

**INTERGENERATIONAL SEXUAL RELATIONSHIP AND RISK OF HIV: A  
SITUATIONAL ANALYSIS OF YOUNG REFUGEE GIRLS IN THE CITY OF  
TSHWANE, SOUTH AFRICA**

by

**TSHIBANGU-KALALA FRANCIS**

Submitted in partial fulfilment of the requirements for the degree of

**MASTER OF ARTS**

in the subject

**SOCIOLOGY (SOCIAL BEHAVIOUR STUDIES IN HIV/AIDS)**

at the

**UNIVERSITY OF SOUTH AFRICA**

**SUPERVISOR: DR AZWIHANGWISI HELEN MAVHANDU-MUDZUSI**

**OCTOBER: 2014**

**DEDICATION**

*This dissertation is dedicated in loving memory of my father, Kalala Tshimakinda Benjamin who passed away before I could even reach this point in my life. His support and encouragement from my childhood through my honours studies have enabled me to become a more responsible and an independent man. May his soul rest in peace and may God protect him wherever he is and may his name never be forgotten.*

**DECLARATION**

I declare that ***INTERGENERATIONAL SEXUAL RELATIONSHIP AND RISK OF HIV: A SITUATIONAL ANALYSIS OF YOUNG REFUGEE GIRLS IN THE CITY OF TSHWANE, SOUTH AFRICA*** is my own work. I further declare that all the sources I have used or quoted have been indicated and acknowledged by means of complete references. This work has not been submitted for any other degree at any other institution.

.....  
**TSHIBANGU KALALA FRANCIS**

.....  
**Date**

## ACKNOWLEDGEMENTS

Many people have contributed to the completion of this research. Therefore, I would like to express my gratitude to the following persons:

- To my mother Margerite Odia Mukengeshay for her loving, motherly support in helping me embrace my studies for a better quality of life.
- My lovely wife, Sarah Kabanga Lumanisha, a gift given from God Almighty. Her presence in my life changed me positively. Thanks for her emotional and moral support during the course of my studies and this research process. As my daily companion and wife, may God bless her.
- My children Ben Kalala Tshimankinda, Joys Tshiowa Tshibangu, Blessing Tshibangu Kalala and Glady Kayembe Tshibangu. As my daily companions also, they inspired me to progress with my studies and this to complete my degree regardless of the difficulties through it all.
- My brother Dr Levi's Kalala Tshimakinda and his family for their financial and moral support as well with great encouragement to stay focused on my studies to completion. May God bless him
- Dr Denise du Toit, my former supervisor for her patience and valuable input during the research process,
- Dr Azwihangwisi Helen Mavhandu-Mudzusi, my current supervisor for her invaluable support and willingness to take up the supervision of my studies at such a crucial point through completion of my studies,
- Dr Eddy Mavungu, my mentor, providing guidance and advice towards achieving this study.
- Dr Gretchen du Plessis and Mr Leon Roets for their encouragement and guidance especially with research methodology aspect of my study. Thank you for equipping me with the necessary knowledge and skills that were crucial to this research.
- Ms Marie Matee, the “unforgotten mother” of our department for her hospitality, nurturing support and guidance.
- Ms Maki Cenge, for providing me also with the much needed academic support with constant reminders of what I was supposed to do. This gave me the impetus

to work under pressure and finish my program.

- Last but not the least, the Kalala family, the Lumanisha family, friends and colleagues all of whom made it possible through their support in one way or the other for me to finish my studies.

***THANK YOU and GOD BLESS YOU ALL***

**INTERGENERATIONAL SEXUAL RELATIONSHIP AND RISK OF HIV: A  
SITUATIONAL ANALYSIS OF YOUNG REFUGEE GIRLS IN THE CITY OF  
TSHWANE, SOUTH AFRICA**

**STUDENT NUMBER: 42962498**

**STUDENT: TSHIBANGU KALALA FRANCIS**

**DEGREE: MASTER OF ARTS  
SOCIOLOGY (SOCIAL BEHAVIOUR STUDIES IN HIV/AIDS)**

**DEPARTMENT: SOCIOLOGY**

**SUPERVISOR: DR AH MAVHANDU MUDZUSI**

**ABSTRACT**

The main purpose of this study was to explore and describe factors that contribute to young refugee girls (aged 15-19 years) to be engaged in intergenerational sexual relationships in the city of Tshwane. A qualitative, exploratory, descriptive study was conducted using semi-structured interviews. Ten refugee girls were purposively selected using snowballing technique. Powerlessness, increased libido, curiosity, perception of inferior status of the women, attitudes towards assertive women, culture, anonymity, high cost of living, unemployment, poor educational status and residential conditions emerged as the main contributing factors to involvement of young refugee girls in intergenerational sexual relationships. These categories were grouped under three themes namely age, gender inequality and low socio-economic factors. In order to reduce the involvement of young refugee girls in intergenerational sex which increases their risk of HIV infections, the study recommends the initiation and/or improvement of programmes for addressing the three identified themes.

