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**Sexual Vulnerability
of Young Women in
the Informal Sector
in Nigeria**

Ademola J. Ajuwon

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the Danger Between:
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**AGE AND SEXUAL
VULNERABILITIES OF
YOUNG WOMEN
IN AFRICA**

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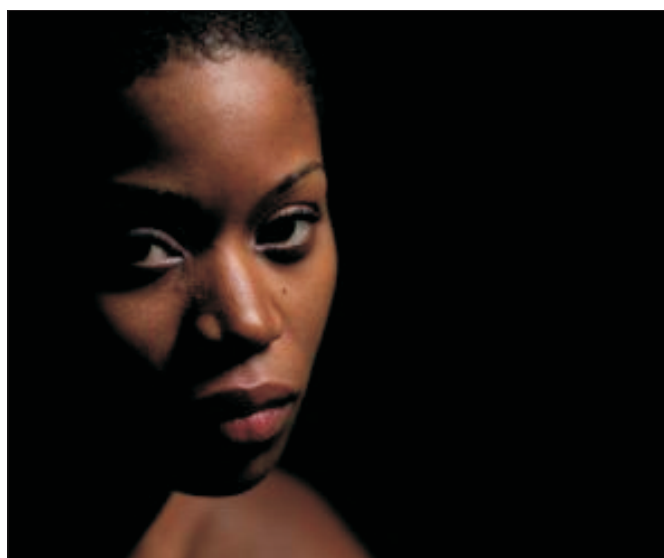
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Africa Regional Sexuality Resource Centre
P.O Box 803, Sabo-Yaba
Lagos- Nigeria

Phone: (234) -1-7743745

Email: info@arsrc.org

Website: www.arsrc.org

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'Nike O. Esiet

Dr. Taiwo Oloruntoba-Oju

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Young, Female and African: Issues in Sexual Vulnerability

Taiwo Oloruntoba-Oju

Considerable discussion has been generated by the issue of sexual vulnerability, both in Western discourse and on the African continent. This discussion has been defined as much by a search for the causative or aggravating factors of sexual vulnerability, its consequences and possible solutions, as by questions concerning the affected or the more vulnerable populations.

In June, 2008, a number of researchers were brought together under a joint United Nations Programme on HIV/AIDS (UNAIDS) and the Reproductive Health and HIV Research Unit of University of Witwatersrand, South Africa, to examine the persistent vulnerability of young women and girls to HIV/AIDS infection. Identifying South Africa as the 'global epicenter' of the epidemic, the discussants zeroed in on the causative and curative complex of the epidemic, which includes: "age-disparate and intergenerational sex; biological vulnerability; economic empowerment; education; gender-based violence; and knowledge, risk perceptions and behaviour" (Stirling et al, 2010). However, susceptibility to the HIV/AIDS or to other diseases is not the only outcome of sexual vulnerability. It is therefore important to also focus attention on other undesirable outcomes.

Geography, Gender and Sexual Vulnerability

By way of definition, sexual vulnerability refers to the susceptibility of a person or group to sex-related injury, or to any unwanted or undesirable sex-related outcomes. Such sex-related injury includes all forms of sexual abuse, sexual manipulation and domination, forced sex or forced sexual practice, unwanted pregnancy, sexually transmitted diseases, and many other undesired outcomes.

It is generally believed that the degree of susceptibility to these unpleasant outcomes is determined by factors such as age, gender, society and culture. For example, although both male and female members of any human society can be subject to sexual manipulation, domination and abuse, it has been established through various researches that women's susceptibility to sex related injury is much higher than that of their male counterparts (see Alan Guttmacher Institute, 1998, among others). Furthermore, while women are generally more sexually vulnerable than men, the sexual vulnerability of young women in particular is higher, relative to that of older women.



Within the African setting, the situation is further aggravated by cultural values, and especially by cultural perceptions of gender and sexual roles which are generally skewed against young women. In short, relative to the situation in the West, to be young, female and African is to be sexually vulnerable on an aggravated scale. This edition re-examines the sexual vulnerability of young women with specific reference to

African settings.

Factors responsible for the specific vulnerability of young women are diverse but can be discussed, and are discussed in this edition, under four main domains, biological, psychological, economic and socio-cultural.

Biological and Psychological Factors

Biologically, female anatomical features tend to be more susceptible to sex-related injury than the male's. According to research, the delicate nature of vaginal walls makes women in general and young females in particular, thrice more susceptible than a man to sexually related infections (See Skelmerud 1995, and Akinyemi and Okpechi, in this edition). Early female sexual maturation (relative to male) also implies early female susceptibility to unwanted advances, seduction by often older, more experienced males, earlier sex debut, early marriage, and the attendant negative consequences. Another usually unreported factor is the physical factor. Reduced female physical ability (relative to averagely elevated male physical ability) frequently translates to higher female sexual vulnerability. Numerous researches have shown that more female than male are victims of rape and various forms of sex related physical abuse. As Ajuwon, A.J. reports in this edition, citing other research, "young women are disproportionately affected by unwanted pregnancies, unsafe abortion, STI and their sequelae." He also notes that young women are "disproportionately

affected by sexual violence and its complications" (see also the Sexuality in Africa Magazine and Monographs Vol 6, 2 on sexual violence).

Psychological factors leading to young female vulnerability are among the issues discussed in the paper by Nduna and Swaartbooi-Xabadiya in this edition. The authors report research evidence that "childhood maltreatment, adversity and

“In other socio-cultural contexts, skewed gender norms such as the vilification of young female sexual venture, compared with the valorization of young male sexual adventure, exposes young women to sex-related injuries such as unwanted pregnancies and unsafe abortion.”

depressive symptoms start to influence sexual risk behaviour from as early as age 14." Focusing on population data from South Africa, the authors also report that "the prevalence of depressive symptoms among women [...] was almost twice as much that of men," and that that "young women's vulnerability to HIV risk is heightened by depressive mood."

Economic Factors

On the economic front, the synergy between economic conditions and the sexual vulnerability of young women has been examined from various perspectives. The repeated consensus is that sexual vulnerability manifests in inverse proportion to economic advantage - the lower the latter, the higher the former. The female body projects in this configuration as the first line of defence against harsh economic realities. The paper by Nduna et al in this edition draws a link between higher unemployment rates among young women in South Africa and susceptibility to sexual exploitation and unwanted sex-related outcomes such as pregnancy and HIV/AIDS. Akinyemi and Okpechi also opine in the edition, based on persuasive research, that "economic and developmental issues may have direct bearing on sexual and reproductive health issues among youth." They conclude that "young women in Africa are highly vulnerable to many social risks." Ajuwon, also in this edition, examines the apprenticeship system as "an economic option for poor young women in Nigeria." Young female apprentices, like their street hawking counterparts, are particularly vulnerable to sexual exploitation.

Perhaps no condition explains the sexual vulnerability of young women better than the phenomenon of human trafficking. In contemporary human trafficking trade, the young female body seems to be the international commodity of choice. Exploring the linkage between sex work and human trafficking, the paper by Ayofe Akinwale in this edition observes that "the bulk of human trafficking in this context is for the purpose of forced sex work of women." Cited researches in the paper confirm that trafficking is generally driven by several factors, among which are "ignorance, economic indices such as poverty, perceived high value of hard currency, and the aspiration for quick wealth." Akinwale also notes that devious human traffickers have devised many ways of luring innocent young women into sex work through deception.

“In contemporary human trafficking trade, the young female body seems to be the international commodity of choice.”

Socio-cultural Factors

Socio-cultural factors predisposing young women to sexual injury range from lack of education or awareness of their sexuality to unequal power relations among male and female members of the society. According to De Silva et al (2009) "[m]ost 10-14-year-olds do not possess sufficient knowledge on sexual behaviour," and "females show [even] less knowledge on sexual behaviour." A Nigerian actress recently suggested, based on personal, anecdotal inference, that young girls simply do not understand why the boys are staring at them! This absence of pre-knowledge is corroborated by anecdotes of young female reaction to menstrual debuts. Although such anecdotes sometimes constitute material for third party amusement, they in matter of fact demonstrate how highly vulnerable young women can be on the sexual front.

Unequal power relations and "lack of autonomy" have also been identified as some of the factors responsible for the sexual vulnerability of young women. The Population Council, reporting their investigation of the situation in South Asia and the Middle East, note that "unequal power relations characterize the situation of married women in many settings," and that "the autonomy of married young women is particularly constrained" in a situation where "early and arranged marriages are the norm." One of the fallouts of this situation, according to the authors, is the young woman's "powerlessness and inability to exercise sexual choices in her marital home [which] exacerbate the non-consensual nature of early sex, particularly forced sexual initiation." On the other hand, the women who enter marriage as adults or as older women tend to exhibit superior sexual or body awareness, and environmental wisdom that goes with experience, leading to reduced sexual vulnerability compared with young women.

