) is coming her way…One clap! *(Laughter)* Just one, she is going to follow you! …. The *skronymyo* *(derogatory term for women who have multiple sexual partners)* ate your money, now what? Force, my brother, take it by force! Participant: As we say “I gave you food, you give me the goods” *(All laughing)* *(FGD V, men aged 23-32)*

Now when she refused [to go home with the men] they raped her... and threw her over the fence in some yard...they raped her then killed her.” *(FGD II, young women aged 16-18)*

However, some men were careful to emphasise that there are “different types of men” in the study community:

…there are the slap giving ones, the take-by-force ones and the don’t-care-move-on-to-the-next-one [type]…*(FGD V, men aged 23-32)*

Altogether it seemed that the most vulnerable relationships to sexual violence were the ones that were casual (rather than steady), especially those that were premised on transactional sex.

However, in this context where both men and women largely believed IPV to be a normal part of everyday relationships, main partnerships were not spared violent treatment. Four young women shared stories of being beaten, verbally abused and raped by main partners:

The moment he sees me at Chippa’s *(popular alcohol and meat braai (barbeque) serving venue)* he goes mad, then I know that night we are not sleeping, we are fighting once we get home. *(Individual Interview I, 24 years old female)*

The other thing is that he is very rude to me, he swears at me, I do not like it...he swears at me, like when he does not find me at home because I have gone out, he sends messages like “you are such a bitch” *(Individual Interview IV, 18 years old female)*

I said “why are you fighting with me? All because you do not want to use a condom? It is clear then that you do have this thing” *(referring to HIV)*. He slapped me, and I asked “why?” Fine, we wrestled and wrestled; he forced himself on me and had sex with me. *(Individual Interview II, 22 years old female)*

The normative nature of violence in women’s intimate relationships meant that even those relationships that they claimed to strategically initiate with younger male sexual partners, in the hope of finding respect and true love were prone to violence:
“So you think that maybe he is going to respect you more than the one who is in your age group, perhaps he is going to respect you... [and yet] yho! These is’ today! They beat the hell out of them! You will often hear cries at night... he is proving himself, he is saying “she is my chick, she belongs to me even if I am just a young boy” (FGD III, young women aged 16-24)

Interestingly both men and women talked about the role of upfront negotiations about acceptable versus non-acceptable behaviours at the initiation stages of relationships. In the men’s FGD and in one of the women’s FGD it was suggested that if right at the beginning of the relationship, women made it explicit that they did not tolerate physical violence, violence was not likely to occur:

There are those that don’t like being beaten and as well maybe the understanding is established in the beginning, and he sees that this girl tells him that I don’t like things like this. (FGD II, women aged 16-18)

Sometimes it depends on what you agreed on as a couple... sometimes your woman tells you “I do not take that” (Individual Interview I, 24 years old female)

**Enablers of IPV**

Despite the statement made above, many women did not believe that it is wrong for men to hit their female sexual partners, and it seemed that such negotiations were only possible in steady relationships where men valued their female sexual partner as someone that they wanted to keep:

The “One” is your headmaster (*laughter*), she is your mother, so you cannot afford to mess up with her, if she says she does not like to be hit, or anything, anything, you will lose her if you do it.

Participant: Yho, especially the pretty ones who make all the men in the location (*township*) go crazy... you know others are just waiting for you to mess up-

Participant: they’ll take her! (FGD V, men aged 23-32)

Thus important main partnerships in some cases benefited from an emotional value that men did not attach to casual relationships, sometimes resulting in brutal treatment of female casual sexual partners.
A striking enabler of IPV in this setting was the social norm of refusing young women entry into their parental homes if the women returned late at night from their shebeen hangouts:

There is this thing right, when you leave your home knowing for a fact that it is strict, and you also know that when you return later doors will be locked. You tell yourself not to mind, you will find a place to sleep (slaap plek) in the end, so you end up going with this person. (FGD III, young women aged 16-24)

This rule, said to be enforced in most households, gave young women no alternative but to sleepover at their casual partners homes after a night of partying, limiting their capacity to avoid unwanted sexual attention and thus increasing their vulnerability to sexual violence. The power wielded by transactional sexual male partners was greatly enhanced by these socio-spatial limitations to women’s ability to escape unwanted sexual encounters. Thus in addition to the economic powers accrued by their provision of alcohol and meat to the young women, the men benefited from having their prey on their territory, at night, a time that is associated with greater likelihood of violence [19]. Young women confirmed that being at a male partner’s place placed them in a vulnerable position where avoiding unwanted sex was very difficult:

Like, you need to know that going to his shack carries risk, they have too many advantages when at their place, I know that from personal experience…it is not safe (Individual Interview III, 18 years old female)

What else could I do? I was at his house in Khayelitsha, far away from home and it was around midnight, what could I do? I was even afraid to scream because what if his mother heard me? How would I explain my presence in her house? So ja, you just put up with it... (Individual Interview II, 22 years old female)

Worth noting is the fact that rules of this nature were applied in a social environment that sanctioned IPV and thus offered little protection in the event that a young woman was beaten or forced to have sex in the course of an outing with a known partner. Women reported that community members would rarely come to a woman’s aid if she experienced violence in the hands of a known partner, in addition they would judge such a woman harshly if she sought legal recourse:
She cannot lay charges against him, because they are going to say “oh no, but you are with him” they won’t understand what happened, you see? Others will say “but we normally see you going to his place...” so that is how they get away with it...even when you say he has raped you, they will still say “but how is that possible when you are with him?” and when you want them, let’s say to come forward as case witnesses in court, they won’t come forward, they will say “why, it is what you got him used to, why do you not want it all of a sudden?” (Individual Interview VII, 18 years old female)

In this context where physical IPV enjoyed relative degree of social endorsement, both women and men also placed the blame for IPV on the misconduct of young women in sexual relationships and generally expressed the view that young women sometimes needed beatings to stop ongoing disapproved behaviour:

You beat them not because you want to, but because that is the only language they understand...they understand love when it is expressed with a beating (FGD V, men aged 23-32)

Participant: Like obviously...us women must respect our boyfriends so that they do not beat us. Facilitator: Oh? So if you respected your boyfriend then you would not get a beating? Participant: Of course! (FGD III, young women aged 16-24)

Sometimes they beat you so that you can stop doing the wrong thing (FGD II, young women aged 16-18)

Surprisingly and alarmingly, some of the IPV that was reportedly common in women’s sexual relationships was said to be instigated by the young women themselves as a way of initiating their younger sexual partners into “real manhood”:

He will beat you...you will be crying “hhh, hhh, hhh” and yet you know you could fight back, you know he is your size, but because you want him to be a man, you let him...[because] you also don’t want to be associated with a boy...[so] you toughen him, you make him a man. (FGD IV, young women aged 16-24)

The young women also shared about prompting physical violence from their main sexual partners as a way of eliciting romantic responses afterwards, something that was said to be otherwise uncommon in these relationships:
He is showing you love. He wants to beg you, for you to cry...It’s just the comforting part… its uncommon to experience that kind of comforting way…
(FGD II, young women aged 16-18)

Thus, in this high-risk community, gender-based violence was found to be normative and accepted as an inevitable and sometimes necessary social instrument in the negotiation of sex, power and romance in different types of sexual relationships.

**Relationship Power Inequity**

In both the focus group discussions and individual interviews the young women told stories about older male sexual partners who assumed complete control over their lives, dictating who they could have as friends, where they could hang out and most importantly the terms and the conditions of their sexual encounters:

In other cases, if your boyfriend knows you and finds you at your home on the weekend, no matter who may call you to go somewhere, he won’t let you...in order to become a good girl you must be available like your father and your mother said (FGD I, young women aged 16-21)

It’s all about control, asking her “where are you?”, “come here”, you tell her as the guy “come here” and she comes [you say to her] “I do not want you doing this and that” and she says “fine, I will not do it” you see? (FGD V, men aged 23-32)

Participant: ...Sugar daddy tells you that I am going to kill you
Facilitator: Eh, when does he tell you this?
Participants: When you tell him that you are breaking up with him... (ALL TALKING AT THE SAME TIME)
Participant: When you break up with him, when you are tired of him, he beats you up, he does all of these things to you (FGD IV, young women aged 16-24)

Most of the men in the men’s FGD boasted that they felt in control and called the shots in all of their sexual relationships. They regarded displays of dominance as important and necessary demonstrations of appropriate *ubududa* (manhood).