**Key-words:** vulnerability, intergenerational sex, refugees, young girls, HIV/AIDS, poverty.

## TABLE OF CONTENTS

<b>CHAPTER 1: ORIENTATION TO THE STUDY .....</b>	<b>1</b>
1.1 INTRODUCTION .....	1
1.2 BACKGROUND TO THE STUDY .....	2
1.3 PROBLEM STATEMENT .....	4
1.4 PURPOSE OF THE STUDY .....	5
1.6 SIGNIFICANCE OF THE STUDY .....	5
1.7 RESEARCH QUESTIONS.....	6
1.8 DEFINITION OF CONCEPTS.....	6
1.9 THEORETICAL FOUNDATION OF THE STUDY .....	7
1.10 RESEARCH DESIGN AND METHOD .....	7
1.11 SCOPE OF THE STUDY .....	7
1.12 ORGANIZATION OF DISSERTATION.....	7
1.13 CONCLUSION.....	8
 <b>CHAPTER 2: LITERATURE REVIEW.....</b>	 <b>9</b>
2.1 INTRODUCTION .....	9
2.2 THEORETICAL FRAMEWORK .....	9
2.3 THE VULNERABILITY OF YOUNG GIRLS TO HIV INFECTION .....	13
2.3.1 Biological Factors.....	13
2.3.2 Social Factors .....	14
2.3.2.1 <i>Gender Inequality and Age</i> .....	14
2.3.2.2 <i>Culture</i> .....	15
2.3.2.3 <i>Economic Factors</i> .....	15
2.3.2.4 <i>Intergenerational Sexual Relationships</i> .....	16

2.4	CONCLUSION.....	21
CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY .....		22
3.1	INTRODUCTION .....	22
3.2	RESEARCH PARADIGM .....	22
3.3	RESEARCH DESIGN .....	22
3.4	RESEARCH METHOD .....	23
3.4.2	Sampling process .....	24
3.4.3	Data Collection .....	25
3.4.4	Data Analysis .....	27
3.5	ETHICAL CONSIDERATIONS .....	28
3.5.3	Voluntary Participation.....	29
3.5.4	Confidentiality, Anonymity and Privacy .....	29
3.5.5	Non-maleficence.....	30
3.5.6	Beneficence .....	30
3.6	MEASURES TO ENSURE TRUSTWORTHINESS.....	31
3.6.1	Credibility .....	31
3.6.2	Dependability .....	31
3.6.3	Confirmability .....	32
3.7	CONCLUSION.....	32
CHAPTER 4 RESULTS AND DISCUSSION OF FINDINGS.....		33
4.1	INTRODUCTION .....	33
4.2	PRESENATATION OF THE RESULTS.....	33



4.2.1	Theme 1: Age .....	34
4.2.1.1	<i>Powerlessness</i> .....	34
4.2.1.2	<i>Increased Sexual Libido</i> .....	36
4.2.1.3	<i>Curiosity</i> .....	37
4.2.2	Theme 2: Gender Inequality.....	38
4.2.2.1	<i>Inferior Status of Women</i> .....	38
4.2.2.2	<i>Attitudes towards Assertive Women</i> .....	40
4.2.2.3	<i>Cultural Beliefs</i> .....	41
4.2.3	Theme 3: Socio-Economic Conditions.....	43
4.2.3.1	<i>Anonymity</i> .....	44
4.2.3.2	<i>High Cost of Living</i> .....	44
4.2.3.3	<i>Unemployment</i> .....	45
4.2.3.	<i>Low Educational Status</i> .....	47
4.2.3.5	<i>Residential Status</i> .....	49
4.3	DISCUSSION OF FINDINGS.....	52
4.3.1	Findings in Relation to the Social Network Theory.....	52
4.4	CONCLUSION.....	54
CHAPTER 5: CONCLUSION, RECOMMENDATION AND LIMITATIONS OF THE STUDY.....		55
5.1	INTRODUCTION .....	55
5.2	SUMMARY OF THE STUDY .....	55
5.3	RECOMMENDATIONS.....	58

<b>5.3.1</b>	<b>Recommendation for Initiation or Enhancement of Programmes for Young Refugee Girls.....</b>	<b>59</b>
<b>5.3.2</b>	<b>Recommendations for Further Studies.....</b>	<b>60</b>
<b>5.4</b>	<b>LIMITATION OF THE STUDY .....</b>	<b>61</b>
<b>6</b>	<b>LIST OF REFERENCES.....</b>	<b>62</b>

**LIST OF TABLES**

Table 3.1: Details of young refugee girls interviewed by the researcher.....26

Table 4.1: Summary of results.....35

**APPENDICES**

**APPENDIX A: CONSENT FORM.....74**

**APPENDIX B: LETTER TO CITY OF TSHWANE MAYOR .....76**

**APPENDIX C: TRANSCRIPT OF INTERVIEW WITH YOUNG REFUGEE GIRL .....78**

**LIST OF ACRONYMS AND ABBREVIATIONS**

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
HCRS	Human Sciences Research Council
IOM	International Organisation of Migration
ICRW	International Center for Research on Women
IUSSP	International Union for the Scientific Study of Population
OXFAM	Oxford Committee for Famine Relief
SANAC	South African National AIDS Council
STI	Sexually Transmitted Infection
UN	United Nations
UNDP	United Nations Development Program
UNICE	United Nation's Children Funds
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNISA	University of South Africa
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNSG	United Nations Secretary-General “

