

# Condom use among young Swazi in mixed-age relationships

By: Jonathan Evans, Wim Delva and Carel Pretorius



Swazi girls in a traditional ceremony. (Picture courtesy of SAFAIDS)

The Kingdom of Swaziland is home to 1.1 million people. Sixty-nine per cent of the population lives in poverty<sup>1</sup>. Like many countries in sub-Saharan Africa, Swaziland is crippled by a generalised HIV hyper-epidemic. More than 26 per cent of the 15 to 49-year-old population is infected with HIV<sup>2</sup>.

Highest prevalence rates are among 25 to 29-year-old women and the 35-39 age group in men, at 49 and 45 per cent respectively (SDHS, 2007). Although HIV prevalence is roughly the same among the sexes, when aggregated across age categories, the risk of infection is significantly higher among young women, with 22.6 per cent of the 15 to 24-year-olds infected, compared to the 5.8 per cent of men infected in the same age category<sup>3</sup>.

These differences cannot be explained by anatomical and hormonal factors that make young women particularly vulnerable to HIV infection. While biological factors may put women at greater risk of HIV, there is evidence that age-mixing between young women and older men plays an important role in spreading HIV throughout the population.

Studies in recent years have shown that in sub-Saharan African countries with generalised HIV epidemic, girls in sexual relationships with men five or more years older than themselves are at increased risk of HIV infection.

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Some who wish to avoid marriage still aim for economic independence with older men seen as a means to achieve this goal. With the men's help, they can further their education, secure better jobs, build capital, or gain social mobility.

Some young women claim that older men are better at and more interested in satisfying them sexually. Their need for love, affection, and affirmation has been stressed in some studies as important but it often overlooked the young women's motives for going with older men. As a young woman attending one of the region's tertiary institutions put it: "Older men are nicer than the young ones. They listen, they are patient and tender. You can see they appreciate you more. Sometimes girls fall in love with them, but it's no use because they're already married."

There is prestige in dating a man who is a well-known or respected public figure. To be seen riding in an expensive automobile, or dressed in trendy clothing, or with a top-of-the-range cell phone are viewed as status-enhancing by young women in the region.

From this social benefit comes a personal benefit, the boosting of self-esteem and self-confidence that some studies have reported as especially important for young women. Their ability to improve young women's status, including social mobility, has earned older men tags such as 'sponsors' 'investors' or 'ministers'. The concept of the 'Three C Girls' (young women who sexually exploit men for cash, cars and cell phones) is well known across the entire southern Africa region.

## Notions of manhood

Studies tell us that notions of manhood in the region are closely tied to a man's ability to attract and maintain sexual partners. The need for entertainment, variety and relief from domestic and workplace stress are considered as some of the drivers of men's sexual involvement with younger women. A desire for 'clean partners' perceived to be free of STI or HIV infection is reportedly a major reason for men going for young women. Myths that HIV can be cured through sex with a virgin or that an older man can be sexually revived by sleeping with a younger

woman are common in the region. In some communities an ageing man is entitled to a young woman to 'make his blood move again', and often his ageing wife has to find the young woman to 'service' her husband.

## Conclusion

As regional economies expand, so too are people's aspirations and expectations. Young women have new needs and desires consistent with the ideals of a modern lifestyle, gender equality and relationships that mimic globalised images of glamour and romance.

For many young women, relationships with moneyed older men provide a readily available and socially-acceptable way of meeting a growing list of needs and wants, from bread and school fees, to designer handbags and access to elite social circles. Such aspirations in societies where the rich-poor gap is widening and women have limited means to financial independence, coupled with cultural allowances for mixed-age relationships and the intertwining of sexual and economic power, drive

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the spread of HIV, making young women exceptionally vulnerable.

There is an urgent need to increase the risk perception of young women and older men regarding these relationships. Older peers who have successfully resisted mixed-age affairs could play a key role in encouraging, mentoring and supporting young women to resist sex with older men.