In other socio-cultural contexts, skewed gender norms such as the vilification of young female sexual venture, compared with the valorization of young male sexual adventure, exposes young women to sex-related injuries such as unwanted pregnancies and unsafe abortion. In her

paper in this edition, Kasese-Hara, while focusing on "the pursuit of marriage" identifies a number of other cultural pressures that aggravate the sexual vulnerability of young women in Zambia, as in many other African countries.

Palliatives

Various contributions to discussions of the sexual vulnerability of young female African offer concomitant palliatives. These are equally appraised at the bio-social levels indicated in the foregoing. The palliatives include: education, economic empowerment, institutionalized counseling, married sexuality and life skills, legal support for abused women and encouraging attitudinal change and new cultural perspectives, involving men in the effort to alter gender norms that are skewed against women, and so on. Editions such as the present one are meant to promote sexuality and vulnerability awareness, also an important starting point in any quest for the transformation of entrenched socio-cultural values.

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Dr. Taiwo Oloruntoba-Oju is General Editor of the Sexuality in Africa Magazine & Monographs, and Sexuality in Africa Journal.

Sexual Vulnerability of Young Women in the Informal Sector in Nigeria

Ademola J. Ajuwon

Although both young males and females are involved in risky sexual activities, the vulnerability of the young females is even more acute. The NDHS data shows that the female commences sexual activity earlier than their male counterparts. The median age for sexual debut among female is 17.8 years compared with 20.6 years for males; the data also show that 20% of females have had sex by age 15 compared to 4.4% of males (NPC, 2008). Early exposure to sex is a risk factor for infections. In addition, persons who had their sexual debut early have longer period of exposure to different sexual partners during their lifetime. They also tend to have greater number of partners per unit of time and tend to choose partners who are at greater risk for STDs (Aral, 1992). Similarly, many older men now target young girls as sex partners because these men believe that young girls are not sex workers and are therefore not likely to be infected with HIV (Orubuloye et al., 1993).

Other cultural factors which make young women vulnerable are early marriage to older men, especially those in polygynous unions. Consequently, young women are disproportionately affected by unwanted pregnancies, unsafe abortion, STI and their consequences (Ekwezor et al, 1995; Arowojolu et al, 2001). They are also disproportionately affected by sexual violence and its complications.

This article describes sexual vulnerability of young women, with specific reference to those working in the informal sector. The paper also offers interventions that would protect this population from the dual risk of sexual



violence and related anomalies.

Young Female's Vulnerability to Sexual Violence and HIV infection

Risk is the probability that a person will acquire an infection or be a victim of a social problem such as sexual violence. Young women's risk of HIV infection and sexual violence is influenced by both individual and broader social, political and environmental factors (WHO, 2009). Individual factors refer to personal behavior such as unsafe sex which in turn is influenced by the broader social, political and environmental contexts in which people act (WHO, 2009). The implication is that interventions that attempt to protect these groups from must address not only personal factors but also structural ones.

Survey results confirm that young persons experience a range of sexually violent behaviors including unwanted touch of breasts and backside, unwanted kiss, verbal abuse, attempted rape and actual rape (Ajuwon et al, 2001; Fawole et al, 2002; among others). However, the data also show that young women are disproportionately affected by sexual

violence. With specific reference to rape, the prevalence in young person's ranged from 4% among female apprentices, 4.4% in secondary school students is 6% in young female hawkers working in bus and truck stations in urban areas. One recent study among female street hawkers in two towns in Anambra state showed that 28% were raped in the course of selling their wares (Ikechukwu et al, 2008). The data on sexual violence from the NDHS focused on two types of violence, namely: being forced to have sex without consent and being forced to perform certain sexual acts. The results show that overall 7.0% of all women surveyed had experienced sexual violence with 6.6% of 15-19 year olds and 8.7% of 20-24 year olds experiencing the same (NPC, 2008).

Furthermore, data from police records show that rape is the most commonly reported sexual-related offences (40.1%), followed by defilement, defined as sexual with a female below the age of 13 years (1.5%). The data from police records confirm that sexual violence is most common against young female adolescents. By contrast, the perpetrators of sexual violence were mostly males (Akinyemi, 2008).

Biological and Structural Factors

Young women's risk to sexual violence and HIV infection are due to biological as well structural factors. From a biological perspective, women in general are three times more likely than men to become infected through sexual intercourse when they have sex with an infected person because the vaginal walls are delicate and prone to abrasion which create pathways for the transmission of HIV (Skelmerud 1995). The presences of STI, which are known to facilitate sexual transmission of HIV, are more difficult to diagnose in women than men (Cates and Stone, 1992). Worse still, female adolescents are particularly vulnerable because STD pathogens more easily

“Although both young males and females are involved in risky sexual activities, the situation with the young females is even more acute.”

penetrate their cervical mucus than that of older women. The cervix of a young woman is more susceptible to gonorrheal and chlamydial infections and sexually transmitted human papilloma virus which causes cervical cancer (McCauley and Salter, 1995), because they have fewer protective antibodies than do older women (Allan Guttmacher Institute, 1998). Also, because the adolescent girl is not fully matured, having sex can be painful, and may result in sores or scrapes in the genital area that make infection with STDs easier during sex (Arkutu, 1995).

The social environment also contributes to the vulnerability of female adolescents to HIV infection. For example, in Nigeria where women have little decision-making power over their lives, an adolescent woman (married or unmarried) who fears infection from her partner may nonetheless be unable to refuse sexual advances or insist that a condom be used (Allan Guttmacher Institute, 1998). Marriage may not necessarily offer protection from HIV infection. In settings where extra-marital sex is common, a woman who has no partner other than her husband may still be at risk of infection (Allan Guttmacher Institute, 1998) through the risky activities of her husband. One study in rural area showed that almost all the women with trichomonal and candida were infected by their spouses (Elemile, 1984).

Another structural factor accounting for women's vulnerability is the practice of early marriage. In some regions of northern Nigeria girls marry relatively young, often to much older men. For example, in the North West region of the country, around half of girls are married by age 15 and four out of five girls are married by the time they are 18 (Population Council, 2007). Studies have found those who are married at a younger age have less knowledge about HIV and AIDS than unmarried women, and are more likely to believe they are low-risk for becoming infected with HIV

(Population Council, 2007). Young girls involved in polygynous marriages are worse off than their counterparts in monogamous ones because those in polygynous marriages are at increased risk of exposure to HIV through their husband's multiple partners.

Young females working in the informal sector: Dual risks in a vulnerable population

Although all young women generally are vulnerable to sexual violence and HIV, their counterparts working in the informal sector of Nigerian economy are



worse off. This fact is exemplified by the situation of young female apprentices and hawkers. Apprentices are young persons who learn a vocation such as tailoring, patent medicine vending, and hair dressing under the direct supervision of an instructor who provides services in the informal sector of the Nigerian economy. Training under this arrangement is largely informal whereby apprentices acquire vocational skills through observation. The number of years an apprentice spends for her training typically varies, depending on the discretion of the instructor, but sometimes also on how quickly the

apprentice learns the skills of the vocation. Often there is no formal contract signed before the apprentice commences her training. On completion of the training the apprentice must purchase the instrument or tools she needs to set up her own business after which she gains her 'freedom'. She may temporarily serve as a journeyman after completing the training after which she gets her own clients and later set up her own business.

Although the apprenticeship system provides an economic option for poor young women in Nigeria, working conditions under this informal arrangement foster economic exploitation (Ajuwon et al, 2001; 2002). For example, in one study, female apprentices complained of how instructors used them "like slaves." Apprentices are expected to carry out domestic chores for instructors, and an instructor may refuse to allow apprentice observe some skills as a means of punishing erring apprentices (Fawole et al, 2002). Female apprentices are also vulnerable to sexual exploitation. For example, one study found that majority of sexually active apprentice tailors reported sexual debut with an instructor (Ajuwon et al, 2002). In the study on sexual violence among adolescents aged 15-19 years in Ibadan, Nigeria, Ajuwon et al (2001) reported that, among females, the apprentices fared worse. Eleven percent of female students compared to 19% of apprentices had experienced forced sex.