USAID United States Agency for International Development

USHBA Unity of Social Behaviour Study HIV and AIDS

VCT Voluntary Counselling and Testing

WHO World Health Organisation

## **CHAPTER 1: ORIENTATION TO THE STUDY**

### **1.1 INTRODUCTION**

Acquired Immune Deficiency Syndrome (AIDS) has become the most devastating disease that humankind has ever faced since the 1918 Influenza epidemic. In 2001, Joint United Nations Programme on HIV/AIDS (UNAIDS 2000:2) reported that AIDS has become the leading cause of death in sub-Saharan Africa, and the fourth leading cause of death worldwide. Steep declines in life expectancy in many countries have also been reported (UNAIDS 2007:3-9). While data on the Human Immunodeficiency Virus (HIV) prevalence in refugee situations is scarce, it is believed that refugee populations are at an increased risk of contracting the virus during and after displacement, due to factors such as poverty, disruption of family/social structures, health services, increase in sexual violence and increase in socio-economic vulnerability especially with regard to young girls (Nkosana 2006:22; Hope, 2007:24).

The above mentioned factors seem to significantly contribute towards young refugee girls becoming involved in intergenerational sexual relationships as a means to meeting their economic needs. However, such relationships increase their risk of contracting various Sexually Transmitted Infections (STIs) in addition to the potential of spreading such infections including HIV. In worst case scenarios, the lack of power to negotiate safer sex diminishes with increased age of their partners, since older men have money and power, and therefore will have the final say in the relationship or rules of sexual engagement. This study therefore sets out to explore the factors contributing to intergenerational sexual relationships among young refugee girls between the ages of 15 and 19 in South Africa, particularly in the city of Tshwane, Pretoria.

This chapter provides background to the study, problem statement, purpose and objectives of the study, significance of the study, research questions, definition of

concepts, theoretical foundation of the study, synopsis of research design and method, scope of the study and overall organization of the dissertation

## **1.2 BACKGROUND TO THE STUDY**

Since the diagnosis of the first case of HIV infection among human beings at the beginning of the 1980s (UNAIDS 2000:03), the socioeconomic impact of the HIV/AIDS pandemic has tremendously increased the vulnerability of people around the world (UNAIDS 2005:27). Population studies have reported that the HIV infection rate for young African women is five times higher compared to the population of young men. This is largely due to age-mixing, a socio-cultural trend of older men having sex with younger women. Numerous researches on intergenerational sexual relationships have been conducted in sub-Saharan Africa where HIV has devastated families and communities, and where 60% of those living with HIV are young girls (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste & Pillay 2005:25).

This phenomenon is also present in South Africa, and have resulted in an alarmingly HIV infection rate (27.6%) among girls aged 15-19 who are in sexual relationships with men quite older than them by 5 or more years (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van-Wyk, Mbelle, Van Zyl, Parker, Zungu, & Pezi 2009:2). Typically, in sexual relationship with huge age disparity between partners (i.e. girls and men), the girls are less able to control sexual practices and they are not likely to insist on condom use for many reasons, including social norms and lack of the self-perceived risk of HIV. Instead, men largely dictate the conditions of sexual intercourse, including condom and contraceptive use. In instances where girls or young women request condom use, it jeopardises these transactional relationship. More often than not, such relationships are often accompanied by violence. (Lacey & Luff 2007:51).

In the face of poverty or low socio-economic factors, girls or young women even when willing to engage in intergenerational sex, are extremely vulnerable to exploitation (Hope 2007:13). Moreover, even if these girls are not very poor, they are drawn to the



transactional nature of inter-generational sex in lieu of receiving gifts, money or cell phone in exchange for sex (Luke & Kurz 2002:2).

It has also been reported that girls living in poverty are often enticed or coerced into having sex with someone older, especially those in a position of authority, such as an employer or school teacher in order to support themselves and their families (Mills 2006:10). Societal crises such as economic and physical hardships and wars have been identified as some of the factors that can compel girls and young refugee women to exchange sex for survival, especially sex with older men (Nyadzi, 2013: 2; United Nations (UN) 2005:168).

South Africa hosts a large number of refugees and asylum seekers. However, because of economic hardship in neighbouring countries compounded by the porousness of its borders and corruption at its borders illegal immigrants and refugee numbers are on an alarming rise. South African laws regarding refugees are not advantageous to them, and female refugees suffer more than their male counterparts because of cultural prejudice in the form of gender-power relations (Uwabakulikiza 2009:01). The problem of unemployment compounds this scenario leading to the high rate of poverty and inequality amongst this group. The gap between the rich and the poor is considerable and the poor live in abject poverty primarily due to unemployment (Uwabakulikiza 2009:01).

The HIV/AIDS epidemic is a serious social and development problem in many African countries. In Southern Africa, 17 to 22% of girls aged between 15 and 19 years are already infected with HIV, compared to 3 to 7% of boys of a similar age (UNAIDS 2002:10). In South Africa alone, infection figures are approximately 27.6% among girls and young women engaged in intergenerational sex (Shisana et al 2009:41). This has been attributed to the fact that sexual activity begins earlier for girls with greater propensity of engaging in sex with much older partners (Shisana et al 2009:3). Widespread inequalities, including political, social, cultural and human security factors, are reported to exacerbate the situation for young girls (UNAIDS 2002:84). In addition to

the cultural silence on issues surrounding sexuality and the prevalence of abusive intergenerational sexual relationships, another key factor exposing girls to a higher risk of HIV infection is violence in relationships.