*“Young women need to have a vision of a disease-free future through their own efforts, with the necessary education and skills”*

Young women need to have a vision of a disease-free future through their own efforts, with the necessary education and skills without which they cannot be expected to forgo the many potential benefits of mixed-age sex. To successfully address intergenerational sex, a two-pronged effort will be required: one focusing on encouraging and educating women and the other focusing on changing male norms.

In southern Africa, responsibility for most sex-related issues, like reproduction and contraception falls squarely on women. And yet addressing intergenerational sex should demand of adult men to stop engaging in

potentially-exploitative relationships and to recognise that liaisons with young women are an abuse of power and status.

This is a challenge where polygamy is practised and mixed-age sex is institutionalised, yet if we ever hope to collapse the bridge that carries HIV infection from one generation to the next, the conversation needs to start somewhere. It must start now! ■

### Lessons learned

- Young women are expected to be obedient, dutiful, and respectful towards older men. This plays a role in undermining young women's ability to resist older men's advances and to negotiate safe sex.
- Young women seek to accumulate social, emotional, symbolic and financial capital.
- Their need for love, affection, and affirmation has been stressed in some studies as important but it often overlooked the young women's motives for going with older men.
- There is an urgent need to increase the risk perception of young women and older men regarding these relationships.

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*\*The views expressed are those of the author and do not necessarily represent those of USAID or any of its affiliates.*

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**Would you let this man be with your teenage daughter?**

**So why are you with his?**

No man would wish harm on his daughter or niece or little sister, but more and more Ugandan men are taking advantage of vulnerable young girls. You probably know some of them and you let them get away with it. You may have even done it yourself. This practice is called cross generational sex and it puts hundreds of young lives at risk of HIV infection and should be stopped.

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Cross generational sex stops with you

# Nigerian age mismatch in sex relations

By: Olusesan A. Makinde

**Intergenerational sex defines sexual relationships between two people of different age categories. Such relationships have been observed in male-female relationships in Africa and male-male relationships in developed countries especially in the United States.**

Investigations have shown a link between intergenerational relationships and the spread of the HIV virus. Although the phenomenon is more pronounced in younger women-older men relationships in sub-Saharan Africa, it has also been observed in younger men-older women relationships in this region<sup>1</sup>.

In Nigeria, about 21 per cent of girls aged 15 to 17 years were reported to be in relationships with men who were 10 or more years older<sup>2</sup>.

Various factors have been associated with the high prevalence of these relationships in Nigeria and other countries in sub-Saharan Africa. A focus group of adolescent girls in a study conducted in Zimbabwe identified that over two-thirds of their peers were dating much older men. They claimed to be motivated by intentions to get married, attaining higher social standing, money, favour and material support<sup>3</sup>. Though intergenerational sex has been practised for years, it has become a reason for great



School HIV and AIDS sensitisation session. (Picture courtesy of Olusesan Makinde)

concern since the emergence of the HIV epidemic insofar as it is seen as a factor in the spread of the virus. Research has shown that women involved in such relationships have higher chances of contracting the HIV virus than their peers.

Reports from UNAIDS have also shown that young women between 15 and 24 years were three-to-six times more likely to be infected with HIV than their male counterparts in southern Africa. This was mainly attributed

to the sexual relationships these women had with older men. Intergenerational sex thus becomes an important factor in the spread of HIV in sub-Saharan Africa.

Data from the 2003, 2005 and 2008 national HIV sero-prevalence surveys have consistently shown a predominantly younger female age group compared to the males among people infected with HIV.

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It is therefore critical to understand the significance of age mixing patterns in driving the epidemic. Young girls are at more risk of getting HIV infection compared to their male counterparts when they engage with older men as age mixing increases

their vulnerability. The epidemic cannot be stemmed in the near future as long as age mixing continues in the general population.

In the absence of age mixing, the epidemic will die out with the ageing and death of individuals in the same age group. The same

will happen if the age difference between all sex partnerships in the population remains unchanged. Even with some degree of differences in the age between sexual partners, HIV would be unable to sustain an epidemic in the population.