Notably, although in the minority, some of the young women felt that ultimately they decided if their older, paying male sexual partners and main partners controlled the terms of their sexual encounters and to what extent:
It depends on the individual, what you think of the situation, like in the case of your sugar daddy, he may say “I will not give you money if you do not allow this and that” So I may decide to take the money and have sex without a condom or I may not (FGD III, young women aged 16-24)

In some cases it is 50/50, like with your main partner…sometimes you can say to him “like this, like this” (FGD I, women aged 16-21)
DISCUSSION

Consistent with the high levels of sexual risk behaviours in their sexual networks, women with multiple sexual partners in this poor Black South African township also experienced extremely high levels of IPV. Nearly 9 out of 10 young women reported being beaten and/or raped, exploited and verbally abused in intimate relationships in the past 12 months. Studies conducted among young women in the general population in various parts of the country and which measured IPV in the same way as we did, have reported rates of violence that were lower [12, 17, 28]. For instance, in a study conducted among rural, sexually active young women in the general population in the Eastern Cape Province between 2002 and 2003, 47% and 9% reported experiences of physical and sexual IPV respectively, and 43% reported experiencing both types of IPV in the past 12 months [17]. It is only the study conducted among men who have multiple sexual partners in Cape Town that reported rates of IPV [perpetration] that were uncommonly high compared to previous research among men [27]. Taken together, these findings and previous studies that also report multiple sexual partnering as a strong predictor of IPV [12, 28, 29], strongly suggests that it is a risk behaviour that gathers around it high risk factors that advance the vulnerability of women and men in such relationships [27].

The strong associations between IPV, age mixing and transactional sex send a clear message that among women who have multiple sexual partners, violence is enabled by elements of risk that are inherently structured to undermine women’s power and exacerbate vulnerability to dominance, bullying and ill-treatment [12, 17, 28]. This is because both transactional sex and age mixing introduce dynamics of inequality and dependency that provide the perfect social environment for men to enact patriarchal, models of masculinity that valorise violence [20, 9]. Importantly, several studies have also reported transactional sex as a strong predictor of IPV. Among men who have multiple sexual partners in Cape Town, engaging in transactional sex was significantly associated with perpetration of both physical and sexual IPV in the past 12 months [27]. In a study examining associations between sexual risk behaviors and IPV among 1,388 women attending informal drinking establishments in Cape Town, transactional sex was also found to be a strong predictor of IPV, even after controlling for alcohol use [29].
Interestingly, while reported as a risk factor for IPV by many qualitative studies [21, 31], age mixing has not previously been established as such a significant predictor of violence among women in the South African context.

In this study, quantitative findings about the associations between IPV, transactional sex and age mixing were substantiated and elucidated by qualitative findings. Our qualitative research confirmed that IPV is not only common and normative in sexual relationships in this setting, but also enacted within a context that is marked by age and economic inequalities and male dominance. The findings suggested that experiences of IPV were common in transactional sexual relationships with older men, whose “investment” in their younger, poorer sexual partners translated to assumptions of ownership of women’s bodies [9, 17, 20, 21, 31]. Whilst violence was experienced across different types of relationships, casual female sexual partners were found to be particularly vulnerable to IPV, owing to the low emotional value that men attached to these relationships. The heightened vulnerability of casual sexual partners may explain the repeatedly confirmed association between high number of partners and IPV [14, 26, 27].

High relationship power inequities were observed in both the quantitative and qualitative components of our study. More than half of the women felt that they could not terminate their relationships if they wanted to and nearly half of them agreed that men who gave them money or gifts expected them to obey regardless of what they were asked to do. Taken together with the high rates of transactional sex and age mixing in this population [33], it appears clear that IPV here occurs in a context where gift-giving buys men more than sex. It purchases them complete acquiescence from younger, poorer female partners who do not have the power to pull out of the relationship once it becomes abusive.

Two thirds of the participants in our study believed that it was ok to hit a woman, a finding very similar to that found in the study conducted among men who have multiple sexual partners in Cape Town [27]. This suggests that beliefs that approve the perpetration of IPV against women may be commonly held among men and women in peri-urban settings in the city. It also suggests that the high levels of IPV found among young women in this study occurred in a context where such acts were
socially endorsed and with no protesting ideologies that shunned physical violence against female partners. Further it indicates strong socialization of men’s rights over women’s bodies and the perpetual infantilization of women viewed as less worthy individuals needing to be disciplined.

Interestingly, the majority of young women in the quantitative study did not hold many other sexist views. In fact, most of them believed that women have a right to refuse sex, two thirds disagreed with the idea that women should be taught how to behave by their sexual partners and also believed that women should learn to be self-reliant. These inconsistencies between some of what they believed and their lived experiences of gender power inequities suggest that dominant ideas that perpetuate sexist constructions of how men and women should behave in relationships are not entirely uncontested in this setting [24]. However, it is also clear that whatever little possibilities exist for women to reconsider their gendered positions in less disempowered ways are likely thwarted by the overwhelmingly patriarchal and violent context within which they engage in sexual partnerships.

Of significance is the finding that some of the young women instigated physical violence in their sexual relationships, both to enable socially constructed beliefs about the making of ideal masculinities and to access love and affection from undemonstrative partners. Whilst women’s collusion with such gender oppression is alarming, it is not entirely unexpected in an environment where gender-based violence is normative and seemingly accepted as an inevitable feature of all sexual relationships. In a study of young people’s sexual relationships in a South African township in the Eastern Cape, participants named certain forms of IPV, such as sexual coercion, as “township love” and “the way we do things here” [23] suggesting that IPV was accepted as a usual occurrence in sexual relationships and the presence thereof was not considered to render relationships unsuccessful, especially when they had lasted a number of years [23]. Others have also found that IPV is often misinterpreted to be associated with love [48, 49], particularly where violent episodes are preceded by demonstrations of jealousy by the women’s male partners [23].

Of great importance is the fact that the high levels of violence noted in this study occur in a country that is world famous for having one of the most gender sensitive constitutions in the world. Not only that, in the last 18 years South Africa has
demonstrated clear, legally binding commitments to empower women. A most recent example of such commitments is the National Policy Framework for Women’s Empowerment and Gender Equality enacted through the newly established Department of Women, Children and People with Disabilities [50]. According to the United Nations Women’s fact sheet on ending violence against women and girls, country progress in advancing women’s reproductive health and rights is positively associated with lower levels of gender based violence [51]. However, that is clearly not the case in South Africa. A number of reasons are proposed for the failure to translate the country’s favourable, pro-women policy environment into real returns for IPV elimination efforts.

True gender norm transformation, IPV reduction and female empowerment requires more than changes in the public policy macrosphere, it requires what Kabeer [52] defines as a “power to” and a “power over” phenomenon also in the private sphere, where women’s opinions about themselves and men are shaped and sustained. Young women’s “power to” make real and protective choices in their sexual relations needs to be increased. In parallel, men’s economic, gender and age related “power over” young women needs challenging at the family, community and societal levels.

For women to consider and exercise empowered choices, an enabling economic environment is required [52]. Such an environment is lacking for women in this study, as the study community is poor and economically marginalized from the mainstream development that makes the Western Cape the country’s second richest province. Further, the socio-spatial constraints that are imposed by the lack of adequate housing and parents’ rules that young women do not enter the household if they come home late at night also enable women’s vulnerability to sexual violence by placing sexual activity in men’s physical domain precluding women’s ability to escape violent sexual encounters.

The tolerance of violence and general apathy of this community towards women’s victimization by their partners confirms that IPV is rooted in social belief systems about how women ought to be treated than in mere individual characteristics of the perpetrator[9].

RECOMMENDATIONS
The findings of this study make a strong case for the development of strategies that
eliminate IPV by targeting the gender and economic pathways that produce age mixing, transactional sex, multiple sexual partnering and relationship power inequities. Such strategies must prioritize the combination of innovative economic empowerment models with gender sensitization curricula that promote gender power equity, for implementation among both women and men [18]. Given the findings’ suggestions that the vulnerability of women who are casual rather than steady partners is heightened, strategies should also address and seek to reduce casual, multiple concurrent sexual partnering by sensitizing populations where this practice is prevalent about its negative impact on women and men’s social, physical and psychological well-being. The tolerance of violence in the study community, calls for interventions that emphasise the co-opting of community members as allies rather than indifferent bystanders or potential perpetrators or victims of violence [53]. Such interventions would equip communities to take collective bystander responsibility for the prevention, identification and reporting of incidences of IPV in the community [53].