Hawkers are young female who sell their wares on the streets, in bus stops, and motor-parks in many of the urban areas in Nigeria. Hawkers sell their wares by displaying their goods on a tray placed on their head. In motor-parks, they call out to or approach travelers to buy their wares. They move from one vehicle to another, trying to draw travelers' attention to their wares. They sell for long hours, pausing only to eat or replenish their goods. Some sell their own wares; others do so for parents or instructors.

“A combination of structural and complementary interventions, including peer education, microcredit intervention programs has the potential to prevent sexual violence and HIV infection in these populations.”



They operate with limited capital (Fawole et al, 2002). For many poor families in Nigeria, children's earning from hawking represents an important source of household income. However, involvement in work at this early stage of the adolescents' lives is fraught with many negative consequences including risk of assault, road traffic accidents, and sexual exploitation (Orubuloye et al, 1993).

The risk of sexual exploitation is particularly high among female hawkers working in motor-parks because the intra-city and long distance drivers operating in these places consider the girls a fair game sexually (Orubuloye et al, 1993). For example, Orubuloye et al (1993) found that 15% of 467 female hawkers surveyed in two motor-parks in

Ibadan Nigeria, lost their virginity to rape by older men, while 90% reported that drivers, passengers and other men frequently made sexually suggestive advances some of which resulted in sexual intercourse. Fawole and colleagues (2002) also found that of 345 young female hawkers in six bus stations in south-western Nigeria 36% had been raped or sexually harassed, 20% assaulted mainly by drivers and their assistants (Fawole et, 2002).

Another source of concern for young female hawkers operating in motor parks is that many of the drivers in these settings are known to lead sexually risky lifestyles. For example, Osowole (1992) found that 54% of the 233 long distance truck drivers surveyed in Ibadan had multiple sexual partners including

commercial sex workers, along the major trucking routes in the country. Thus, many are likely to be infected with STDs that could be transmitted to the young girls because they cannot negotiate safe sex with these men due to limited knowledge of HIV/AIDS and inexperience due to their young ages, poor economic situation and the cultural taboos in Nigeria where women are expected to play compliant role to men in sexual relationships (Ajuwon et al, 1996).

Interventions to protect young females from sexual violence and HIV infection

Despite increased risk of sexual exploitation faced by young female apprentices and hawkers, few interventions exist to address the peculiar needs of this population. Most intervention programs have targeted young women who are school-based mainly because students are readily accessible. There are limited interventions focusing on apprentices and hawkers because this population is hard-to-reach due to their high level of mobility (Ajuwon et al, 2002; 2003). The following interventions are recommended to meet the peculiar situation of apprentices and hawkers.

Structural and Other Interventions

The vulnerability of young females working in the informal sector is shaped not only by individual factors but also by the nature of the environment in which these women work. A major cause of the economic and sexual exploitation of this population is the lack of regulation in this sector. Therefore, appropriate legislative interventions are required to formalize the relationship between instructors and apprentices. The Nigerian Directorate of Employment should provide appropriate guidance and implementation for this initiative since this is the agency of government that coordinates placement of young Nigerian in apprenticeship training. In addition, men who control the motor-parks as well as instructors should be targets of interventions. The objective of these interventions should be to create work environment that protects young persons from economic and sexual exploitation and mitigate its impact. However structural interventions alone will not be sufficient.

Other suggested interventions include peer education and micro-credit intervention. Peer education involves the use of trained influential members of a

“From a biological perspective, women in general are three times more likely than men to become infected through sexual intercourse when they have sex with an infected person.”

risk group for the education of their colleagues. The use of paid professionalized outreach workers may help assure the quality of prevention activities and enable greater accountability. Under this arrangement, the apprentice tailors would select a representative who would be trained and paid on a full- or part-time basis for a longer period. However, Interventions will only have potential for success if it addresses both HIV/AIDS issues and the underlying poor social and economic conditions of apprentices and hawkers. A microcredit scheme merits consideration here. Microcredit interventions could enable women to gain economic power and thus more readily prevent sexual violence and negotiate safer sex with their male partners (Tawil et al., 1995). Hawkers and apprentices involved in the microcredit program could be organized into small, cooperative societies where the women have access to collateral-free loans to meet basic economic needs and to purchase tools that would help them set up their own businesses, thus enhancing their economic independence. In this sense, the microcredit and peer education elements could be integrated and self-sustaining.

Conclusion

Young women working in the informal sector of the Nigerian economy are vulnerable to dual risks of sexual violence and HIV infection. They are a hard to-reach population whose reproductive health needs are neglected. A combination of structural and complementary interventions including peer education, microcredit intervention programs has the potential to prevent sexual violence and HIV infection in these populations. Legislative reforms that formalize the relationship between an instructor and apprentices may create an environment that discourages sexual exploitation in this informal sector of the Nigerian economy.

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Dr. Ademola J. Ajuwon received Bachelors of Science (BSc) degree in Sociology from the University of Lagos Nigeria in 1984, the Masters of Public Health (MPH) in 1990 and PhD in 2000 from the University of Ibadan, Nigeria. He has been a member of the faculty at the Department of Health Promotion and Education, College of Medicine, University of Ibadan, Nigeria since 1991. He is currently an Associate Professor in this Department and teaches public health education to medical and post-graduate students.

AGE, CLASS, SEX AND THE DANGER BETWEEN: Socio-economic Inequalities and Sexual & Reproductive Vulnerabilities of Young Women in Africa

Akanni Ibukun Akinyemi, and
Felix-mary Uzochi Okpechi

African youth, defined here as persons less than 25 years, are currently faced with a myriad of social, economic and developmental challenges which are intimately linked with their sexual and reproductive health. Economic and developmental opportunities, including but not limited to employment and education, are quite limited for the youth and this may have direct bearing on their sexual and reproductive health. The reverse is also the case, as the sexual and reproductive health outcomes of the youth may in turn affect their development. This article attempts to provide empirical evidence for this synergy of socio-economic development and sexual/reproductive health in the lives of young women in Africa.

Sexuality, Sexual Health, Reproductive Health and the African Woman

Sexuality, sexual health and reproductive health are three interlinked concepts that define sexual relations and its associated problems. Issues around sexuality, sexual health and reproductive health are relatively complex issues with wide interpretations and definitions. According to WHO's, *Technical Consultation Definitions, 2004*) "Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors." Similarly, the (World Association for Sexual Health (1999) observes that:

Human sexuality is constructed through interactions between the individual and wider society, and its development depends on the expression of basic human needs, including intimacy, emotional expression and love.

The converging point of these working definitions is that sexual and reproductive health is influenced by myriads of individual, social and cultural factors. This situation is further complicated by environmental factors in many African states where women in



particular are faced with socio-cultural challenges, ranging from male dominance within the patriarchal system, to discrimination, stereotyping and other gender-based complications. As noted by Khattab (2007), many African societies are witnessing major socio-economic transformations which has disrupted many esteemed values and only produced confusion and social anomalies. The ascension of many socio-cultural anomalies in many African societies also compounded the issue. These transcend to issues related to their sexual and reproductive behavior.

The indicators of sexual and reproductive health in the Africa continent are very challenging, with very appalling indices. For example, despite evidences of stalled fertility rates in some of the countries within the continent, Africa as a whole still has the highest fertility rate in the world. Unwanted fertility continues to thrive, with high rates of unmet needs for contraception. Furthermore, there is a one in 20 chance that an African woman will die due to pregnancy related complication, compared to 1 in 2,800 in industrialized countries (Makinwa-Adebusoye and Tiemoko, 2007). Young African females are also disproportionately affected by

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“Ironically, the highest proportion of young women in Nigeria, Uganda and Zambia with higher-risk sexual behaviour was found among highly educated young women.”

poor sexual relations and unplanned fertility behavior than in any other regions of the world. Globally, evidence has shown that sub-Saharan Africa has the worst indicators of reproductive health and development of youth, particularly young women, as they face the dual highest threat of unwanted pregnancies and HIV. About 59 percent of all unsafe abortions in Africa are estimated to occur to women 24 years or less, while those 15-19 years accounted for 26 percent of all unsafe abortion in the region (Warriner and Shah, 2006).

Evidence from the current review of youth health and development review by Fatusi and Hindin (2010) also confirmed the poor health status of young women in Africa: About two-thirds of global deaths among young people are from sub-Saharan Africa and south-East Asia. It is only in sub-Sahara Africa and South-East Asia that young females died at higher rates than their male counterparts (male ratio of 0.68 in Africa). The relative risk of death among young people in Africa is seven times higher than what obtained in any developed region of the world. Communicable diseases and pregnancy related conditions are the leading causes of mortality among young females in sub-Sahara Africa. Other evidence also confirmed the poor health situation of young females in Africa. For instance, more than 75 percent of young people living with HIV/AIDs in Africa are females (Santosa, 2009) with the odd of infection six times greater among young females than males. Almost two-thirds of all unsafe abortions in sub-Sahara Africa are among young women (WHO, 2007). In sum, sexual and reproductive health situation of young women in Africa is generally poor and demand serious research and policy attention.