It has been demonstrated that young women ages 15-29 years are more likely to be infected than young men of the same age group. This association may be explained by at least two interrelated factors. Firstly, HIV prevalence in men is typically lowest among adolescents, rising steadily with age to peak among men in their late thirties – in the case of Swaziland, at prevalence rates above 40 per cent. Secondly, there is growing evidence that men who engage in sex with younger women exhibit higher levels of sexual risk behaviour than other men of the same age group.

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Likewise, data from the HEPNAP project — a population-based HIV counselling and testing project that has tested over 18,000 clients — implemented by Pro-Health International for the US President's Emergency Plan for AIDS Relief, has also confirmed this finding by showing a mean, median and modal age group for HIV positive clients to be lower in the female population.

The search for social status and a better economic situation have significantly contributed to increased HIV infections. In Nigeria, it is common to find a young woman with an "Aristo" otherwise known as "sugar daddy" to cater for her financial needs. In turn she has to satisfy the sexual needs of her male partner since resistance would cut off the benefits she derives from the affair. Such dependent relationships greatly reduce the girl's ability to negotiate safe sex. And yet, such men often indulge in multiple relationships, thus increasing the chances of transmitting HIV between their partners.

The fact that some cultures permit intergenerational marriages has also fuelled the spread of HIV across generations. Child marriages are still predominant in some African cultures with the UNFPA reporting that 42 per cent of girls marry before their 18th birthday. This practice denies the child brides the opportunity for adequate physical, mental and socio-economic maturity before marriage.

In Northern Nigeria, the promulgation of the Islamic Sharia Law further gives legal backing to child marriages. In recent months, there have been cries of foul play when a serving senator was accused of marrying a 13-year-old after paying 100,000 US dollar bride-price to the family. Such marriages rob young women of the chance to develop and choose their own partners.

Occasionally, the girls are married off before puberty, meaning they do not even understand basic reproductive health issues. This practice also increases the biological risk that the girls are exposed to as they may experience coital tears and lacerations during sexual intercourse thus facilitating HIV infection if the man is infected.

Worse still are the possibilities of underage pregnancy and the attendant risk of mother-to-child transmission of HIV. Polygamy is a common practice in areas where these activities are most prevalent. Thus if one member of the family is infected with HIV, it is possible for the virus to spread to the other members in the same marriage.

Some parts of southern Africa have also witnessed some mythical promoters of



Advocacy to a Christian religious group in North Central Nigeria. (Picture courtesy of Olusesan Makinde)

intergenerational spread of HIV through belief that an HIV-infected man can get cured by having sex with an infant or a virgin. Such beliefs have led to statutory rapes and criminality among people who want to be cured of HIV.

Poverty has forced many young women into sex work. They engage in sex with various men who are often much older than they are, and can afford to pay for their services.

Behavioural studies have shown a relationship between transactional sex, alcohol use and drugs. This combination may significantly reduce the sense of judgment of the user, leading to their failure to use any protective method while engaging in this high-risk sexual activities.

Also, the scarcity of female condoms in Nigeria disempowers women and puts the men in charge as regards using a barrier protective method since male condoms are easily available. A recent visit to a brothel in Lagos recently saw many female sex workers seeing the female condom during a demonstration for the first time. Women at higher risk of contracting HIV from infected men need to be empowered by making available to them protective methods that they can control.

Poverty and women's low social status have been identified as major factors which force young women into IGs. These factors have been identified to be major limitations to many development efforts and some are priorities in the millennium development campaign. Thus, ensuring that the targets of poverty eradication, girl child education and gender

equity are met will be significant steps in the right direction and will contribute to the control of the HIV epidemic. Promoting and making available opportunities for pursuing legal redress in cases of sexual coercion and violence will also be significant in reducing intergenerational sex and its attendant risk of HIV transmission.