COMPETING INTERESTS
The author(s) declare that they have no competing interests

CONTRIBUTIONS
YZ LT AT AME conceived and designed the study. YZ, LT, AT and AME developed the study protocol. YZ developed the data collection instruments. YZ collected the data. YZ and LT analyzed the data. YZ LT AT and AME drafted the manuscript. All authors read and approved the final manuscript.

REFERENCES


Table 1. Demographics & Intimate partner violence sample and estimated population proportions with 95% confidence intervals.

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Sample Proportions %</th>
<th>Estimated Population Proportions % (95% CI)</th>
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<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td>66</td>
<td>25</td>
<td>26 (19.0-32.0)</td>
</tr>
<tr>
<td>16-19</td>
<td>193</td>
<td>75</td>
<td>74 (68.0-81.0)</td>
</tr>
<tr>
<td>School Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In School</td>
<td>193</td>
<td>72</td>
<td>74 (72.2-83.1)</td>
</tr>
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<td>Out of School</td>
<td>66</td>
<td>25</td>
<td>26 (16.9-27.8)</td>
</tr>
<tr>
<td>Poverty Status</td>
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</tr>
<tr>
<td>Abjectly Poor</td>
<td>51</td>
<td>20</td>
<td>21 (16.9-27.2)</td>
</tr>
<tr>
<td>Poor</td>
<td>131</td>
<td>51</td>
<td>53 (45.3-58.8)</td>
</tr>
<tr>
<td>Non-Poor</td>
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<td>29</td>
<td>26 (20.1-32.2)</td>
</tr>
<tr>
<td>Any IPV past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>33</td>
<td>13</td>
<td>14 (9.3-19.0)</td>
</tr>
<tr>
<td>Yes</td>
<td>226</td>
<td>87</td>
<td>86 (81.0-90.7)</td>
</tr>
<tr>
<td>Sexual IPV past 12 months</td>
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</tr>
<tr>
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<td>85</td>
<td>33</td>
<td>33 (27.1-38.3)</td>
</tr>
<tr>
<td>Yes</td>
<td>172</td>
<td>67</td>
<td>67 (61.7-72.4)</td>
</tr>
<tr>
<td>Physical IPV past 12 months</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>46</td>
<td>18</td>
<td>20 (14.5-25.9)</td>
</tr>
<tr>
<td>Yes</td>
<td>211</td>
<td>82</td>
<td>80 (74.1-85.5)</td>
</tr>
<tr>
<td>Sexual &amp; Physical IPV past 12 months</td>
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<td></td>
<td></td>
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<tr>
<td>No</td>
<td>102</td>
<td>40</td>
<td>40 (33.6-45.8)</td>
</tr>
<tr>
<td>Yes</td>
<td>157</td>
<td>60</td>
<td>60 (54.2-66.4)</td>
</tr>
<tr>
<td>Any IPV Frequency past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>189</td>
<td>73</td>
<td>75 (69.6-80.1)</td>
</tr>
<tr>
<td>&gt; Once</td>
<td>70</td>
<td>27</td>
<td>25 (19.9-30.4)</td>
</tr>
<tr>
<td>Sexual IPV Frequency past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>222</td>
<td>86</td>
<td>87 (82.9-90.7)</td>
</tr>
<tr>
<td>&gt; Once</td>
<td>37</td>
<td>14</td>
<td>13 (9.3-17.1)</td>
</tr>
<tr>
<td>Physical IPV Frequency past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>199</td>
<td>77</td>
<td>79 (73.4-83.7)</td>
</tr>
<tr>
<td>&gt; Once</td>
<td>60</td>
<td>23</td>
<td>21 (16.3-26.6)</td>
</tr>
<tr>
<td>Physical &amp; Sexual IPV Frequency past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once</td>
<td>232</td>
<td>90</td>
<td>91 (87.3-93.9)</td>
</tr>
<tr>
<td>&gt; Once</td>
<td>27</td>
<td>10</td>
<td>9 (6.1-12.7)</td>
</tr>
</tbody>
</table>

1In the main text only the estimated population proportions are used to describe the results.
2 Estimated population proportions were weighted using Respondent Driven Sampling Analysis Tool 5.6
Table 2. Intimate partner violence and associated sexual risk behaviours among women who have multiple sexual partners

<table>
<thead>
<tr>
<th>Explanatory Variables</th>
<th>Sexual IPV OR (95% CI)</th>
<th>Physical IPV OR (95% CI)</th>
<th>Physical &amp; Sexual IPV OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24 years</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>16-19 years</td>
<td>0.9 (0.4-1.9)</td>
<td>1.0 (0.4-2.7)</td>
<td>0.5 (0.2-1.6)</td>
</tr>
<tr>
<td><strong>Poverty status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-poor</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Poor</td>
<td>1.1 (0.5-2.1)</td>
<td>0.7 (0.3-1.9)</td>
<td>1.00</td>
</tr>
<tr>
<td>Abjectly poor</td>
<td>1.0 (0.4-2.3)</td>
<td>0.5 (0.1-1.5)</td>
<td>1.2 (0.3-3.6)</td>
</tr>
<tr>
<td><strong>School Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of School</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>In School</td>
<td>0.5 (0.2-1.2)</td>
<td>0.6 (0.2-1.8)</td>
<td>0.7 (0.2-2.3)</td>
</tr>
<tr>
<td><strong>Age mixing in the past 3 months</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td>Yes</td>
<td>1.7 (1.00-3.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transactional sex for money with the most recent casual partner</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td>Yes</td>
<td>2.1 (1.1-3.8)</td>
<td></td>
<td>1.8 (1.0-3.2)</td>
</tr>
<tr>
<td><strong>Sexual Debut</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥15 years</td>
<td>***</td>
<td>1.00</td>
<td>***</td>
</tr>
<tr>
<td>&lt;15 years</td>
<td>1.2 (0.5-2.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship power inequity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>***</td>
<td>1.00</td>
<td>***</td>
</tr>
<tr>
<td>High</td>
<td>0.9 (0.4-2.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number of casual partners in the past 3 months</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤4 casual partners</td>
<td>***</td>
<td>***</td>
<td>1.00</td>
</tr>
<tr>
<td>≥5 casual partners</td>
<td></td>
<td></td>
<td>0.4 (0.2-0.9)</td>
</tr>
<tr>
<td><strong>Condom use with casual partners in the past 3 months</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistent</td>
<td>***</td>
<td>1.00</td>
<td>***</td>
</tr>
<tr>
<td>Inconsistent</td>
<td>0.4 (0.2-1.1)</td>
<td>0.4 (0.2-0.9)</td>
<td></td>
</tr>
<tr>
<td><strong>Condom use with main partner in the past 3 months</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistent</td>
<td>***</td>
<td>***</td>
<td>1.00</td>
</tr>
<tr>
<td>Inconsistent</td>
<td>4.0 (0.4-34.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Condom use with one night stand at last sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>***</td>
<td>1.00</td>
<td>***</td>
</tr>
<tr>
<td>Yes</td>
<td>1.1 (0.5-2.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Male Partner fidelity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>***</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Yes</td>
<td>0.9 (0.4-2.1)</td>
<td>0.6 (0.2-1.7)</td>
<td></td>
</tr>
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</table>

*** Predictor variables where p >0.25 in the bivariate analyses were excluded from the final multivariate logistic regression models
Table 3. Relationship power equity sample & population proportions among women who have multiple sexual partners