Age, African Women and High-Risk Sexual Behaviour

Young women in Africa are highly vulnerable to many social risks. The central point here is anchored on poverty and disempowerment. Evidence from the Demographic Health Survey (DHS) confirmed that about 24 percent of young women in Congo and 16 percent in Nigeria and Uganda had debuted sex by

age 15. About 70 percent of young women in Liberia and 60 percent in Congo had premarital sex. Only 13 percent among this group in Liberia and 20 percent in Congo used a condom during premarital sex. About 13 percent of young women in Congo, 10 percent in Liberia and 8 percent in Tanzania had multiple sexual partners within a year, while less than 50 percent (except for Namibia) of those who had higher risk sex used a condom. Exploring indicators of higher-risk-sex among young women in Nigeria, Uganda and Zambia showed that almost about 30 percent of young women in the three countries had higher-risk sex. Wellings et al (2006) also documented that age-mixing resulting from sexual relationship between young girls and much older men (at times more than 10 years older) constitute HIV risk sustaining factor in the continent. About one-tenth of young girls in Uganda and Zambia had sex within the last one year with someone who was drunk or while drunk. Only about 10 percent of all young girls used a condom during last higher-risk sex, while only 7 percent in Nigeria, 17 percent in Uganda and 23 percent in Zambia are aware of their HIV status.

The implication of these indicators is that HIV/AIDS and other communicable diseases may continue to take a high toll on African women.

The line of thought in this regard is: are young women aware that they have a better choice to enjoy safe sexual and reproductive health life? How do they weigh prevention of high risk behaviour to facing the consequences? For instance, would a young woman insist on safer sex with condom or be prepared to face unwanted pregnancy or unsafe abortion? Illustrating with the case of Benin with a contraceptive prevalence rate of 4 percent among youth (Global Health Council 2002) to a 23 percent unwanted pregnancy rate, can this discrepancy be interpreted to mean that young women in Benin preferred unwanted pregnancy to preventing it? In between these lines, are issues of attracting youth to cultivating healthy sexual lifestyles through responsible

sexual behaviour. The concern therefore is a critical appraisal of family planning service delivery in many African countries. As noted by Fatusi and Hindin (2010), young people's health-related issues, concern and needs are different from others. Young people need services that are designed specifically to meet their needs in a very friendly and effective manner with approaches that are appropriate and acceptable to them, in environment that are respectful to them with the highest confidentiality (WHO, 2002; Fatusi and Hindin, 2010). This is a major challenge in many African countries. Youth friendly centres are rare in the delivery of family planning services. Many of the providers were not also trained in youth-oriented service provision.

Age, Class and Sex: Socio-economic Inequities and Sexual & Reproductive Health Outcomes among Young African Women

Many theoretical researches link economic status to sexual behaviour. The social modelling school of thought believed that a person observes the behavior of other persons and tends to model that behavior, particularly when there is some form of attachment to the others. Proponents of this view believed that young women walk in the step of close relations and set their behaviour as standards. A possible interpretation of this is the tendency for youth to be influenced by their significant others. The social pressure theory emphasized the role of peers, and posited that adoption of a health risk behavior is greatly influenced by peers. Neighborhood context theory explained health behavior through considering the influence of larger social contexts. In this context, the socio-status of the neighborhood influences the behaviour of individuals. Other theories identified that youth sexual behavior may be influenced by personal factors as illustrated by the social cognitive theories through the health belief model. Also, the interactions between the personal factors, proximal context and distal context have been underpinned as imperative for understanding sexual behavior among youth in Africa. In this

vein, the individual personal characteristics as well as other factors including proximal and neighbourhood factors are crucial in the understanding of sexual and reproductive health issues of young women in Africa.

Evidence from existing literatures shows that the individual circumstances of women are important predictors in explaining their sexual and reproductive health issues. In most cases, household poverty was found as the strongest predictor of youth high risk behaviour

The Role of Education

Studies have documented that more educated women start having sex later but delayed marriage to an even great extent, which leads to their being single and sexually active for a longer period of time, and thus to them having a greater number of sexual partners. Ironically, the highest proportion of young women in Nigeria, Uganda and Zambia with higher-risk sexual behaviour was found among highly educated young women (Akinyemi, 2010). Education may therefore provide women the required knowledge about their sexual health but other factors may inhibit even educated women from reaching their sexual and reproductive health goals.

Gender Imbalance

Another very important issue is the social view on what is an acceptable behaviour among youth by the social construct of gender inequalities. Whereas many African culture frowned at pre-marital sexuality among young women, such actions is sometimes applauded as a sign of masculinity among the young males. This puts the young females at more serious reproductive health risks (Roslyn & Kaye, 2005). The inequitable gender norm exposes young women to poor reproductive health outcomes including unwanted pregnancies and abortion.

Conclusion

Research has shown that the social-economic gradients of young women are intertwined with their sexual and reproductive health status. Young women from poor socio-economic backgrounds are more vulnerable to risky sexual behaviour than their counterparts from better economic backgrounds. Correspondingly, young women who experience poor reproductive health outcomes, such as early or premarital pregnancy, premarital births, or are infected with HIV/AIDS, may be limited in terms of future economic opportunities.



Protecting the next generation in Africa therefore needs a pragmatic and holistic approach to improving the sexual and reproductive health of young people, particularly young females

Notes

¹ This refers to the year preceding the Demographic Health Survey in respective countries.

² Definition, according to DHS: The percent of young people (aged 15-24) who had sex with a non-marital, non-cohabiting partner in the last 12 months.

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Akanni I. AKINYEMI, is a Senior Lecturer in the Department of Demography and Social Statistics, Obafemi Awolowo University. His research interests include reproductive health, ageing and migration.

Felix-Mary U. OKPECHI is a Programme Assistant (Research and Documentation) at the Africa Regional Sexuality Resource Centre, a Project of Action Health Incorporated. His interests are in youth sexual and reproductive health and maternal mortality.

Sexual Vulnerability: The Pursuit of Marriage and HIV risk in Zambia

Mambwe Kasese-Hara

The pursuit of marriage is a definitive factor in the sexual vulnerability of young women in Zambia. According to UNAIDS report, sixty percent of women in sub-Saharan Africa are living with HIV, and most of those acquired the virus through heterosexual intercourse with their husband or long-term partner (UNAIDS, 2009). Research in Zambia and Kenya in 2004 showed that marriage increased the frequency of sex and hindered the woman's ability to negotiate condom use or abstain from sex. The purpose of this article is to explore the social and cultural factors surrounding marriage and the pursuit of it, as a factor that exposes both men and women, but more the latter, to the risk of contracting HIV. The article looks specifically at:

- (a) the pursuit of marriage among women, the pressure to get married and if married to remain married against all odds,
- (b) notions of masculinity particularly as they relate to sexuality, and the man's status above a woman, and
- (c) what it would take to change this lethal concoction of the psychological, social and cultural 'mix' that threatens to obliterate any hope that getting rid of heterosexual transmission of HIV/AIDS to future generations in Zambia. (If committing to a monogamous relationship, among the heterosexual population who are the majority in Zambia, cannot guarantee the reduction of chances of HIV risk, then what will?)

Statistics of Young Women Vulnerability in Zambia

Zambia has one of the highest HIV prevalence, with an adult rate of 15.2%, and over 80,000 new infections annually (UNAIDS, October 2010). As a result of the high adult mortality rate, life expectancy had dropped to 37 years in 2005 (UNAIDS/WHO, 2006; Kandala et al., 2008). Although prevalence is still very high, Zambia is one of the four countries among the sub-Saharan African countries with the highest rates

which has managed to reduce new infections by more than 25% between 2001 and 2009 (UNAIDS Global Report, 2011). Whereas in 2005 Zambia had the fourth highest adult prevalence in the world, with 17% of adults aged 15-49 years old having HIV/AIDS (UNAIDS/WHO, 2006 estimates; Kandala et al., 2008), the number of young women aged 15-19 years with HIV/AIDS was six times higher than that of young men of the same ages. Figures from 2001 showed that prevalence was even higher in the age groups of 25-35 years and 36-49 years, and lower in the age bands outside of these, therefore younger (<25 years) and older (50-59 years) age groups had lower prevalence for HIV (Kandala et al. 2008).