Shisana et al (2009: 50) reported that socio-economic disadvantage is a common underlying factor to almost all the risk factors especially because HIV is a greater threat to young refugee girls with limited social and economic resources. In particular, poverty and social isolation are associated with a high HIV infection rate among young girls.. This leads to them becoming involved in intergenerational sexual relationships with older men who can provide them with financial support. Oyediran, Odutolu and Atobatele (2011:50) express that sexual exploitation of young girls occurs when young girls are enticed by wealthy older men to exchange sex for money and material gifts. Conforming to power imbalance between young girls and older men who are more experienced sexual partners, it seems quite difficult for young girls to insist on condom use or to control sexual encounters.

### **1.3 PROBLEM STATEMENT**

Young refugee girls are engaged in sex with older men under the guise of the sensational expression “sugar-daddy” with the primary motive of obtaining economic favours. Young refugee girls enter this type of relationship with the assumption that older men are low-risk partners because they are less likely to be promiscuous and more likely to remain faithful to younger partners than their wives. On the other hand, older men believe that younger women are innocent and sexually inexperienced and are equally low risk partners, and less stressful to handle. This unproven perception of ‘low risk’ on either side or by either party causes them to engage in unprotected sexual intercourse thus increasing the risk of contracting HIV and related sexually transmitted infections. As in relationships where mostly the older men are also married, contraction of HIV in such sexual relationships is prone to spouses contracting the disease from these men. Similarly, other partners of the young refugee girls also become infected. This intergenerational relationship lead to a cyclic or chain reaction of contraction and

spread of the HIV which if not addressed, HIV infection will continue to spread despite all other efforts to combat the spread of infection.

#### **1.4 PURPOSE OF THE STUDY**

The purpose of the study was to explore and describe the factors which contribute to intergenerational sex among young refugee girls (aged 15-19 years) in the city of Tshwane, South Africa. Recommendations regarding programmes for supporting young refugee girls will be made in order to mitigate their vulnerability towards intergenerational sexual relationship.

#### **1.5 RESEARCH OBJECTIVES**

The objectives of this study were as follows:

- To identify contributing factors for engagement in intergenerational sex among young refugee girls in the city of Tshwane; and
- To develop recommendations for interventions to reduce the risk of engaging in intergenerational sex by young refugee girls in the city of Tshwane.

#### **1.6 SIGNIFICANCE OF THE STUDY**

This research is expected to inform the city of Tshwane and concerned stakeholders about factors contributing to intergenerational sexual relationships among young refugee girls between the ages of 15 and 19 in South Africa. It is hoped that the recommendations put forward will assist the city of Tshwane and relevant stakeholders in designing relevant services to support young refugee girls in order to mitigate or alleviate intergenerational sexual engagement activities, and in turn curb the spread of HIV.

## I.7 RESEARCH QUESTIONS

The following research question guided this study:

- What factors contribute to the engagement of young refugee girls in the City of Tshwane into intergenerational sexual activities?

## 1.8 DEFINITION OF CONCEPTS

The following concepts were central to this study:

1.8.1 **Intergenerational Sexual Relationships:** relationships between young women aged 15 to 19 who “have had non-marital sex in the last 12 months with a man who is 10 years (or more) older than themselves” (Hope 2007:09). In this study, the term ‘intergenerational sexual relationships’ will be used to refer to sexual relationships between young refugee girls and older men.

1.8.2 **Older Men:** adult males whose personality changes signify increased levels of maturity and increased control over the environment. (Hope 2007:09). In this study it means any men who are 10years older than his female sexual partner.

1.8.3 **Refugee:** Someone who has been forced to flee from his or her country because of persecution, war, violence and economic hardship (United Nations High Commissioner for Refugees (UNHCR) 2009:3).

1.8.4. **Risk:** is defined as the probability that a person may acquire HIV infection. (UNAIDS 2008:65).

1.8.5 **Young Refugee Girls:** female adolescents aged 15-19 years that have been forced to flee their country because of persecution, war or violence and economic hardship.

## **1.9 THEORETICAL FOUNDATION OF THE STUDY**

Social network theory was used in order to understand the factors contributing to intergenerational relationship among young refugee girls. This theory was considered relevant as it address social ills of such relationships.

## **1.10 RESEARCH DESIGN AND METHOD**

A qualitative, exploratory, descriptive study was conducted among young refugee girls in the city of Tshwane. Purposive non-probability sampling was used to select participants and data collection was conducted by in-depth individual interviews with volunteer research participants. Content analysis was used to analyse the data.

## **1.11 SCOPE OF THE STUDY**

The study focused on the young refugee girls in the city of Tshwane, South Africa. Only ten girls between ages 18 and 19 who were from other African countries were interviewed.