<table>
<thead>
<tr>
<th>ITEM</th>
<th>N</th>
<th>Sample Proportions %</th>
<th>Estimated Population Proportions % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main partner allows me to greet men I know when we are together</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>136</td>
<td>53</td>
<td>53 (47-59)</td>
</tr>
<tr>
<td>No</td>
<td>121</td>
<td>47</td>
<td>47 (40-52)</td>
</tr>
<tr>
<td>Main partner wants me at home whenever he comes looking for me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>64</td>
<td>25</td>
<td>22 (18-27)</td>
</tr>
<tr>
<td>Yes</td>
<td>193</td>
<td>75</td>
<td>78 (73-82)</td>
</tr>
<tr>
<td>Main partner is jealous when I look too beautiful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>103</td>
<td>40</td>
<td>41 (35-48)</td>
</tr>
<tr>
<td>Yes</td>
<td>155</td>
<td>60</td>
<td>59 (51-65)</td>
</tr>
<tr>
<td>Main partner has more say in decisions affecting us than I do</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>98</td>
<td>38</td>
<td>36 (31-42)</td>
</tr>
<tr>
<td>Yes</td>
<td>160</td>
<td>62</td>
<td>64 (57-68)</td>
</tr>
<tr>
<td>Main partner never controls who I talk to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>140</td>
<td>54</td>
<td>48 (42-54)</td>
</tr>
<tr>
<td>No</td>
<td>118</td>
<td>46</td>
<td>52 (46-58)</td>
</tr>
<tr>
<td>I can break up with my main partner anytime I want to</td>
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<td></td>
<td></td>
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<tr>
<td>No</td>
<td>124</td>
<td>48</td>
<td>44 (38-50)</td>
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<td>Yes</td>
<td>134</td>
<td>52</td>
<td>56 (49-62)</td>
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<tr>
<td>Main partner does as he wants even if I do not like what he is doing</td>
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<tr>
<td>No</td>
<td>169</td>
<td>65</td>
<td>65 (60-71)</td>
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<tr>
<td>Yes</td>
<td>89</td>
<td>35</td>
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<td>Main partner gets his way most of the time when we quarrel</td>
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<tr>
<td>No</td>
<td>134</td>
<td>52</td>
<td>51 (45-56)</td>
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<tr>
<td>Yes</td>
<td>124</td>
<td>48</td>
<td>49 (43-55)</td>
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<td>Main partner always wants to know I am</td>
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<td>70</td>
<td>27</td>
<td>27 (21-32)</td>
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<td>Yes</td>
<td>188</td>
<td>73</td>
<td>73 (68-21)</td>
</tr>
<tr>
<td>Main partner because he gives me money/gifts he expects me to do</td>
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<td>58</td>
<td>54 (48-61)</td>
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<td>Yes</td>
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<td>46 (39-52)</td>
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<td>Main partner makes demands on me</td>
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<td>58</td>
<td>91 (87-94)</td>
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<td>9 (6-13)</td>
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<td>Yes</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>-----</td>
<td>----------------</td>
</tr>
<tr>
<td>Main partner flaunts his other sexual partners in my presence</td>
<td>195</td>
<td>63</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>73</td>
<td></td>
<td>(67-78)</td>
</tr>
<tr>
<td>I have to sleep over at main partner’s place whenever he wants me to me</td>
<td>161</td>
<td>97</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>63</td>
<td></td>
<td>(56-70)</td>
</tr>
<tr>
<td>Main partner makes all the decisions in our relationship</td>
<td>188</td>
<td>70</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>70</td>
<td></td>
<td>(64-76)</td>
</tr>
<tr>
<td>Main partner is the one who decides if we are going to use condoms or not</td>
<td>181</td>
<td>77</td>
<td>70</td>
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<tr>
<td></td>
<td>71</td>
<td></td>
<td>(64-76)</td>
</tr>
</tbody>
</table>
Table 4. Examples of the qualitative analysis process

<table>
<thead>
<tr>
<th>Codes</th>
<th>Categories</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced sex, verbal abuse, beatings, rape, forced sex, threats, disrespect,</td>
<td>sexual violence, emotional abuse, physical violence</td>
<td>The nature of IPV</td>
</tr>
<tr>
<td>Women not allowed to come home late at night, women’s search for comfort, inciting violence, women want to be beaten, manning him up, escaping sex/refusing sex; anger, love, lack of money, you are with him, HIV status, no known reason for staying.</td>
<td>Home rules, search for intimacy, male domination, constructs of masculinity, economic disempowerment, constructs of violence as love, community responses, confusion/lack of reflection, lack of options</td>
<td>Enablers of violence</td>
</tr>
<tr>
<td>Jealousy, must be at home, movement control, men calling the shots during sex, both, women and men share control</td>
<td>Male domination, male sexual power, power balance</td>
<td>Relationship power inequity</td>
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<tr>
<td>Codes</td>
<td>Categories</td>
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<tr>
<td>Forced sex, verbal abuse, beatings, rape, threats, disrespect</td>
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</tr>
<tr>
<td>Women not allowed to come home late at night, women’s search for comfort, inciting violence, women want to be beaten, manning him up, hitting is loving, escaping sex/refusing sex; anger, love, lack of money, you are with him, HIV status, no known reason for staying.</td>
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<td>Enablers of violence</td>
</tr>
<tr>
<td>Jealousy, must be at home, movement control, men calling the shots during sex, both, women and men share control, he won’t let you go</td>
<td>Male domination, male sexual power, power balance</td>
<td>Relationship power inequity</td>
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Challenges of parenting adolescent females in a high-risk community in modern South Africa

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ABSTRACT

Background:
Evidence on parenting practices and their impact on adolescent sexual health is limited in South Africa. And yet adolescent females carry a disproportionate burden of HIV in their age group and the majority of parents rear them in poor communities that are known to have the highest prevalence of HIV, violence and crime against women and children, child poverty, teenage pregnancies and fragmented family structures in the country. We aim to report on parents’ perceptions of the drivers of sexual risk behaviors and their experiences, challenges and opportunities of rearing female adolescents in a high-risk community in South Africa.

Methods:
Twelve parents including community leaders were purposively sampled to participate in key informant interviews on parenthood in a poor township where we had previously conducted a bio-behavioral survey and qualitative research among young women reporting high-risk behaviors. Data were analyzed in OpenCode version 3.6, using manifest and latent content analysis methods.

Findings:
Experiences of parenting young women in the high risk context of the study setting were characterized by feelings of powerlessness, inadequacy, despondency, fear, and loss of control among the parents. Most of the parents blamed the South African government’s introduction of children’s rights for their adolescents’ negative behavioral outcomes. Their experiences of being threatened with arrest for using corporal punishment impressed a genuine fear of punishment among the parents, and in the absence of knowledge of alternative methods of disciplining children many refrained from engaging in active parenting of their adolescents. In this context, young women were said to self-rule, engaging in risk behaviors without much interference from their parents. Additional deficits included low social capital, diminishing practice of collective parenting in the community, poor working conditions that limited parental supervision and high rates of teen pregnancy, resulting in multi-generational family structures where adolescent parents related to their children as siblings. Despite the many challenges facing the parents, some parents actively invested in their daughters’ reproductive health by initiating them on contraceptives.


**Discussion:**

The understanding and application of the South African Children’s Bill of Rights in the study setting, has had the unintended consequences of creating feelings of disempowerment and loss of control among parents. Interventions that strengthen institutional and social support for parents of youth engaging in high-risk behaviors and those that incorporate critical reflection exercises that capacitate parents to carefully consider the actual impact of their well-intentioned parenting practices are needed.
BACKGROUND

Globally, negative sexual and reproductive health outcomes are greater threats to young people than to any other group [1]. The impact of such threats takes new and compounded meanings in South Africa, a country grappling with enormous and rapid socio-political and legislative changes [2], the largest HIV epidemic in the world [3], extremely high rates of intimate partner violence [4, 5], high rates of unplanned, teenage pregnancy [6, 7, 8], and 70% of children aged 0-17 living in poverty [9]. It is within this backdrop of social transformation, negative health outcomes, poverty and structural, gendered violence that parents in the country navigate the labyrinthine process of rearing adolescents in modern day South Africa.

Adolescence is a stage of human development that is characterized by both a high sense of invincibility [10, 11] and by vulnerability. The sense of invincibility among this group leads to experimentation, risky encounters and poor behavioral outcomes for sexual health and future life opportunities [10]. Whilst these factors affect adolescents indiscriminately, vulnerability is especially heightened among those living in communities and home environments where risk-taking opportunities are abundant [12] and among those who are female [13]. The vulnerability of female adolescents is exacerbated by their biological make up which facilitates efficient acquisition of sexually transmitted diseases [1]. In South African communities, young women’s low gender and socio-economic position, limited decision-making power [1, 13] and new consumption and survival demands posed by globalization [14], which expose them to older, male age cohorts [15] are among the key underlying risk factors for their poor sexual health outcomes.

In South Africa, even though the incidence of HIV has declined by 60% among young women aged 15-24 [16] they continue to bear a disproportionate burden of HIV infections compared to males in the same age cohort who normally reach the level of infection about 10 years later. Young women’s differential vulnerability to HIV is not occurring in the absence of concerted HIV prevention efforts [17, 18, 19, 20]. However, many of the behavior change prevention strategies that have been implemented among young women have failed to sustainably turn the tide on risk-taking and thus affect negative sexual health among this population [21].
Parenting practices have been suggested as one underlying social factor that needs to be investigated and strengthened to support and promote safer behavior among adolescents [22, 23, 24].