The time for action in changing perceptions about the social status of women has come. The negative effect of intergenerational sex and its consequences such as the increased risk of young women contracting HIV should be addressed now. ■

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# Underage female sex workers and HIV in Nepal

By Tulasa Lata Amatya



Leadership training for female sex workers. (Picture courtesy of CAC-Nepal)

**Women and children face many problems in the gradually developing country of Nepal. Community Action Centre – Nepal (CAC-Nepal), a non-profit, non-governmental social organisation, was established in 1993 by a group of intellectuals, social workers, and community development workers to respond to the need for additional people’s efforts to overcome these challenges.**

The centre aims at empowering women and children in the community by focusing on gender equality in order to make them independent and self-reliant.

CAC-Nepal’s objectives include action against trafficking of women and children through rescue and rehabilitation programmes. It addresses domestic violence against women and children by lobbying on their behalf. The organisation is involved in HIV and AIDS work and lobbies against sexual exploitation of women and children. The pioneering advocate for citizenship’s rights also implements programmes for high-risk child labourers and child migrants.

## Nepal’s context

Most sex workers in Nepal operate under categories such as club hostesses, bar girls, dancers, guides and local street vendors. In most cases, the clients are males who are older than the sex workers with national figures showing a 1:20 ratio between the sex workers and their clients.

Of the 64,000 adults and children in Nepal infected with HIV, one in three is a woman. Recent cumulative data published by the National Centre for AIDS and STD Control (NCASC) show that 869 sex workers (out of 30,000) and 7,166 clients of these workers (out of 600,000) are living with HIV.

About 30 per cent of all female sex workers are underage girls. HIV infections in Nepal have rapidly increased in recent years, moving the country from low prevalence to concentrated epidemic status. The major mode of HIV

transmission in the country is unprotected sex, which leads to high rates of sexually-transmitted infections, including HIV, syphilis, gonorrhoea, genital warts and herpes simplex, all common in Nepal. Early diagnosis and treatment of these STIs would reduce the viral load, thereby limiting the risk of their spread to sexual partners.

It is therefore vital to educate female sex workers to practise safer sex and create an environment that enables them to learn about reproductive health including the different modes of transmission of STIs and HIV.

To this end, the government has designated female sex workers as one of the most-at-risk population’ (MARP) as regards HIV and has implemented various programmes to promote and sustain awareness among FSW on safer sex practises. This is deemed helpful in reducing HIV prevalence through behavioural change.

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### CAC-Nepal

For the last eight years, CAC-Nepal, with help from the USAID through Family Health International (FHI), has been working with female sex workers in the three districts of Kathmandu Valley, namely Kathmandu, Bhaktapur and Lalitpur. Through these years, the organisation has gained substantial knowledge and experience concerning programme approach, strategies, risks, and challenges of delivering required services related to HIV prevention, care support, and advocacy. The organisation has adopted a needs-based and participatory approach to programme planning.

### Lessons learned

Undertaking pre-project assessment survey is essential in order to understand the needs and aspirations of the target population, their behaviour, nature of mobility and opinions of the female sex workers in programming. Likewise, relevant stakeholders should be consulted and strong networks with community people and stakeholders built at different levels before the actual programme implementation begins.

CAC-Nepal has been implementing a comprehensive programme among establishment-based sex workers in the valley for the prevention and control of HIV

and AIDS/STIs among female sex workers. The programme includes HIV prevention, counselling and testing, care, treatment, and support services.

Different types of methods like role-play, discussions, presentations, posters and public speaking have been used during stigma and discrimination training. The target groups are street-based, unskilled, uneducated and have a hard time understanding their own predicament. Dramatised skits greatly helped get the message across.

At the end of the session, the participants said they clearly understood about the stigma and discrimination that is rife. Decreasing HIV related stigma and discrimination is one of the components of this programme.

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### Underage sex workers

Due to increased trafficking together with the 10-year civil conflict in the country, younger girls are brought into the city through forced internal migration. Poverty, illiteracy, lack of proper education, and discriminatory practises are some of the major factors contributing to these circumstances.