## **1.12 ORGANIZATION OF DISSERTATION**

The dissertation is organised in the following manner:

**Chapter 1:** provides an overview to the study with relevant introduction and background to the study. The chapter further delves into problem statement of the study, purpose and objectives of the study, significance of the study, research questions, definition of concepts, theoretical foundation of the study, brief research design and method, scope of the study and overall structure of the dissertation

**Chapter 2:** focuses on literature review outlining the theoretical framework upon which this study is based, such as social network theory. It further provides insight into similar other studies that have been conducted on intergenerational sex both nationally and internationally with focus also on issues such as vulnerability of young girls in contracting HIV infection, gender inequality, age and age gaps in sexual activity, socio-economic factors, culture, intergenerational sexual relationships and refugee status.

**Chapter 3:** provides a more detailed look at research methodologies used in this study with emphasis on research paradigm, research design, population and sample size, data collection, data analysis, ethical considerations and measures that ensured trustworthiness

**Chapter 4:** Results are discussed under different themes and sub-themes augmented with quotations from participants and from the literature. The chapter concludes with a synopsis of discussions of findings.

**Chapter 5:** final chapter of the dissertation that summarizes findings from the data analysis, indicates the limitations of the study, provides overall summary, conclusion and recommendations from the study.

### **1.13 CONCLUSION**

This chapter has outlined the major issues concerning the study protocol on intergenerational sex among young refugee girls. Relevant information such as introduction, background, statement of the problem, purpose of the study, methodology has been highlighted. The chapter also gave the layout of the whole study

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

A literature review on any topic or issue 'lays the foundation of what is known or unknown from which to work and add to the existing body of knowledge' (Polit & Beck 2004:88). This chapter provides information on the theoretical framework upon which this study is based, such as social network theory. It further provides insight into other studies conducted on intergenerational sex both nationally and internationally focusing on aspects such as the vulnerability of young girls to HIV infection, gender inequality, age, socio-economic factors, culture, intergenerational sexual relationships and refugee status.

### **2.2 THEORETICAL FRAMEWORK**

The study is based on social network theory that provides in-depth understanding of the extent to which broad social forces such as crime rates, income and age disparities influences the structure and function of the social system or networks (Berkman, Glass, Brissette, & Seeman, 2000:849). It also covers interventions that attempt to enhance social networks within the context of community-based problem-solving efforts. Ferlander (2007:117-118) suggests that the term 'social network' refers to the web of social relationships surrounding individuals. In other words, the term social network refers to linkages between people that may or may not provide social support and that may serve in functions other than providing support. The social network approach seems to have emerged from dissatisfaction with a strictly structural approach and was seen to offer a deeper understanding of human behaviour.

Historically the term "a network of social relations" was used to represent a complex set of inter-relationships in a social system" but prior to the 1950s it changed and was used as a metaphorical way of looking at things rather than as an analytical concept

(Landstrom & Lohrke 2010:02). Early writings suggest that network theory was seen as key to bridging sociological analysis of human behaviour and personal or motivational aspects (Landstrom & Lohrke 2010:02). They defined networks as “a group of persons who can get in touch with each other” and contacts as “the individuals who comprise a network.” In addition, the same authors stated that it is better to think of a network as “a set of linkages among persons and contacts, as the set of persons connected by these linkages”.

UNAIDS and World Health Organisation (WHO) (1999:9) argues that the social network theory views social behaviour between people and not as an individual phenomenon, but also through relationships between people. Social network theory takes into account the fact that HIV risk behaviour, unlike many other health behaviours, directly involves a set of linkages between two people (Nyoni 2008:43). With respect to sexual behaviour and relationships, social network theory focuses on the impact of selective mixing, meaning how different people choose with whom they mix, and variations in terms of partnership patterns (length of partnership and overlap). Traditionally, age differences (small to large) between marital partners, is not uncommon throughout Africa (Luke 2003:68). Economic exchange was and continues to be integral aspect of marriage rites (Luke 2003:68). But currently, in this era of HIV and AIDS, this traditional foundation of age and economic asymmetries has new implications.

Women’s increasing dependence on men’s economic support throughout much of the region over the last century (Luke 2003:68) has meant that women’s personal resources, including their sexuality, have newfound economic potential. Pre-marital and extramarital sexual encounters increasingly involve the transfer of material resources such as money and gifts from a man to his female partner (Luke 2003:68). This development has been labelled by some as the “commoditization” or “commercialization” of sexual relations, and ranges from commercial sex to more informal transactions between individual partners (Luke 2003:68).



Therefore, what is being exchanged and between whom has been recently modified. Cash and gifts have increasingly entered into informal sexual relations, and the negotiating parties are more likely to be individual men and young girls other than parents and families. For example, social norms in South Africa and in many sub-Saharan African countries permits or even encourages men to engage in sex with multiple partners, favours sex with younger partners, and dominate sexual decision making (Luke 2003:74). Moreover, economic realities enable men to monopolize sources of income and give older men more social and economic power than younger men (Laga, Schwartlander, Pisani, Salif Sow, & Caraël 2001: 932).

In addition, when men feel like they have power over women or young girls in relationships, they appear not to know or have access to information about safe sex, sexual health and reproductive health. By and large, fear of violent partners, or fear of partners stigmatizing women or girls as sexually promiscuous, prevents women or girls from seeking information about HIV/AIDS, HIV testing and other related health services or treatments. Minimal awareness and education about HIV transmission during sex as well as limited access to protection options for women increase the likelihood of women being exposed to contracting HIV and this reinforces unequal power between women and men. Girls and young women in relationships with older men are even more at risk due to increased lack of knowledge about HIV transmission (United Nation's Children Funds (UNICEF) 2010:1).