Evidence on parenting practices and their impact on adolescent sexual health is limited in South Africa. What is recorded suggests that historically, parenting practices upheld extremely conservative, hierarchical and controlling child rearing methods [25]. These drew upon the draconian, oppressive and conservative socio-political systems governing life under the colonial and apartheid eras in the country [25]. Until the middle of the 20th century, across racial categories, parents went to great lengths to ensure perceived positive adolescent sexual health outcomes [25]. For the majority, parenting practices included the use of corporal punishment to discipline children [4]. For others, strict surveillance and control of adolescents’ movements and the practice of virginity testing among prepubescent and adolescent girls was also prevalent, the latter especially in rural areas [26]. By the 1960’s, records suggest that as apartheid policies advanced their effects on Black populations, political resistance in the form of protest marches, boycotts, and covert violent operations intensified [25]. In the affected Black communities, the struggle for political emancipation moved to the streets, hugely affecting young people, both as the children of harassed and often randomly arrested parents and as youth activists. Protest marches often led to mass arrests of many adults and young people, leaving many homes parentless, as those not arrested would be on the run to avoid political persecution. The 1970’s saw a particularly strong youth response to the apartheid government’s oppressive regulation of Black people. During this time, a politicized youth culture emerged and defined urban life, with youth mobilizing into political groups that had numerous clashes with the government, resulting in regular school stay aways and disruptions [25]. Most importantly, the leaders of these youth groups effectively replaced parents’ leadership role in the lives of young people, since those affected would spend a lot of time away from their homes, and/or parents were themselves missing, arrested or in hiding. Under these strenuous circumstances of instability and disintegration, parental and familial systems of supervision and socialization virtually collapsed, resulting in unsupervised, uncertain, unstable, angry and materially insecure youths [25].
Post-apartheid, modern South Africa presented an array of new challenges for parents. Some of these challenges had to do with the society’s transition from a fairly conservative culture to what some may perceive as an era of more liberal norms. Other challenges had to do with rearing children in poor, peri-urban communities such as townships. These communities are known to have the highest prevalence of HIV [15]; the highest rates of violence and crime against women and children [9]; the highest rates of child poverty [27, 28, 29] and the highest incidence of unplanned, teenage pregnancy [30]. They are also characterized by fragmented family structures where young people are likely to be raised in one or non-parent households [27, 31, 28]. Evidence suggests that the high prevalence rates of HIV and unplanned, teenage pregnancies in these settings are driven by concomitantly high prevalence rates of multiple concurrent sexual partnering, age-mixing, transactional sex, low to no use of condoms, intimate partner violence, and risky patterns of alcohol use [32, 33, 34].

Additionally, the country has seen many legislative changes [35, 36], including those that have a direct bearing for parenting practices, namely the laws regulating the treatment of children in the home. Such legislations are encompassed in the South African Children’s Bill of Rights and the Children’s Act no. 38 of 2005 [37]. Thus, parenting practices in poor communities in South Africa, have to contend with social environments that pose many risks for adolescents within a broader context of legislative changes that hold parents accountable for their child-rearing practices.

In 2007 we conducted a bio-behavioral surveillance survey on sexual risk behaviors and HIV prevalence among young women at high risk of HIV in a peri-urban community in the Western Cape province of South Africa. The findings of this study, suggested extremely high HIV behavioral risks among young women in this community, including multiple concurrent sexual partnering, transactional sex, age mixing, early sexual debut, alcohol abuse and intimate partner violence [38]. To enhance our understanding of the underlying drivers of the high levels of sexual risk among young women in this community, as well as possible opportunities for targeted intervention development, we conceptualized a qualitative enquiry targeting young women, men, [14] and parents. The findings from the interviews and focus group discussions conducted with young women and men confirmed the normative prevalence of sexual risk behaviors among young women [14]. In this paper we aim
to report on parents’ perceptions of the drivers of sexual risk behaviors in this population and their experiences, challenges and opportunities of rearing female adolescents in this high-risk setting.

**METHODS**

**Ethics Statement**
We sought and received written informed consent from all the participants whose interviews are featured in the manuscript. The Research Ethics Committee of the Faculty of Health Sciences, University of Cape Town, South Africa granted ethics approval to conduct this inquiry.

**Study Setting**
The study setting is a poor township, located on the peripheral outskirts of the Western Cape province of South Africa, in a commercial farming region that boasts significant wealth and segregated poverty pockets. The residents of the study community are Black and constitute an ethnic minority in the region [39]. The majority of people in this community reside in shacks or small government issued homes that are characterized by overcrowding and backyard dwellings. We selected the study community due to previous research on young women’s sexual risk behaviours, which raised important questions about how young people were parented in what was clearly a high-risk environment [14, 38].

There are no available data on the structure of families in the study community. However, the greater Western Cape province within which the study community is located was recently found to have 32% of children (0-17 years old) reportedly living in one-parent, mother only households [9]. Based on available national data, which indicates that one-parent mother only households are most prevalent among Black populations (69%) [29], it is assumed that in the Western Cape many of these one-parent households are Black. Conversations with a senior manager of the Western Cape Department of Social Development suggests that the department has various family support programs, developed to promote positive parenting, provide remedial assistance to families in crisis, marriage counseling and social security assistance for families living in abject poverty in the province (Mr. Thembekile Kwakwini, Department of Social Development, Personal Communication, June 2013). However,
these initiatives are not provided in every community and the accessibility is far from complete, especially in peripheral settings such as the study community.

The overall prevalence of HIV in the study community is not known [39], but thought to be high. A recent microbicide feasibility study found a 22% HIV prevalence rate among women aged 18-35, many of whom suspected their most recent male sexual partner to be HIV positive [40].

In 2012, the study community received two state visits, first by the Deputy President of the Republic of South Africa, and later by the national Minister of Police in 2012 as a government response to reported high rates of crime, violence and the rapid increase in alcohol serving venues in the community. The high level attention paid to this relatively small community suggests that the study community is a high-risk environment.

**Study design**

We used qualitative research methods where 6 community leaders (who were also parents) and 6 parents (who were not community leaders) were purposively sampled to participate in key informant interviews on parents’ perceptions of the drivers of sexual risk behaviors and the challenges and opportunities of raising adolescent females in the study community.

Recruitment and interviewing were done by three trained and experienced, Black, Xhosa-speaking, female field researchers, aged between 34 and 40. All three field researchers were members of the study community. Recruitment of the first 6 participants was purposive, in that we wanted parents who were community leaders, with an equal representation of males and females, to be able to gather not only individual experiences but also a glimpse into community-wide, dominant discourses on parenting young people who engage in risky behaviors. The field researchers approached and successfully recruited the local school principal (male), a member of the local police forum (male), a youth NGO worker (female), a local nurse (female), a cleric (male), and a local ward councilor/politician (female).

The recruitment of the next 6 parents was dictated by the availability and willingness of participants to be interviewed. Each field researcher was tasked with interviewing
one male and one female parent of adolescent females. The field researchers entered households that they knew to have adolescent females and asked to have a conversation with either the male or female head of the household who was raising the adolescent. The demographic profile of this group of parents included two middle-aged male and female grandparents, one unemployed mother, a male taxi driver, a female shebeen (local alcohol-serving venue) owner and a former teen parent (male).

No parents refused to participate in the study. The ability to arrange convenient times and the field researchers’ location as residents in the community, with many years of conducting community-based research, probably explain the non-refusal of participants.

**Data Collection and Analysis**

Audio-recorded individual interviews were conducted by the field researchers in the homes or workplaces of the participants. After providing written informed consent, participants were interviewed in the local isiXhosa language of the community using a semi-structured interview guide. The semi-structured guide included 4 main questions about parents’ perceptions and experiences: 1) What can you tell me about young women’s behaviors in this community? What do you think is driving their risk behaviors? 2) What are your experiences of rearing your children, especially young women? For instance, what do you find most challenging? 3) What community norms and standards exist here for parenting? For instance, to what extent are parents involved in the parenting of children other than their own? Are there any community initiatives for youth and parents? 4) What role do parents play in shaping the girl-child’s sexuality?

In the design of the interviewing guides we limited our questions on risk behaviors and their drivers to young women because we wanted to enhance our understanding of the findings of the two previous studies that we had conducted on young women’s sexual risk behaviors in the study community. However, in the interviews we did not dissuade parents from talking about male children or young people in general since males play an influential role in the aetiology of adolescent females’ risk of HIV infection. Thus many of the parents’ responses were not limited to adolescent females.
The first author and the three field researchers conducted preliminary analyses of the interviews by manually identifying initial codes and major themes from the first 6 interviews. An example of the analysis processes is illustrated in Table 1. Thereafter the first author conducted a full analysis of all the transcripts using manifest and latent content analysis methods, with the OpenCode Version 3.6 software program [41].
FINDINGS
Parents reported multiple sexual partnering, transactional sex, early sexual debut, high rates of teenage pregnancy, alcohol abuse and drug use as the major risk behaviors that young women and men practice in the study community. They also mentioned a range of factors that they believed to be driving risk behaviors in the community. These ranged from peer pressure, modernity and the audio and visual media’s emphasis on fashionable clothing to poverty and unemployment believed to be underlying young women’s high demand for money and thus transactional sex and multiple sexual partners. Many parents also pointed to the rapid increase in alcohol serving venues, coupled with the lack of alternative, safer forms of entertainment for young people as major drivers of sexual and substance abuse risk. These reports confirmed the research findings of the two studies that we conducted earlier in this community and reported in detail elsewhere [14, 38].