Additionally, young girls project the illusion that they are free from STIs and have had fewer clients. This has increased the demand for these young girls over the past years. Due to this threat, young girls are increasingly victimised and infected. Moreover, the belief that sex with a virgin cures people of STIs, including HIV, is prevalent. This, coupled with the rise of HIV and AIDS in the country, makes the need to tackle such problems not just at an individual level, but also at a community level urgent.

Some female sex workers are caught up in such work because of poverty. In order to mitigate this, CAC-Nepal has initiated various income-generating programmes. However, there are many relapses, as the income generated through these programmes could hardly meet their needs compared to what they potentially earn through sex work. FSWs are also a hidden population and quite mobile. Due to this, it becomes difficult to find them, track them, and give the care and services they require.



Community mobilisers discuss safer sex. (Picture courtesy of CAC-Nepal)



Training on stigma and discrimination. (Picture courtesy of CAC-Nepal)

### Current programmes

CAC-Nepal's current activities revolve around HIV prevention programmes with sex workers, their clients, and people living with HIV and AIDS. Integrated health services are made available for the sex workers, clients and other people. The beneficiaries of the programmes are empowered through capacity and leadership training. CAC-Nepal also undertakes local advocacy and networking as a means of securing the rights of women and children.

In 2004, with the support of PLAN International, programmes against the sexual exploitation of children specifically to protect and prevent

children from sexual exploitation were carried out. CAC-Nepal also undertook studies on internal trafficking among children and youth engaged in prostitution in partnership with ILO/IPEC.

### Future strategy

CAC-Nepal hopes to expand its HIV and AIDS awareness activities and care and treatment programmes. To do so, there is a need for increased networking on a regional as well as a national and international level. Additional funding and sustainable programmes would need to be devised that would further aid the empowerment of the target groups.

Creating HIV/STIs awareness will only go so far, as the problem is far beyond the lack of information. In addition to public awareness, partner reduction as well as condom use negotiation will help to some extent.

### Lessons learned

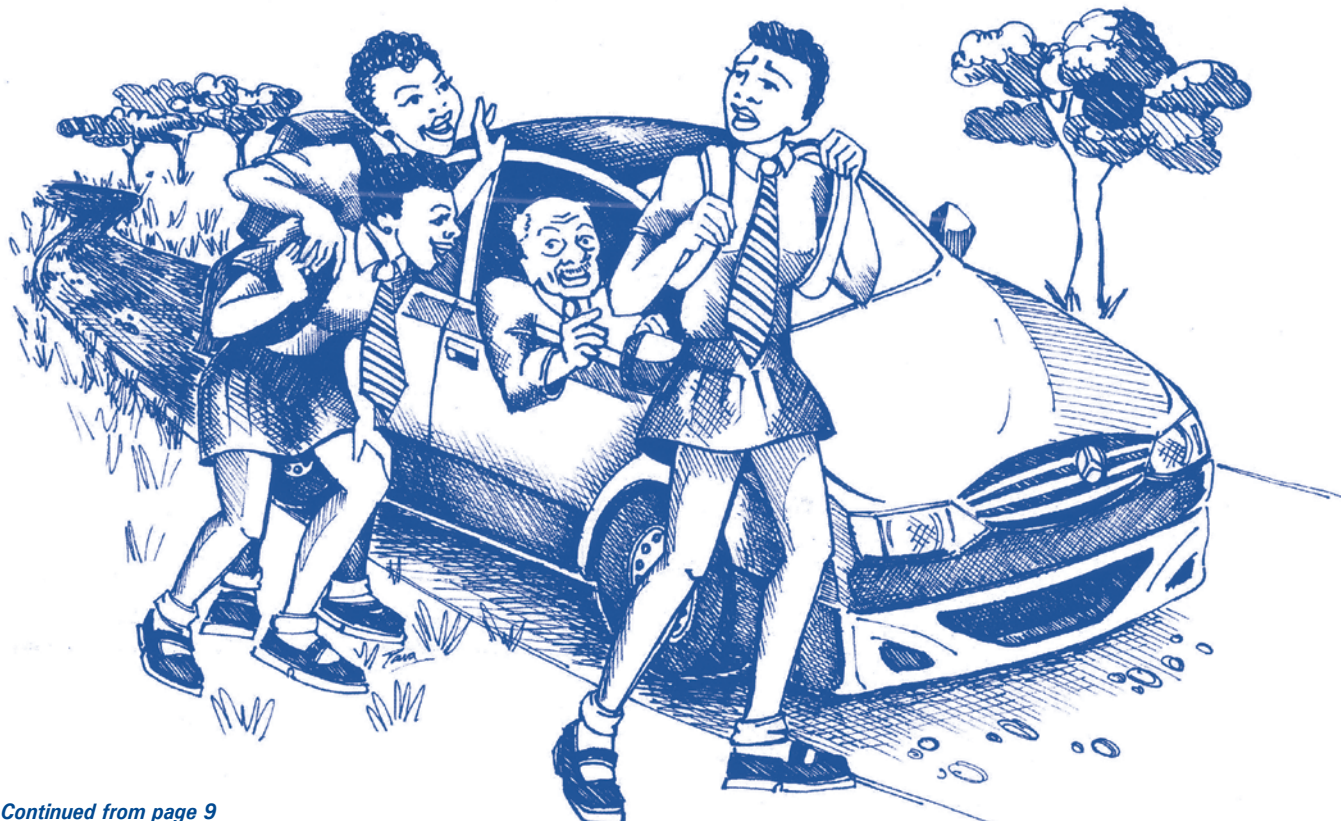
- Undertaking pre-project assessment survey is essential in order to understand the needs and aspirations of the target population.
- Stakeholders should be consulted and strong networks with community people established.
- Stakeholders networks at different levels should be built before the actual programme implementation begins.