Consequently, there seems to be a significant correlation between intergenerational sex, unsafe behaviours, and HIV risk. Gender, age, and economic disparities increases risky sexual behaviour while reducing young woman's ability to negotiate safer sexual behaviours. Research reports have indicated that girls and young women are unable to negotiate condom use in intergenerational sexual relations (UNICEF 2010:1-2). Literature on refugees have also indicated that age and gender inequalities as well as inequalities linked to poverty and social exclusions are amongst other factors influencing young people's vulnerability to sexual and reproductive health problems (WHO 2006:6).

Even as the prevalence of and motivations behind intergenerational sex are contested, a study among young women and girls in South Africa confirms that young women and girls living in poorer households have a higher likelihood of exchanging sex for money and other benefits (International Center for Research on Women (ICRW) 2010:8). The socioeconomic disadvantage and sexual behaviour among young people provides some interesting insights into intergenerational and transactional sex in South Africa. According to ICRW (2010:8), socioeconomic disadvantages measured as low household wealth are associated with younger sex debut activity. There is a high chance that the first experience of sex was non-consensual, with increased odds that a girl could have had transactional sex and experienced physically forced sex. However, wealth status does not have any significant effect on the relative age of a girl's recent partners.

With sexual relationships, social network centres can impact both selective mixing and differences in partnership partners (length of partnership and overlap). Although the complexities of relationships and communication within a relationship differs, yet, even the smallest unit of a social network, is important to the comprehension of HIV transmission in the model, the extent and the nature of the person's broader social network with regards to people's preference, and behaviour, are all vital to understanding individual risk behaviour (Landstrom & Lohrke 2010:4).

As many young refugee girls are unemployed and live in abject poverty because of language difficulties and xenophobic attitudes, it become easier for them to be caught in the social network of intergenerational sexual relationships in order to survive. This type of relationship is associated with high risk of HIV transmission. HIV/AIDS prevention messages do not always reach migrants as a result of language barriers which further complicate the complexities of communication in the relationship (WHO 2006:224).

## **2.3 THE VULNERABILITY OF YOUNG GIRLS TO HIV INFECTION**

Many factors make young girls vulnerable to HIV infection, and for this study, the following factors were considered:

### **2.3.1 Biological Factors**

Research report has indicated that women are biologically more vulnerable to HIV infection than men, as they have a greater surface area of mucous membranes exposed to the virus during sexual intercourse. Girls are also particularly vulnerable, as their membranes have not yet fully developed and are easily permeated (Pisani 2003:27). For men, immature genitalia seem to decrease the risk of transmission (Pisani 2003:27) and uncircumcised genitalia increases risk of transmission. It is also noted that girls tend to start having sex earlier than boys, which further increases the risk of transmission

The literature also suggests that increased biological vulnerability is compounded by an individuals' perception of their inferior social status. A woman is more likely to have unwanted sexual contact, either through being raped or because she lacks the power to refuse her partner's demands in the case of forced or unwanted sex. When the vagina is not lubricated, the tissue tears more easily, increasing women's risk of exposure to HIV (United Nations Educational, Scientific and Cultural Organization (UNESCO) 2009:381). When comparing the risk of transmission from male to female and vice versa, it has been estimated that women's risk of exposure is 2 to 5 times higher than in men (Anderson, Marcovici & Taylor 2002:4).

Research shows that HIV infection as a result of unprotected vaginal intercourse makes it more likely that girls and young women will not only contract the virus, but also

experience a faster progression of the disease, often without their knowledge (Ojo 2011:6). Immaturity of young female reproductive organs exposes young girls to infection much faster than mature women. These biological differences are amplified by deep-rooted gender inequalities and social norms that require women, particularly girls, to be passive and ignorant about sex, and submissive to the will of men in sexual relationships (Anderson, Marcovici & Taylor 2002:4-5).

### **2.3.2 Social Factors**

Various scholars have shown that vulnerability to HIV may be increased by several social factors as discussed in the following sections:

#### **2.3.2.1 *Gender Inequality and Age***

Gender inequalities are inherent to many societies where women and girls are accorded a lower status than men and boys, and this has serious implications for the choices that women and girls make in their lives, especially with regard to when, with whom and how sexual intercourse takes place (UNESCO 2009:22). Such decisions are frequently constrained by coercion and violence in women's relationships with men. In addition, male partners either have sex with sex workers or engage in multiple relationships, and their female partners or spouses are unable to insist on the use of condoms during sexual intercourse either out of fear of losing their main source of livelihood or for fear of any violent reaction. Consequently, many women are left unprotected and are exposed to HIV infection by their male partners (South African National AIDS Council (SANAC) 2006:32). Young girls are often coerced by older men, including male school teachers, into having their first sexual experience with them (Parkes & Heslop 2011:01). Refugee conditions, seem too increase vulnerability to HIV infection, as it is characterised by poverty, powerlessness, homelessness, joblessness and separation from parents or family.