Sorrell and Raffaelli (2005) wrote that the activities implicated in the transmission of HIV are at the core of who we are as men and women. And because of this, in order to stem the spread of HIV, we need to understand how culturally constructed notions of gender and sexuality influence the individual's behavior within the changing social and economic realities.

In sub-Saharan Africa, heterosexual intercourse is the main mode of transmission of HIV/AIDS, and because both men and women are involved, both genders must take some responsibility for the state of affairs regarding the HIV/AIDS pandemic. However, the power dynamics that play out in relationships between men and women tend to favor men for the most part. Men have therefore, been blamed in large part for the failure of prevention efforts to reduce HIV transmission in most African countries, due to their resistance to behavioural change (Schoeff, 1995;



Sorrell & Raffaelli, 2005). Men have been seen as both the source of the problem and the solution to the problem. And in Zambia as in other African countries, it is a change in men's sexual behavior which is probably most crucial for reducing the incidence and breaking the hold of the epidemic (Baylies, 2002, p. 351).

It has been suggested that any attempts to design effective HIV prevention programmes require a better understanding of the psychological and social realities of men, their constructions of masculinity and how this plays out in their gender and sexuality (Simpson, 2005; Sorrell & Raffaelli, 2005). In the case of Zambia however, the men's behavior does not entirely complete the picture of HIV/AIDS. Women are implicated in ways that may be difficult to disentangle from 'men factors'; the two are intricately intertwined into a complex ball of psycho-social, and cultural dynamics that need to be brought to the fore of the "collective conscious" in order for the country to stand any chance at a future free of HIV/AIDS.

“When girls in the urban areas complete high school or tertiary education or are at whichever point they feel that they have reached the status of 'woman' and are now ready to pursue marriage, their outlook changes. They become more open to unprotected sex (Baylies, 2002), and the older they grow the more sexual partners they will have concurrently, as they move from one unsuccessful relationship to the next.”

Socio-cultural Values in Zambia: Women, marriage and the risk of HIV

Efforts to fight the spread of HIV have increasingly involved women, partly due to the resistance of men, and also due to the realization that women bear the brunt of HIV/AIDS the most due to their higher vulnerability to HIV. It is also generally realised that the burden of care falls mainly on them.

In Zambia, important factors identified as putting women at risk include:

- women's social & economic dependence on men,
- social acceptance of men having multiple partners, and
- demand for sexual favours by those in positions of influence (Baylies, 2002).

However, the socialization of females to be submissive to males, and to please their partners at the expense of their own pleasure, further exacerbates the situation. According to some Zambian traditional customs, marriage preparation includes instructions (mostly for the woman, and less so for the man), which may include suggestions that women may not refuse sex with their husbands, even when they suspect that he may have other partners, an STD or even HIV and is unwilling to use a condom.

In Zambia therefore, as in some of the other neighbouring countries, marriage does not offer much protection for women via sexual exclusivity (see Clark et al., 2009; Kandala et al., 2008). In Baylies' (2002) extensive study with women in Zambia, the point was repeatedly made that they could not trust their husbands or partners to behave in ways that did not jeopardise their own safety, i.e. they couldn't be certain that their partners were being faithful. A group of male traditional healers in the same study confirmed that it was mainly the men that were a problem. But the women felt unable to challenge their husbands because they feared divorce, and the economic consequences that may ensue for them.

The Pursuit of Marriage

Clark et al (2009) proposed that the desire to find a marriage partner leads to sexual relationships, and people who intend to marry engage in different sexual relationships from those who do not intend to marry. Although engaging in sex is not seen as a must by all who intend to marry, many do engage in it. Sexual intercourse may be seen as a sign of more intimacy, trust. For some, it is also a sign of commitment.

Furthermore, there are ironical implications for the different relationship-modulated attitudes to condom use. Whereas condom use is considered to be acceptable with casual partners, it is seen as unacceptable with more serious partners who may view it as a sign of lack of trust if a partner insisted on it. A related attitude is the feeling of exclusivity, that is, the expectation of people who intend to marry that they will be the only partner. However, in many parts of sub-Saharan Africa extramarital sexual relationships are tolerated for men rather than for women.

In the Zambian context (and perhaps many other African societies), there is significant pressure on young women to get married. The pressure is two-fold, as, for most women the pressure is not only to marry but to marry 'well' (i.e. find someone who is capable of providing for her material needs). Thus, the longer one stays in the age-group considered ideal for marriage (normally once one has completed their schooling and is working) the pursuit for a husband becomes priority, and it may become so compelling that threats to one's life e.g. unsafe sex become secondary in this pursuit. The sexual vulnerability of young women is aggravated in such circumstances.

The preoccupation to find a husband begins to shape one's thoughts and emotions to a point where they can easily justify having an affair with a married man or having unprotected sex with someone who has a reputation for having

multiple partners. It is not uncommon for young women to marry a widower who is known by all to have been widowed more than once in a seemingly short space of time, and whose wives have died of unknown causes (not ruling out HIV/AIDS). When confronted with friendly advice, such women would often brush aside these concerns by arguing that "his wife was bewitched."

The young man on the other hand has a different sort of pressure. He faces pressure to achieve in economic and financial status, and his readiness for marriage is judged according to his worth to provide for a family. The sexual vulnerability of men, both young and old, is therefore a different story.¹

Sundry Social and Developmental Variables

Certain factors of urbanity and social development appear to vary the degree of sexual vulnerability of young women in Zambia, though not to a desirable extent. In cities and towns where most girls are in school and tertiary institutions, the intention to marry during these years is not primary, and although those that are dating may hope to marry their current boyfriend, there is normally an understanding that this is for the future. Research done elsewhere in the region suggests that attending school strongly deters both teenage girls and boys from forming sexual partnerships (Baylies, 2009). As such, both among boys and girls the intention to marry is not pressing among this population and sexual relationships are likely to be deferred or engaged in cautiously in the face of the HIV/AIDS pandemic. Information from the media and educational programmes is likely to be successful at this stage depending on other contextual factors, e.g. poverty, sexual abuse etc. However, the prevalence of infection at this stage will continue to show a higher rate for girls.

When girls in the urban areas complete high school or tertiary education or are at whichever point they feel that they have

reached the status of 'woman' and are now ready to pursue marriage, their outlook changes. They become more open to unprotected sex (Baylies, 2002), and the older they grow the more sexual partners they will have concurrently, as they move from one unsuccessful relationship to the next. As shown by recent statistics, this age group (i.e. 25 years upwards), marks an upward change in HIV prevalence among Zambians (Kandala, 2008) for both men and women. However, as a group the exposure of young women to HIV risk would have increased.

Unmarried women, who have never been married before, may choose to wait patiently for a marriage partner, but, as noted earlier, the pressure from family, friends and society at large manifests in a growing sense of desperation to get married for many. This leads to loosening their boundaries on unprotected sex, sex with married men etc. While married women in Zambian society will have a tendency to adopt more protective attitudes and behaviours to HIV risk partly because of their culture, exposure to this risk remains if not increases for unmarried women.

Both these categories of women are at the mercy of attitudes and behaviours of men, which show little positive change as they grow from young to middle-aged.

Recommendations

Interventions targeting young women at the points of exit in high school and tertiary education must be introduced or strengthened if in existence, to prepare them for the changing arena of socio-cultural dynamics they are about to enter.

The government should recognise the need for safe and inexpensive leisure and entertainment for young people both individuals and families. They must then put into place programmes and structures that can be available with participation by the community, schools, churches, NGOs and investors.

As men are resistant to any counselling and advice on marriage that represents a paradigm shift, the place of employment may be one place where change begins with programmes aimed at strengthening the understanding and responsibility of married men. As employees are expected to undergo a medical examination often, companies & organizations must extend this policy to include offering a couples' assessment

and counselling for general compatibility, communication & longevity. Many companies and organizations in the region have an HIV/AIDS policy, aimed at informing and educating employees. Beyond these, they can undertake to endorse marital relationships among their employees, by having one activity per year for instance in which the employee and partner come in for an enjoyable couple's exercise aimed at fostering understanding between the two, including the other's personality and expectations (Gungor, 2011).

Notes

Editor's Note: Kasese-Hara's comparative analysis of male and female sexual vulnerability in Zambia will be published in forthcoming editions of the *Journal of Sexuality in Africa*.