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A female sex worker empowerment session. (Picture courtesy of CAC-Nepal)



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Age-disparate sex has been linked with decreased condom use. Further, older partners of young women and girls frequently sustain multiple and concurrent partnerships, not only with other casual partners, but also with a main 'long-term' partner. As the main partner of these men is usually older than their casual partners, these men may act as a bridging population, allowing HIV to spread indirectly from older age groups with a higher burden of HIV infections to younger age groups.

Results of a secondary analysis of the Swaziland Demographic and Health Survey 2006-2007 data reveals the trends and the degree of changes in age differences between 872 young men aged 15-24 and their female sexual partners. Also investigated is whether the size of age difference between sex partners is also negatively associated with consistent condom use.

The research model used sought to gauge the link between partners' age and condom use. Targeting both the sample population as a whole and the individuals in the sample, the model was able to predict that 16-year-old girls were most likely to engage in sex with men up to 24 years.

We concluded that the wider the average age difference between men and their sex partners, the worse off the younger girls in the relationship, who risk infection by older partners for an extensive amount of time.

And, the larger the age difference between sex partners, the less likely they were to use the condom consistently. At the same time, about half of same-aged couples reported to always use condoms. This was only true for a quarter of couples in which the male was eight years older than the female. Similar findings have been reported for other countries in sub-Saharan Africa. A study of the 2004 National Adolescent Surveys from Burkina Faso, Ghana, Malawi and Uganda found that adolescent men whose partner was zero to four years younger were about two and a half times more likely to use condoms consistently than those whose partner was five to nine years younger.

In many countries, as is the case in Swaziland, economic and social disparities contribute to large age differences between partners. These in turn play a significant role in HIV spread. While early studies emphasised poverty as driving girls to accept or seek the attention of older employed men, detailed studies reveal strong material and monetary expectations from casual and committed male partners.

Further, qualitative research describes the formation of age-disparate relationships in the context of attempts to improve one's social status, affirm self-worth, increase longer-term life chances, or otherwise add value and enjoyment to life.

In view of these underlying motives, it is unlikely that behaviour-change campaigns merely aimed at raising awareness of the risks of age-disparate relationships will halt the spread of the HIV epidemic, unless they form part of a multisectoral 'combination prevention' approach that also addresses social, economic and gender inequality. ■

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