### **2.3.2.2 Culture**

In many cultures, women continue to be expected to be ignorant about sex and passive in sexual relations (Middleton-Lee: 2007:3). In this regard, a study conducted in Rwanda by United Nations Population Fund December (UNFPA) (2000:23) reported that 20% of HIV positive women interviewed had only one partner and 45% contracted the virus from their husbands. Gender inequality prevents many women from using condoms or even discussing their use with a sex partner or spouse (Ngubane 2010:26). A woman who asks her husband to use a condom risks being accused of having extra-marital relationships, and is considered to be stepping beyond her boundaries by being more assertive than the cultural norms allow (UNFPA 2000:23). Regardless of their educational and socio-economic status, it is just quite impossible for a woman to suggest that her spouse or partner use condoms even if she suspects him of having extramarital affair or want to prevent unwanted pregnancy. A complexity of misunderstanding is highly likely to erupt between them, which will leave the woman no other choice but to secretly get protection as her doctor would advise. She cannot blatantly confront her husband (Bauni & Jarabi 2000:73). Consequently, many women's decisions on contraceptive use are shaped by factors such as fear of rejection, violence, false accusation and disapproval from disapproving male partners.

In this context, this study also endeavour to elucidate information on cultural factors and impact relating to such sexual behaviours and how it influences decisions by young girls' engaged in intergenerational sex.

### **2.3.2.3 Economic Factors**

Halperin and Epstein (2007:31) mentioned that poverty does not operate on its own as a risk factor for HIV infection or contraction. Rather, its effect needs to be understood

within a socio-epidemiological context because it works through a myriad of interrelations, including unequal income distribution, economic inequalities between men and women that promote transactional sex, relatively poor public health education and inadequate public health system (Mitton 2000:17). Poverty-related stressors arising from poverty factors in townships such as poor and dense housing, inadequate transportation, sanitation and food, unemployment, poor education, violence, and crime, have all been shown to be associated with increased risk of HIV transmission (Mitton 2000:18).

Several studies have demonstrated that economic factors have powerful effect on individuals, especially from poverty and underemployment perspective (Mulenga 2010:88). Poor economic conditions lead young girls to seek older men who are rich to get money or gifts in kind. It has also been reported by a number of studies that refugee girls between 12 and 17 years regularly had sex for money, cosmetic products, food, basic needs, and ration tickets (Shisana et al 2009:3;UNAIDS 2002:84). These girls then brought their earnings back as a contribution to the family subsistence.

Transactional sexual relationship is often accompanied with sexual exploitation. When young girls usually enter into this type of relationships, they are generally unable to negotiate safe sex. Hallman (2004:190) alludes to the the long held popular perception that in times of economic crisis young women enter into sexual relationships with older or financially-well-to-do men, to meet their basic needs such as food, housing, and clothing but usually have very little power to negotiate safe sex.

#### **2.3.2.4      *Intergenerational Sexual Relationships***

Intergenerational sex or 'age mixing' (age disparity) has been defined as sex between older men and younger women or girls. Relationships between young women and older men or 'sugar daddies' have been viewed by the researchers as one of the major key driver of the HIV epidemic (Hope, 2007:44). While biological factors may to some extent account for young women's increased susceptibility to HIV, there is also clear empirical

evidence that age-mixing between young women or girls and older men plays an important role in the observed differences in epidemiological patterns among young girls and boys of same age (Leclerc-Madlala 2008:17-18).

The literature on this subject makes it clear that in order to understand the context of intergenerational sex, it is useful to examine certain societal norms, such as age of marriage, polygamy and views of masculinity (Hope 2007:3). In most societies around the world, females marry older males, and in agrarian, polygamous societies, there may be large age differences between a man and his younger wives (Hope 2007:3). In Egypt, for example, 65% of adolescent brides marry men that are five or more years older than them, and 24% of adolescent girls marry men 10 or more years older than them (Haberland, Chong & Bracken 2003:216). Engaging in sexual relations with older partners seems to be the norm for adolescent girls in sub-Saharan Africa (Luke & Kurz 2002:3). In almost all countries across the world except for a selected few, multiple partnerships are generally accepted for men but not for women. This is often due to the entrenched social acceptance of polygamy for men.

The United Nations Secretary-General (UNSG) (2004:22) revealed that nearly a quarter of women in their twenties are in relationships with men who are at least ten years older than themselves in Zimbabwe. In the Demographic and Health Survey (DHS), conducted by the HIV/AIDS-related knowledge, the attitudes and behaviour of women aged 15-19 years in Ghana, Kenya, Lesotho, Malawi, Nigeria and Tanzania who had had non-marital sex during the past 12 months versus the percentage who had had non-marital sex with a man at least 10 years older than themselves were measured. The findings ranged from a low percentage in Malawi, where less than one per cent of women aged 15-17 had had sex with partners at least 10 years older than themselves, to a high percentage (more than 21%) of Nigerian women in this age group (United States Agency for International Development.(USAID 2008:72). A similar study conducted with women aged 18-19 on intergenerational sex revealed results of two per cent in Malawi to nearly eight per cent in Ghana (USAID 2008:72). It is quite evident

that women are even less likely in these types of relationships to protect themselves against HIV infection (Luke & Kurz 2002:5).