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Mambwe Kasese-Hara, PhD is a Senior Lecturer in Psychology, School of Human & Community Development of the University of the Witwatersrand, South Africa. She is widely published and is, among others, Co-chair of the Developmental Psychology sub-committees for the International Congress of Psychology (ICP), member, African Research Advisory Panel (ARAP) for the International Society for the Study of Behavioural Development (ISSBD) and Regional coordinator for South Africa on behalf of the ISSBD.

Sex Work, Human Trafficking and Female Vulnerability in Nigeria

Akeem Ayofe Akinwale

The relative population of female to male victims of human trafficking and sex work in Nigeria underscores the fact of female vulnerability in the country. A great majority of trafficked persons and sex workers are women, which implies that human trafficking is also a form of gender-based violence. However, although human trafficking has attracted considerable attention worldwide, its actual dimensions in a developing country like Nigeria have remained hidden or disguised; its dangers have consequently not abated. Aderinto (2007) adduced this situation to secrecy associated with sexual behaviour and the inadequate interest in the study of sex work and therefore empirical studies on human trafficking and sex work in Nigeria. Other scholars also recognised inadequate interest in the issue of sex work despite the proliferation of gender research in Africa since the 1980s (Ampofo, Beoku-Beets, Njambi, and Osirim, 2004).

This article discusses the interface between sex work and human trafficking in the Nigerian context. Instances of the relationship between the two concepts are presented. The rationale for sex work and human trafficking in Nigeria is discussed, with emphasis on women's vulnerability vis-à-vis the adverse socio-economic conditions in the country. The article also considers attempts to eradicate sex work and human trafficking and the problems associated with legalizing sex work as a sometimes proposed solution.

Sex Work and Human Trafficking

Human trafficking implies the recruitment and transportation of persons for servitude within or across national or geographical borders (Carling, 2005; Chukwuma, Osakwe and Ekpeyong, 2002). The largest group of sex workers from Sub-Saharan Africa to Western Europe comes from Nigeria, and they are usually recruited through a specific type of trafficking network (Carling, 2005). The trafficked persons are mostly women.

For its part, sex work is described as an exchange of personal sexual interaction for payment (Aderinto, 2007; Hwang and Bedford, 2003; Pierce, 2003). This personal interaction ranges from flirting, dancing, and drinking to sexual intercourse. The exchange may be voluntary or forced, and



the individuals engaging in sex work are not necessarily the ones making or receiving payment (Hwang and Bedford, 2003).

Sex work is closely associated with human trafficking, which has also been described as a new form of slavery (Aghatise, 2004). Attention has been directed to the situation in Nigeria in which thousands of Nigerian women who engaged in sex work in Europe and elsewhere have been deported back to the country. Over 3,000 sex workers were deported from Italy to Nigeria in 2000 (Panafrican News Agency, 2000), and over 2000 Nigerians were recently deported from North Africa, especially Libya, for various offences including illegal immigration and sex work (Africa News, 2009). The majority of the deportees were women who used Libya as a transit point to Europe. The most important European destination for Nigerian trafficked women is Italy, where over 10,000 Nigerian sex workers can be found. Other significant destinations include the Netherlands and Spain as well as Germany, Belgium, Austria, and the United Kingdom (Carling, 2005). Clearly the objective of human trafficking in this context is the forced sex work of women.

Trafficked women are usually forced to undertake a spiritual oath in order to remain loyal to their sponsor until they refund their debts to their sponsors, which usually takes about three years. After repayment of debts, the trafficked women could work for their sponsor as a supervisor of other sex workers. They could eventually become sponsors of potential trafficked women, thereby expanding the chain of

human trafficking.

Tales of Vulnerability: Causes and Dimensions of Sex Work and Human Trafficking in Nigeria

It has been opined that examining the causative factors of sex work and human trafficking is ultimately more beneficial than pontificating about its inherent morality or immorality. According to Kontula (2008: 613):

It seems that in our efforts to examine the exploitative mechanism characteristic of sex work we should pay less attention to the sex act itself and concentrate on those circumstances in which it is performed. In the life of an individual sex worker, depending on different contexts, sex work can be either a supportive or a destructive factor of sexuality. Instead of arguing that commercial sex is inherently an abusive practice, we should consider under what kind of conditions the sex work takes place.

Researchers believe that human trafficking is generally driven by several factors such as ignorance, poverty, perceived high value of hard currency and the aspiration for quick wealth (Chukwuma, Osakwe and Ekpeyong, 2002). However, a considerable number of the Nigerian women have been lured into sex work through human trafficking. As reported by Chukwuma, Osakwe and Ekpeyong (2002), narratives of trafficked women are replete with experience of deception and exploitation through the nefarious activities of human traffickers and their collaborators in Nigeria and abroad who have treated women as commodities and exported them to Europe and the Middle East in exchange for hard currency. The majority of the trafficked women are aged 15-35 years, representing a significant group of the economically active

and vulnerable labour force. In her study of five cities in Nigeria - Lagos, Ado-Ekiti, Benin, Port Harcourt and Kaduna Caldwell (1995) identified many sex workers aged under 30 years in which over 60 percent claimed to be single.

Beyond the issue of deception by human traffickers, several women have become sex workers in Nigeria due to unstable socio-political economy of the country. Nigerian women are currently vulnerable as a result of poverty and lack of prospect for a bright future. It is noteworthy that poverty stricken areas including places like Ojo and Ajeromi/Ifelodun in the Lagos suburb are responsible for about 90 percent of the sex workers found in Lagos State. Previous studies on the vulnerable groups in Lagos State identified over 9,000 sex workers in five Local Government Areas (LGAs) of Lagos State - Lagos Mainland, Ojo, Epe, Ikeja and Ajeromi Ifelodun (FHI, 2001). Several factors such as availability of markets and high concentration of truckers also contributed to the proliferation of sex work in Lagos State. The clienteles of sex workers comprised diverse groups including truckers/bus drivers, affluent older men, married men and students from tertiary institutions.

Another suggested cause for sex work is that many women shun agriculture and commerce in their quest for white collar jobs, which require a relatively high level of formal education. In the words of Caldwell (1995: 170):

Most girls in southern Nigeria now have some secondary education, and many secondary school leavers feel themselves to be unsuited to the traditional occupations of farming (i.e. shifting cultivation using short-handled hoes) or trading. Many regard these jobs as more degrading than selling sex in the cities. Furthermore, they have a strong desire for the clothes and other possessions that go with a high-earning occupation in the city and envy the well-dressed young women who come back temporarily from urban life.

Getting decent employment may be easy for women with high levels of formal education and some professional training given the ample number of women among magistrates, doctors, teachers, nurses, social workers, and secretaries. It is a known fact that women and men compete for recognition in their attempts to meet the dictates of modern economy. Unfortunately, women appear to be at a disadvantage given their marginalisation in the labour force especially in leadership positions. However, this does not imply an excuse for sex work, which requires little education and training.

It has also been stated that sex work was rare in Nigeria at the inception of the country in 1914 following the

“**sex work is closely associated with human trafficking, which has also been described as a new form of slavery**”

amalgamation of the southern and northern protectorates. Each of these sex workers comprised different autonomous traditional societies. Premarital chastity and marital fidelity used to be a highly priced cultural practice in Nigeria. In his reaction to a popular assumption that Edo State is the origin of the majority of the Nigerian women trafficked for sex work, Aghatise (2004) observed that sex work was not traditionally accepted among the Edo. He added that the Edo communities used to ostracize any woman found guilty of violating the norms of pre-marital chastity and marital fidelity. Casual observation seems to confirm that several women became sex workers as a result of degeneration of traditional values and lack of social welfare.

Consequences of Sex Work and Human Trafficking

Discourses on sex work range from its perception as legitimate labour to the belief that it constitutes a violation of women's rights (Doezema, 2001). There is general agreement among scholars that sex workers are victims of underdevelopment and have been excluded from the protection of the state.