Parents recounted their experiences of parenting female adolescents and other children in this high risk context, and their stories reflected a number of challenges that undermined their capacity to parent effectively and confidently, creating anxiety, feelings of disempowerment and undermining their parenting self-efficacy. These challenges included their perceptions and experiences of children’s rights as disempowering, the diminishing practice of collective parenting, teen parenting, and the lack of community programs for young people. In recognition of the call to move away from analyses that only focus on the deficits of child-rearing practices and family life in poor communities [42], we also present findings related to the opportunities created by parents’ agency and efforts to improve their children’s sexual health outcomes.

Challenges of parenting children in post apartheid South Africa
Children’s Rights
The factor that was most commonly cited as impeding effective parenting and thus promoting negative adolescent risk behaviors was, somewhat surprisingly, the South African Children’s Bill of Rights. Most of the parents felt that laws allowing and protecting children’s rights had taken away parents’ rights to discipline their children the only way they knew how, including corporal punishment, giving rise to rebellious, risk-taking, unrestrained and disrespectful youth. They complained that the
government provided young people with a limitless menu of rights, prohibiting parental control and allowing them to completely self-govern, without any sense of obligation that they had to account to their parents for any of their actions:

You see, things have changed because of the Constitution which has positioned us very poorly, because it says you cannot give your child a hiding and so on, if you do it then you are said to be abusing your child. (Male parent former teen parent)

I think perhaps it is because they now have rights, they have too many rights and so they know these things...even at school corporal punishment is outlawed… (Female parent, community leader)

Parents perceived children’s rights as granting not only excessive allowances and entitlements to children, but also empowering them to question, and assert themselves during confrontations, whilst stripping parents of the right to engage in any verbal reproof of their behavior.

Most disturbing for some of the parents was the perception that children’s rights were denying them the ability to pass on to their children the kind of parenting techniques that they themselves had received, effectively discontinuing tradition and a system of social values about discipline and child-rearing practices such as corporal punishment or not allowing children back home as a punishment after a night out or talking back:

...When you say “no” you are said to be abusing them...and yet we are giving them the “no” that we were given when we were young...now they have rights and they know them so at the end of the day these rights are putting them at risk...(Male parent, community leader)

But now if she comes home at 1am, she has the right to insist that you open the door for her, you have to rise from your blankets and open for her, you cannot say “no I am not going to open for you, go back to where you come from etc. Otherwise she is going to answer back and say “My rights require you to let me in, regardless of what time I come home, otherwise I am going to have you arrested” (Male parent, community leader)

From these parents’ perspective, it seemed that their children’s interpretations of the entitlements encompassed in their rights empowered them to bully and threaten their parents with arrest whenever they did not get their way. Notably, in the cultural
context of the study community, refusing adolescent girl children entry into the home after a night out constituted normal disciplinary measures by most of the parents, despite the obvious dangerous implications this had for young women’s vulnerability to rape or sexual coercion and other violent crimes that the community is known for.

Threats of arrest seemed to underlie most of the parents’ disgruntlement with their children’s rights and appeared to be powerful enough to create a sense of powerlessness and fear among the parents and to compel them to submit to their children’s demands:

There was a law that was introduced which prevents parents from hitting their children, so now if you hit your child, s/he tells you “I am going up to call Dyantyi (station commander at local police station) because you have hit me” so you end up getting into trouble as the parent... they tell you that “just try and hit me, you shall see, you will be counted in prison by the end of the evening, just hit me, I am going to go up [to the police station]” (Male parent, grandfather)

Interestingly, there is no legislation in South Africa that prohibits parental corporal punishment [43]. In fact, though controversial, common law, states that parents may, “inflict moderate and reasonable chastisement on a child…” [4]. It is thus not certain how the parents and local public officials in this community came to perceive that all parental corporal punishment is prohibited by the law. One of the parents related an incident where he was arrested and charged for using excessive corporal punishment to discipline his daughter. His description of the incident suggested extreme physical aggression, controlling, authoritarian parental behavior and the expectation of a timid, compliant response from his daughter. When he appeared before the local magistrate, the official could not clearly define for the parent what constituted parental corporal punishment that is punishable by law versus that which is permitted by common law.

...so I asked her “so how am I to discipline my children when they steal sugar? Should I run to the courts or to the police? “. She said, “...you do have a right to use corporal punishment when disciplining your child but if she cries and lays charges against you, we are bound to take legal action against you...” (Male parent, taxi driver)
On the one hand it seemed that the law used a case-by-case discretion to determine what constituted criminal corporal punishment. On the other hand, the magistrate’s statement seemed to suggest that the law had an obligation to make arrests if children reported cases of parental corporal punishment. Overall this communication served to confuse the parent, leaving him with no clear sense of legally sanctioned alternatives to corporal punishment:

... For me that is not at all clear, because it would seem that as long as I hit my child in a way that leaves the child happy, then I am not breaking the law, and how do I do that? Am I expected to ask the child as I am beating her “is this ok? Is this enough of a beating to stop you from doing what you are doing or is it too much?” (Male parent, taxi driver)

Other parents echoed the taxi driver’s sentiments that the law took away their right to discipline their children through corporal punishment but without offering alternatives, leaving them uncertain about how to discipline and control their children. Under these circumstances of usurped parental power, the parenting self-efficacy of many of the parents seemed to be negatively affected, as some expressed feelings of being overwhelmed, defeated, disempowered, stressed and even afraid of their children:

As for us, the parents and the police, our hands and feet are completely tied; we do not have any rights (Male parent, community leader)

Under normal circumstances, parents should never be controlled by their children, but they know how to rule over you (Female parent, unemployed mother)

Some parents’ frustration with the law and their children even led them to threaten that they would give the State temporary custody of their children:

Then you hear the mother or father saying “I would rather you took her and kept her if she is not going to listen to me, better that you keep her here at the police station and see what you do with her, or give her to the government but in my home it is not the government who is in charge (Male parent, community leader)

An interview with the station commander of the local police station confirmed that the police receive many visits from parents who attempt to lay charges of ill-discipline
and rebellion against their children, asking the law enforcement officers to take them into temporal custody, or intervene in some way to discourage their risk behaviors (Station Commander, Mbekweni Police Station, Personal Communication, January 2010). In such instances the police were said to issue a stern warning to the child and refer the family to the local Department of Social Development for appropriate interventions.

The diminishing practice of collective parenting

Most of the parents perceived a huge decline over the last decades in collective parenting efforts that embody the values espoused by slogans such as the “your child is my child”, a campaign that is historically associated with Black African child-rearing ways:

*I do not even want to lie to you, it no longer happens that when you see someone else’s child [doing wrong] you go to his or her parent and say “so and so your child was doing this and that” it seems to me that everyone just stirs their own maize pot* (Xhosa expression for minding one’s own business) *(Male parent, former teen parent)*

*I think as a community we also contribute [to young people’s risk behaviors] because it is no longer easy to discipline someone else’s child or my neighbor’s child, whereas in the olden days if you were caught doing wrong by any parent they would do to you what your parent would have done. But not anymore, you cannot touch someone else’s child, even her parent will tell you “that child is mine”* *(Female parent, community leader)*

Most parents blamed notions of modernity, which emphasized individualism rather than the concept of ubuntu (the African value system or belief that people have a shared humanity and are collectively responsible for one another’s well-being). But two parents also connected the reluctance to watch over each other’s children back to the existence of children’s rights, which they believed to have bred arrogant children who would never recognize the authority of a non-biological parent. In this context where corporal punishment was conflated with discipline, it seemed that the parents were also constrained by the fear that disciplining someone else’s children might constitute a legal offense:
With the rights that they have if I rebuked the child next door (neighbor), she would tell me “I know my father’s face, I know what my mother looks like, I am not going to be told anything by you, you are not my parent”… (Male parent, grandfather)