It has been shown that sex work does take a toll on the sex workers:

sex work is considered always injurious because the sex in it is dehumanizing. However, the sex takes on this dehumanizing character because it takes place within sex work...there is no place for the experiences of sex workers who claim their work is not harmful or alienating...the notion of a sex worker who is unharmed by her experience is an ontological impossibility. (Doezema, 2001: 27)

The above submission may not be true for all sex workers, especially those in countries where sex work has been legalised. As discovered by Kontula (2008) in her study of sex work in Finland, the belief that sex work destroys women's ability to enjoy sexual pleasure is not universal because some sex workers derive pleasure in both commercial and private sexual relationships. The pleasure derived by some sex workers may be attributed to the policy of protection granted to sex workers like the case of Finland, where the high level of social security benefits puts sex workers in a relatively strong position. This context protects women from forced sex work as long as citizens enjoy some economic living standard. However, Kontula (2008) found in Finland some groups of sex workers who lacked absolute control of their body:

The experience of sex workers in Finland shows that some problems persist despite the legalization of sex work and protection of sex workers in the country. A key problem rests on the fact that money is a major motivation for sex work and this is closely associated with drug abuse and other vices. The exchange of sexual intercourse for money could also be detrimental to women's dignity. Researchers have shown various negative consequences of sex work on women and the larger society (Aderinto, 2007; Aghatise, 2004; Dalla, 2004; Hwang and Bedford, 2003). This harm of sex work cuts across cultures. For example, a study of 475 sex workers in five countries (South Africa, Zambia, Thailand, Turkey, and the U.S.) found that they generally experienced violence (Hwang and Bedford, 2003). The study also showed that 92 percent of the sex workers disclosed their desire to quit sex work. Many women have been lured into sex work despite its adverse implications.

Beyond the adverse implications of sex work on women, the image of Nigeria is also at stake in the international community because some of the Nigerian women engage in sex work in Europe and elsewhere, thereby building a negative image for their country. This raises the question of the relevance of women in development. Women's contributions to development are significant given the traditional division of labor in African societies. Their relevance to development is not in doubt as they are chief producers of food, first teachers of their children, and key supporters of men both inside and outside their homes. Instances of women's work in agriculture, commerce and household were presented by the United Nations Economic Commission for Africa (UNECA, 1975: 48-50).

Between Legalization and 'Eradication' of Sex Work and Human Trafficking

Attempts to control the incidence of sex work and human trafficking in Nigeria include the ratification of the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons (the Palermo Protocol), the Trafficking in Persons (Prohibition) Law Enforcement and Administration Act of 2001, and establishment of the National Agency for the Prohibition of Traffic in Persons and Other Related Matters (NAPTIP) in 2003 (Aderinto, 2007; Chukwuma, Osakwe and Ekpeyong, 2002).

Article 2 of the United Nations 1949 convention expressly prohibits the establishment of brothels and advocates the

punishment of anyone involved in keeping, financing, managing, or renting a building for purposes of sex work. However, the fact that a considerable number of brothels still exist in many countries indicates that the international framework for the control of sex work by means of agreement protocols is not effective.

Another approach is to provide for the protection of sex workers. For example in 1958, Italy established the Merlin Law which stipulates that a woman could privately engage in sex work as long as the act does not result in the exploitation of the sex worker or any other persons. Unlike the Italian case, no official attempt has been made to specifically protect the rights of sex workers in Nigeria. Thus, women involved in sex work in Nigeria appear to endanger their lives in the absence of state protection.

However, unfortunately, attempts to address the problem of sex work through the legalization of sex work in some countries have proved counterproductive in many respects. Promotion of sex work as a legitimate alternative employment outlet in some countries creates a barrier against attempts to control human trafficking in Nigeria. Aghatise (2004: 1127) reported that: *As long as sex work is tolerated, and governments permit it to be practiced as a legal and valid employment alternative, trafficking in and violence against women will continue... The phenomenon of foreign women and girls who line the roadsides of Italy, having been sold into sex work, has become a notorious fact of Italian life. Most of the women and girls come from Africa and from Eastern Europe where they have been lured into sex work with the promise of higher earnings. Others may think they are coming to work in nightclubs as dancers or entertainers.*

Considering the harrowing experience of sex workers in Australia and Europe, the belief that legalisation of sex work would result in protection of the rights of sex workers is misleading. For instance, despite the legalisation of brothels by some states in Australia, the rights of women involved in sex work have not been protected in the continent. The argument that sex workers would be protected with the regulation of sex work is deceptive because sex work promotes violence against women who may now be legally regarded as commodities.

Conclusion

The link between sex work and human trafficking reflects the fact that women are specifically endangered. Their vulnerability makes them easy prey to human traffickers. This situation is compounded by the



inadequacy of social control mechanisms.

Individual and collective efforts are required to eradicate both sex work and human trafficking. The dignity of women can be restored if every woman partakes in the condemnation of sex work and human trafficking. Social security is also required, as women may not be motivated to denounce sex work and human trafficking unless governments provide social security benefits for the disadvantaged persons.

The mass media and religious institutions also need to intensify efforts in ensuring the restoration of women's dignity, through providing public awareness about the dangers and indignity of sex work and human trafficking.

Attempts to control sex work should also focus on men and the clientele of sex workers. For example, Sweden has made sex work less attractive to men through the promulgation of an Act Prohibiting Purchase of Sexual Services. The Act stipulates a penalty of imprisonment for six months or payment of a fine equivalent to 50 days' income. Such efforts may help to curb the appetite that feeds sex workers and human trafficking.

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Dr Akeem Ayofe Akinwale is Senior Lecturer in the Department of Sociology, Covenant University. His research areas include industrial sociology and development studies. He is an active member of the International Sociological Association (ISA) and the Global Development Network (GDN), a Laureate of the Council for the Development of Social Science Research in Africa (CODESRIA) and a Fellow of African Regional Sexuality Resource Centre

Understanding Young Women's Sexual Vulnerability in South Africa

Mzikazi Nduna and
Zolisa Swaartbooi-Xabadiya

The relatively 'open' discussion of sex related diseases in the recent past has not led to a reduction in the vulnerability of young women. Young people world over are engaging in sex, although the age at sexual debut varies from region to region. While most of this may be voluntary sex motivated by pleasure (Spronk, 2007: 3-8); however, a lot of it is also related to risky sexual behaviour and is associated with the vulnerability of young women.

This paper discusses the sexual vulnerability of young women with specific reference to South Africa. Biological and social aspects of young women's vulnerability are analysed in the paper, drawing on previously published research. As previously explained by analysts, women and specifically black African women, are largely vulnerable to HIV in South Africa (Walker and Gilbert, 2002). This paper brings to the fore the neglected contribution of distress to risky sexual expression. The article cautions against the 'othering' of young women forced to live with diseases such as HIV/AIDS due to their vulnerability.

Biological risk

According to Doyal (1995) and Patton (1994), young women are biologically more prone to infection than older women because of the vulnerability of the female anatomy. Women's genital physiology makes the efficiency of transmission from men to women much higher than from a woman to a man in a sexual intercourse. During sexual intercourse, coital tearing and injury are more common in women and they remain exposed to infectious fluids after the act for longer than are men (MacPhail, et al, 2002).

One of the most critical ways through which women become more vulnerable to HIV infection here is through Sexually Transmitted Infections such as HSV-2, trichomoniasis and bacterial vaginosis (Shisana, et al., (2005). Therefore the health sector has a critical role to play in determining and preventing biological risks for HIV among young women. The roll out of the recently launched Department of Health's HIV counseling and testing (HCT) campaign contributes to this role. This campaign allows for the strengthening of prevention by those who

tested negative, the adoption of protective behaviors to prevent further transmission from those who tested positive and enrolment into management programs, including anti retroviral (ARV) where need be. This campaign is especially important for young women as it will enable them to plan their reproductive future early enough, more so that people living with HIV do want to have babies. Additionally, this campaign could offer STI testing at the same time as HIV testing so as to determine risk.

Psychological factors

There is evidence that the childhood maltreatment, adversity and depressive



symptoms start to influence sexual risk behaviour from as early as age 14 (Jones, 2010). Unfortunately, report linking the mental health of young women to HIV risk is largely missing in work published from the Sub Saharan Africa. Nduna and colleagues (2010) have reported from a population data from South Africa that young women's vulnerability to HIV risk is heightened by depressive mood. In the investigated sample, the prevalence of depressive symptoms among women at, 21.1%, was almost twice as much that of men, reported to be 13.6%. This statistics could be used as a lens to understand young women's psychological state when they enter into relationships. Other papers have shown that relationship distress accounts for these depressive symptoms in women and that the impact of distress on sexual behavior is what contributes to young women's risk for HIV infection (Nduka, M., 2010; Nduka et al, 2010).

The risky sexual behaviors accounted for by depression include higher number of lifetime partners, dating a partner five years and older, engaging in transactional sex

and being a victim of intimate partner physical and sexual abuse.

Sociological risk factors

Girls and young women are in a vulnerable and compromised position of power in sexual relationships, as the ability to be sexually assertive and take bolder positions comes with age and maturity (Spronk, 2007). Social constructs make it difficult for young women to decide to abstain or have protected sex as it is for a man to decide. The young age coupled with societal expectations that girls will be chaste unfortunately means that they are secretive with their sexual expression (Spronk, 2007). This limits their ability to carry around condoms and insist on their use.

In South Africa, there are interventions such as inkciyo ("virginity inspection") to prevent early sexual debut in provinces such as the Kwa-Zulu Natal and the Eastern Cape. Inkciyo targets girls at puberty stage, but this practice has come under fire from opponents who do not consider the girls old enough to give informed consent for inspection of their private parts (Swaartbooi-Xabadiya, 2010). This means that, at the moment, with the 'Abstain, Be Faithful and Condomise' (ABC) campaign there is no concrete unanimously approved intervention to ensure 'A' in the ABC messages. Life skills intervention, usually training workshop based on the premise of empowerment to facilitate informed decisions about prevention and efficient communication in relationships, have not shown much success (Jewkes, et al, 2008).

In a patriarchal society, which South Africa is, sexualized violence is highly prevalent, and victims are invariably young women. The patriarchal culture permits and fails to intervene to protect victims of violence, thus leaving them at risk of HIV though violent rape. Child sexual abuse is a risk factor for HIV that is recognized internationally and it is a critical factor in the spread of HIV risk in young women. The use of post-exposure prophylaxis to prevent HIV infection after a violent sexual assault is available in South Africa, though it is not as successful due to challenges with uptake and adherence to the ART regime (Abrahams and Jewkes, 2010). Sexual violence is a critical factor in the spread of HIV risk in young women.

Gender and gender identity

Das Gupta et al (1995) reiterate the fact that the socialization of girls in the African context portrays men as naturally superior to women in all areas. This ideology

“There is evidence that the childhood maltreatment, adversity and depressive symptoms start to influence sexual risk behaviour from as early as age 14”

prolongs the attitudes of negative discrimination against women (Ogundipe-Leslie, 1993). Vigilant writing and interventions against sexual violence that are based on realistic analyses of the sources of violence against women would go a long way to redress the situation.

Economic vulnerabilities

The main concern driving the young age of onset of HIV infection in young Black African women is their socio-economic position (Walker and Gilbert, 2002). In South Africa, unemployment rates are higher among young women; they continue to face challenges in accessing quality higher education and they drop out of school due to pregnancy. School dropout and HIV risk are intricately linked among young Black women. Studies show that women who do not have access to economic opportunities are more likely to be submissive, resulting in being sexually exploited. The more fragile the woman's economic situation is, the less power she would have in the relationship.

Living with HIV

The meaningful contribution of people living with HIV to the 'fight' against HIV has been observed in an earlier Volume of the Sexuality in Africa Magazine (2006, issue 4) which was dedicated articles to this topic. However, the editorial comment (Tiemoko, 2006), inadvertently suggests that alternative sources of sexual pleasure that are non-penetrative in nature are the realm of people living with HIV. This premise inadvertently contributes to the 'othering' and 'marginalization' of the sexual lives of people living with HIV. Such othering should be avoided if we are to enable forthcoming and honest disclosure of sexual behaviour by People Living with HIV/AIDS (PLWHA) in research and interventions aimed at understanding and contributing to prevention efforts.

Part of the bigger problem that South Africa continues to face is systemic inequalities in health service delivery that exist across social class, occupational groups, gender, race and geographical location (Walker and Gilbert, 2002) and young women are at the worst in terms of exclusion. Infected women are usually from the lower social classes, in rural community are unemployed or hold insecure jobs and are black Africans.

There is lack of gender analysis of data reporting on challenges with ARV

initiation; however, the fact that only half of those eligible get initiated into the treatment on time at a Johannesburg public clinic is appalling (Larson, 2010). The treatment needs of young women living with HIV require analysis and specific intervention.

Conclusions

Certain aspects of young women's risk that are not peculiar to the South African society, such as mandatory testing, have not been discussed in the foregoing. The article has also not discussed the issue of married young women. However, it is important to bear in mind that, although child or early marriage is not prevalent in the South African society, as it is sanctioned by law, where it happens it does reduce the ability of women to negotiate sexuality (Nduna et al, 2010).

Having discussed the most evident factors behind the spread of HIV among young women in the foregoing, we would like to reiterate that this high infection rate among young women would not be possible without a high prevalence environment. Young women in the Southern Africa are no different from elsewhere. But access to prompt and efficient treatment of STIs is different and is behind the spread of HIV here. Efforts to reduce HIV infections among women depend on the political will to reduce HIV incidence in this society so that it is at its minimum. This can be achieved through the empowerment of women economically and socially and through increasing access to ARV for those already living with HIV.

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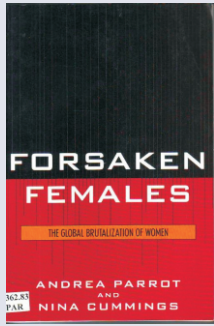
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Mzikazi Nduna is a Lecturer, Department of Psychology, Private Bag X 3, University of The Witwatersrand, South Africa, while Zolisa Swaartbooi-Xabadiya is the HIV/AIDS Prevention Manager, Eastern

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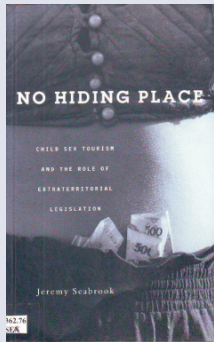
FORSAKEN FEMALES (The Global Brutalization of Women)

Author: Andrea Parrot and Nina Cummings

Publisher: Rowman and Littlefield Publishers, Inc.

ISBN: 0742545792

The book describes the varied types of violence women experience throughout the life course, from female infanticide and genital mutilation to sexual slavery and trafficking. It illuminates from a global perspective the diverse ideologies and cultural conditions that condone and perpetuate such brutality against women. It also describes the physical, emotional and economic impact of such violence.



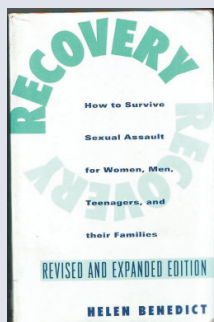
NO HIDING PLACE (Child Sex Tourism and the Role of Extraterritorial Legislation)

Author: Jeremy Seabrook

Publisher: Zed Books Ltd

ISBN: 1856499146

The book examines new departure in international cooperation to suppress sexual abuse of young children whereby a number of countries have passed legislation making possible the arrest and trial of their citizens for these offences even when carried out beyond their borders. It presents a number of case studies from a variety of countries and provides examples of successful prosecutions that have been brought and the obstacles that still stand in the way of using legal instrument to suppress child abuse.



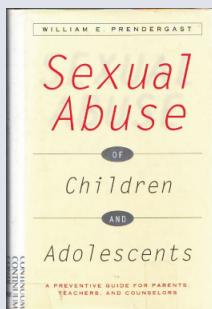
RECOVERY (How to survive sexual assault for women, men, teenagers and their families)

Author: Helen Benedict

Publisher: Columbia University Press

ISBN: 0231096755

The book offers the survivors of rape and their friends and families information and comfort. It also offers advice on how to cope with both the short and long term aftermath of rape. It focuses on rape victims generally ignored in other studies: lesbians, the elderly, teenagers of both sexes, gay and straight men, the disabled and incest survivors.



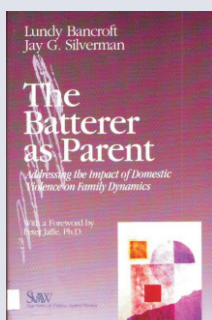
SEXUAL ABUSE OF CHILDREN AND ADOLESCENTS (A preventive Guide for parents, teachers and counselors)

Author: William E. Prendergast

Publisher: Continuum Publishing Company

ISBN: 0826408923

The book focuses on preventing the sexual abuse of so many of our young children and adolescents. The author is convinced that naiveté, denial and complacency by not only the children/adolescents but also by adults, as well as essential factors in these abuses, enables the sexual predator to successfully achieve his perverted needs. Thus, the author proposes a solution which is knowledge for all concerned. This is because, through knowledge, at least 90 percent of seductive molestations can be prevented and smaller molestations can be avoided.



THE BATTERER AS PARENT (Addressing the impact of Domestic Violence on Family Dynamics)

Author: Lundy Bancroft and Jay G. Silverman

Publisher: Sage Publications Inc.

ISBN: 0761922776

This book deepens the reader's understanding of the trauma to children of battered women. It turns the spotlight onto the attitudes and behaviours of batterers as parents, examining in concrete and illuminating detail the home conditions that domestic violence creates. The book also educates one on the world in which batterers live and raise their children. It is a crisp, cogent comprehensive exegesis on batterers, their parenting styles, their custody litigation practices, and the adverse impact of their violence on battered mothers and their children.