Working and living arrangements that limit parent-child interactions and supervision
In a context where employment often takes the form of irregular working hours in the central business district or far away farms, working parents were said to have difficulties monitoring their children’s behavior and/or maintaining quality conversations with them:

Sometimes parents are working, so working parents do not know what is going on with their children because perhaps they come home tired and a tired parent is not going to be able to monitor and keep track of their child’s behavior (Female parent, community leader)

One of these parents also observed that the norm of moving adolescents to a backyard shack in most of the crowded, government issued homes also limited parents’ abilities to monitor their children, who could use these “back rooms” to engage in risky behaviors and also come and go undetected by parents living in the main house:

There are now these backyards (backyard shacks), you send your child to school, school comes out and maybe she returns early but she enters the main house late, all this time you are thinking that she is not at home and yet all this time she was in her shack at the back, then you hear them say to each other “yho, why are you jamming your life (depriving yourself of fun), when you could live it up at the back?” (Female parent, unemployed mother)

Teen parenting and the culture of rearing children in non-parent households
Parents mentioned the high prevalence of teen parenting as another important contributor to the prevalence of sexual risk behaviors among young women in the study community. Teen parenting was said to have created multi-generational living arrangements in many families, headed by the grandparent (s) where children were growing up relating to their young parents as siblings rather than parents. Once the teen parent became an adult, they would move out of the parents’ home, to live on their own, at which point their now adolescent child would also join them. These
changes meant that the young parent and his or her child would transition from sibling ties to parent-child relations. These transitions were said to be marked by conflict, role confusion, rebellion and adolescents’ refusal to submit to and recognize their once adolescent mothers and fathers as parents:

...teen parenting is very common, especially in our generation, you always see children who have children and then that child is raised by his/her grandparents and so at a later stage when I take over parenting him/her I find that I am new to parenting, because both myself and child were raised in this home, more like siblings than parent and child...so you find that we were both treated as children in this household and now when you bring the child to stay with you, you find that they do not recognize you as their real parent, his/her real parents are those ones (the grandparents). Yes, so that causes conflict in the home...she is able to tell me “I was not brought up by you” and so that is one of the gaps in our families

(Male parent, former teen parent)

It is not that the actual parents attend the parents’ meetings; it is the grandmothers who come. So we don’t really know how the parents are meant to have control over their children when they are raised by the grandmothers and grandfathers (Male parent, community leader)

In addition to creating complex family dynamics in later life, teen parenting was also said to result in young parents who failed to supervise, control and pass on good values to their children, owing to their lack of life experience, their low prioritization of their children and their pre-occupation with fun times:

...It is because they do not take responsibility for their children because they are irresponsible, young parents, youngsters. So the grandparents and grandmothers feel that no, I would rather look after my grandchildren than let this irresponsible child participate in their upbringing (Male parent, community leader)

Ten pm and you find that this child is not here at home, she is going to return the following morning...she is leaving behind an infant, but off she goes to her boyfriend...(Female parent, grandmother)
Lack of community programs to reduce youth risk behaviors

Most of the parents perceived the lack of programs to reduce sexual risk behaviors and substance abuse among the youth as being one of the major challenges driving risk behaviors in the community:

“These young people are exposed to all sorts of bad things because there is nothing constructive that we have here to occupy them...Youth activities, and such things...” (Male parent, former teen parent)

Some parents also suggested that it was not that no one in this community thought of implementing youth programs, but that poor community support and lack of interest led to many ideas failing to launch or take hold:

“We have community activities that we run on a weekly basis or sometimes on a monthly basis.... but let me tell you, in this community we do not have any community programs that we have been able to sustain because people do not attend our activities.” (Female parent, community leader)

It is important to note that not all of the parents shared the perception that there are no functioning youth programs in the community; one grandmother shared about sports programs that one of the children in her household was participating in and it seemed that she knew of other young people participating in these activities. Thus, it may be that programs are few and poorly marketed and thus lacking visibility:

“The community does have different sport codes. I think...I am not very sure about the details, but there are young people who play rugby, there are others who play netball, yes there are such things, there are women who coach them, even here in this house there is a girl who is being coached by one of these women...” (Female parent grandmother)

Opportunities for protective parenting practices

Parents’ agency and initiative
Despite the general theme of discontent, disempowerment, despondency and frustration communicated by most of the parents, there were indications that some parents were not altogether resigned to their feelings of powerlessness. Some parents shared about planning small-scale vigilant initiatives to monitor and attempt to rescue their children from their sexual risk taking patterns and substance abuse lifestyles. Many parents shared about initiating their daughters on contraceptives as soon as they noticed signs of sexual behavior or once their menses began. These parents would accompany their children to the local sexual and reproductive health clinic and once there ask the local nurse to initiate them on contraceptives. Other parents spoke about initiating conversations about living with a purpose and avoiding bad choices:

*You know as members of the Women’s League we once organized ourselves and said we’d go to the Stoep (popular drinking venue for young people in the community) and observe our children* (Female parent, community leader)

*The very first time, before they are issued with clinic cards, they come with their parents to the first attendance. Parents will come saying “my daughter is misbehaving, please put her on contraceptives* (Female parent, community leader)

However, the local nurse and some of the parents acknowledged that parents’ proactive engagement with their adolescents’ sexual and reproductive health often began and ended with the visit to the clinic, with no parent-child conversations about sexual risk behaviors, condom use, HIV/AIDS. The most commonly cited impediment to having these conversations was parents’ discomfort, inexperience and thus uncertainty about how to initiate sexuality education with their youth:

*I do not want to lie to you, you see, especially for us Black people, we do not like going into such conversations (both laughing)...I think our biggest problem is that we do not know how to have such conversations with our children* (Male parent, former teen parent)

*When I encouraged parents to talk to their kids about sex their response was “where do I even begin to have such a conversation? How would I even start*
“It?” so they are embarrassed, they do not know how to do it... (Female parent, community leader)
DISCUSSION

Our findings highlight the multitude of stressors and challenges facing parents who are rearing adolescent females (and males) in a high risk and poor community existing within the rights-based context of modern South Africa. These findings add to the growing body of knowledge on the factors that impede and/or promote successful parenting of adolescents in risky settings. They also emerge in time as researchers and practitioners in the field of adolescent health and family studies prepare the imminent celebrations of the 20th anniversary of the International Year of the Family, a proclamation that was initiated by the United Nations General Assembly in 1994 and marked by 10th year anniversary celebrations since then.

According to Coleman et al., [44] most parents are equipped with highly adaptive parenting behaviors that carry them through the tumultuous seasons where parenting is socially, materially, emotionally, psychologically and mentally taxing. However, in the context of multi-layered circumstances of stress, such as the ones facing the parents in this study, even the most efficacious of parents is stretched to the limits of their inner strength [44]. As such, owing to the high levels of risk behaviors among young people in the study community and parents’ experiences and perceptions of the law promoting children’s rights, their lived experiences of parenting were characterized by feelings of powerlessness, perceived loss of control, low parenting self-efficacy, fear, anger, frustration and stress. However, despite the many difficult parenting challenges in this community, there were also glimpses of agency, with some parents actively investing in their daughters’ reproductive health by taking them to public health facilities for contraceptives; organizing collective action to combat risk behaviors among their children and to a lesser extent engaging in uncommon conversations about sexual risk, condom use and the risk of HIV infection.

Importantly, the findings provide rare accounts of the experiences of the end users of the broad national legislation on children’s rights in South Africa. To our knowledge, since the introduction of the Constitution, the Children’s Bill of Rights, and the Children’s Act no. 38 of 2005, there has been little documentation of parents’ experiences of raising children in the context of these rights, save a few studies limited to investigations of corporal punishment in the school system and two national surveys on the prevalence and patterns of corporal punishment in the country [45, 4,
In a country that is nearing two decades of democracy and a radical and ambitious socio-economic transformation mandate that seeks to affect all areas of life, engaging in reflections of the impact of these transformation initiatives on the very important project of raising young people at high risk of HIV is instructive.

Many of the parents in this study grappled with and negatively experienced the new government laws promoting children’s rights. From their experience, parenting under these new rights radically changed family power dynamics transforming children into powerful, uncontrolled, self-ruling members of the family, whilst reducing their parents’ role to subservience. Their strong opposition to these laws was such that some were willing to have their children temporarily held in State custody whenever they invoked their rights. This is something that could be considered as constituting neglectful and rather harsh parenting methods in other settings; but here it is also indicative of the socio-cultural beliefs underlying parent-child relationships, which emphasize an all or nothing attitude regarding parents’ need to maintain absolute control over their children [4].

Whilst it was not the intentions of the Children’s Bill of Rights, which articulates children’s rights and responsibilities along with those of parents [37], for the participants in our study, this legislation represented disempowerment. They perceived the law as facilitating a discontinuity from their traditional, social constructs of effective child-rearing practices. The distress created by this perceived discontinuity is to be expected, since familiar, tried, tested and approved methods of parenting are especially prized in high-risk environments, where the stakes are very high [12]. Evidence suggests that parents in high-risk contexts place a high premium on controlling approaches that promote high levels of compliance among children, as these are thought to minimize negative outcomes in later life [4, 24]. In South Africa these beliefs probably have a higher currency, owing to the country’s history of political oppression and harassment of Black Africans, including children, who were often randomly incarcerated or violently and fatally punished for the slightest indication of [perceived] transgression against authorities. In such a context inculcating reflex obedience in children would have been of great survival value. Post-apartheid, Black populations are not politically harassed, nor are children and young people threatened with political violence should they fail to consistently
assume model citizen behaviors. However, parents in poor, crime ridden, and violent communities have no reason to drop their guard in the country. Thus, in these communities parenting behaviors that feature strong behavioral control approaches such as corporal punishment continue to hold high value as they are construed to be most effective in producing children who are obedient [4].

Worth noting is the fact that despite parents’ lamentations that the law’s prohibition of strong behavioral control methods such as corporal punishment reduced their capacity to protect their children from negative outcomes, they themselves exposed them to potential encounters with crime and violence, by not allowing them to return home if they stayed out until late at night. These contradictions suggest parents’ incomplete reflections about the actual impact that their parenting practices have on adolescent well-being including reproductive health outcomes.

Further, when we consider earlier mentions of the historical use of highly controlling and invasive parenting methods such as virginity testing among the Xhosa and the Zulu in South Africa [25], to the parents in this community these new laws must indeed represent a completely different rulebook on parenting. Also, the use of strong behavioral control methods such as corporal punishment in South Africa has been noted among other racial groups in the country. A national survey published in 2005 reported that similar proportions of White and Black parents smacked their offspring (61% versus 59%) and used a belt or similar objects when beating children (61% versus 69%) [46]. Another enquiry conducted among 300 Black and White Afrikaans students from the University of Witwatersrand, found that only 8% of White Afrikaans speaking and 30% White English speaking students had never been hit at home, compared to 41% Black students [46]. This suggests that strong behavioral control methods such as corporal punishment are endorsed beyond Black communities in South Africa. As such the study participants’ strong reactions against what they essentially perceived as anti-parent laws have their roots in a broader social belief system about parenting. Thus, the point of departure of positive and empowering parenting interventions in this setting would entail public acknowledgment that the elimination of strong behavioral control methods such as corporal punishment, though needed, represents a radical shift from the norm for South Africans.
Despite the popularity of strong behavioral control parenting practices in high-risk settings, where they may deter negative adolescent sexual and social behavioral outcomes [12, 24, 47, 48, 49], the evidence of their effectiveness is not conclusive. For instance, in middle class communities they achieve the opposite effect [50, 12].

Further, with specific regards to corporal punishment, a meta-analytic and theoretical review of studies on the practice found that whilst high levels of corporal punishment produced high levels of compliance, they also resulted in aggression, low levels of internalized morality and negative mental health outcomes [51].

Importantly, the disempowering experiences of many of the parents in our study seemed to impact on their parenting self-efficacy, a characteristic that reflects a parent’s belief that they are able to influence their child and their environment in ways that cultivate optimum child development outcomes [52]. Parents with a high degree of PSE are confident in their ability to acquire and exercise effective parenting skills, whilst those with low PSE experience great difficulty in parenting effectively, especially when faced with a context that undermines child-rearing efforts [44]. It is not surprising then that PSE is considered to be a strong predictor of parenting practices [44, 52, 53]. PSE may both result from and lead to effective parenting practices that reduce negative adolescent behavioral outcomes, and thus an indispensable component of positive parenting strategies.

Another important finding of this enquiry is the confusion and misperceptions surrounding the legality of parental corporal punishment as well as the overall aim of the law i.e. to protect children from abuse and support families to adopt positive child-rearing practices. This finding suggests that it may not be what the law says, but what it is perceived to say by those who have to apply it in their conduct of day-to-day life that is most important to consider when examining the impact of new legislation.

Children’s rights were not the only problem that the parents in our study identified as challenges to successful parenting of youth who are exposed to high-risk behaviors in the study community. Limited collective parenting, and teen parenting were cited as other challenges undermining effective parenting in the study community. Collective parenting norms are essential for parents in resource-constrained environments, since they are a reflection of a society’s social capital [27]. Social capital is defined as “the
set of intangible resources in families and communities that help people cope with stresses, develop their potential, take advantage of opportunities and express aspirations beyond the immediate context” [27]. Access to these “intangible resources” may have significant implications for parents and families in distress, since communities that contend with multiple stressors and risks are even more dependent on their social networks for day-to-day survival than those in more affluent environments [27]. Clearly weak institutional and social support for parents of youth engaging in high-risk behaviors is one of the challenges to positive experiences of parenting in this community.

Teen parenting was shown to have created multi-generational family structures where children born to teens were reared by grandparents as siblings of their teen parents, creating difficulties for the young parents to play functional parenting roles in their children’s lives in later life. Evidence suggests that such multi-generational family structures are common in South Africa, and exist within a context of overcrowded households marked by poverty and deprivation [27, 31].

Finally, many of the parents in our study community were reported to proactively place their daughters on contraceptives as soon as they noticed signs of sexual activity. However, other important components of sexual and reproductive health, such as parent-child communication about sex and HIV were not commonly addressed. A study conducted among parents and adolescents in Kwazulu-Natal province, in a similar setting to the study community, also found that preventing adolescent pregnancy was the sole concern of most mothers [54], due to its immediate impact on the future of a girl-child [55]. Similar to our findings, in Kelly & Parker’s study [54], parents did not engage in parent-child communication about sex, nor in any efforts to prevent sexually transmitted infections. And yet, evidence suggests that young women who have limited to no parent-child communication about sex are more likely to have negative sexual health outcomes, such as non-condom use, than those who engage in conversations about sex with their parents [55, 13].

LIMITATIONS
We did not recruit parents randomly, making it impossible to generalize these findings beyond the parents who were participants in this study. However, since the interviewing guide included both questions that sought to elicit personal experiences as well as those targeting shared community perspectives, the interviews yielded information that went beyond the parents’ own individual experiences.

**RECOMMENDATIONS**

Positive parenting interventions that help parents negotiate adaptive parenting roles in the face of new laws and environments where risk taking among adolescents is high are urgently needed. Such interventions would strengthen institutional and social support systems for parents in high risk communities. Interventions would also include positive parenting programs and family coaching programs that equip teen parents and their adolescents to manage their transition from sibling to parent-child relations with their children. These interventions would need to incorporate critical reflection exercises that capacitate parents to carefully consider the actual impact of their well-intentioned parenting practices and thus have greater success at transforming belief systems about parenting.

Research needs to also exploit the apparent opportunities for positive adolescent sexual health outcomes that are presented by parents’ culture of initiating their adolescent daughters on contraceptives.

Finally, the South African government needs to promote a common and helpful understanding of children’s rights by parents, children and the criminal justice system.
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### Table 1. Example of the qualitative analysis process

<table>
<thead>
<tr>
<th>Data source</th>
<th>Meaning Unit</th>
<th>Code</th>
<th>Category</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male, Grandfather</td>
<td>In our homes we have run out of capacity to persuade our children to listen to us. So for me I think our children overpower us.</td>
<td>Struggling to make children listen</td>
<td>Loss of parental control</td>
<td>Challenges of parenting children in post-apartheid South Africa</td>
</tr>
<tr>
<td>Male, former teen parent</td>
<td>You see, things have changed because of the Constitution which has positioned us very poorly, because it says you cannot give your child a hiding and so on, if you do it then you are said to be abusing your child.</td>
<td>Law prohibiting parental corporal punishment</td>
<td>Children’s Rights</td>
<td>Challenges of parenting children in post-apartheid South Africa</td>
</tr>
<tr>
<td>Female, community leader</td>
<td>You know as members of the Women’s League we once organized ourselves and said we’d go to the Stoep (popular drinking venue for young people in the community) and observe our children</td>
<td>Organization/mobilization</td>
<td>Parents’ initiative</td>
<td>Opportunities for protective parenting of children</td>
</tr>
</tbody>
</table>