In South Africa, the 2005 national HIV household survey report revealed high HIV prevalence of 29% among females aged 15-19 years who had male partners who were at least 5 years older than themselves (Shisana et al. 2005:61). The risk of illness and death at some indeterminate future seemed irrelevant when faced with the immediate need to pay school fees or put food on the table. Because of the significant disparity between rich and poor in Southern Africa, intergenerational and transactional sex are often at the top of young people's desire in exchange for luxury goods in a globalising world in which consumerism is prevalent (Hope, 2007:3). Girls and young women are sometimes accused of luring adult men into relationships in order to obtain status and access to the infamous 'four C's': cash, cell phone, clothes and a car, which are mentioned repeatedly during country visits (UNICEF & UNAIDS 2003:109).

According to a research report by Oxford Committee for Famine Relief (Oxfam) (2002:64), the main reason that influences young refugees to enter into intergenerational sexual activities is poverty. It was also noted that, poverty drives many girls to engage in sexual relationships with 'sugar daddies'. The unequal power relations reflected in such relationships affect girls' ability to refuse unsafe sex, hence exposes them to sexually transmitted infections, including HIV/AIDS. Fear of sexual harassment by teachers-, which can result in unwanted pregnancy, was cited as one of the factors that caused parents to stop girls' education (Oxfam 2002:64). "Sugar daddies" are often older men with numerous previous sexual partners, who expose refugee women and girls to potential abuse, unwanted pregnancy and especially HIV infection (Mandela 2002:2).

Refugee women and girls have a heightened dependence on men for physical and economic security. In most cases, women are trying to provide for themselves, their children and even their husbands. In other cases, orphaned girls are fending for themselves and their siblings in what is commonly known as child-headed households.



Sexual exploitation and abuse often happens to these girls. "Survival" or transactional sex is a huge problem among this population (Otsuki 2007:2). Unfortunately, these relationships are often accepted, partly because even when families do not like the idea, older men are seen as providing the much-needed financial and material support in the form of school fees, funds for transport, groceries, and so on. Acceptance is also linked to the double standards associated with male and female sexuality. During a country visit in South Africa, young people revealed that older men often provide the much-needed material support for girls' families, including money for school fees, transport and groceries, reflecting the often intertwined nature of intergenerational sex. Gregson and his colleague (2002:256) agree that girls may even face pressure from their parents to engage in these relationships for the above reasons, or in the hopes of eventual marriage (Luke & Kurz 2002:19).

The above illustration on the term intergenerational sex intends to explain all about the sexual relationship existing between young and older people. Since intergenerational relationships seem to be based on material need even in the light of the risk of contracting HIV infection, this research intends to provide appropriate recommendations based on research findings about possible programmes that can be implemented to prevent HIV infection through intergenerational sexual relationship among young refugee girls as well as how to mitigate this risky behaviour among them.

#### **2.3.4.5      *Refugee Status***

Refugees are people running away either from war or political persecution and economic hardship in their home country. Under such circumstances, refugees experience problems to access basic services in the host country and this causes stress and poverty. Even when migrants such as refugees do find work, job security is often lacking and employment can mean having to accept poorly paid high risk work not even commensurate with their qualifications, background or skills (Carballo 2004:10). This has serious repercussions on the life of an ordinary person let alone a refugee. Lack of

financial resources constrains refugees' ability to access quality services including accommodation, health services, education, and HIV prevention programs. Vulnerabilities encountered (such as food insecurity) tends to directly affect sexual behaviour in such a way that sex may be used as a transaction ensuring safety or food security (International Organization for Migration (IOM) 2010:25). The above illustration tremendously affects a refugee family life, more especially young refugee girls who are unable to support themselves with school fees and others economic needs.

While increased on risky sexual behaviour such as inter-generational and transactional, sex certainly increases the likelihood of contracting or spreading HIV, the reasons for this behaviour must be contextualized beyond aligning migrating refugees with dangerous sexual behaviours. According to the South African Constitution's commitment to human rights and dignity, South Africa has refugee policies that facilitates an individuals' freedom and protection through enabling the temporary integration of refugees into local communities (Landau 2006:310). Unlike other countries in the region, no refugee camps exist in South Africa and many refugees and asylum seekers find themselves in complex urban environments such as Johannesburg and Pretoria.

With the current laws in South Africa, these individuals are assured the right to access existing benefits such as healthcare and education. Refugees and asylum seekers within South African cities are expected to become self-sufficient by earning a living and temporarily integrating within the host community (Landau 2006:311). However, spoken language constitutes a barrier to integration of refugees in their host community. This compounds access to HIV prevention programs and other support mechanisms (IOM 2010:23). The lack of adequate information about HIV transmission among young refugee girls may translate into increased exposure to HIV infection risk, especially for young refugee girls engaged in sexual relationships with older men. Poverty conditions further compounds the situation as it makes it difficult for girls to negotiate safe sex to protect themselves against HIV infection. Young women and girls lacking income-

earning opportunities seek support from men, sometimes trading sex for economic security.

## **2.4 CONCLUSION**

This chapter has provided information on the theoretical framework upon which this study is based and that is the social network theory. It further reviewed findings of similar studies conducted on intergenerational sex with much focus on vulnerability of young girls to HIV infection and causative factors such as gender inequality, age, socio-economic factors, culture, intergenerational sexual relationships and refugee status.

## **CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY**

### **3.1 INTRODUCTION**

The previous chapter focused on literature review into the research problem but also guided the methodology and approach used in this study. The ensuing chapter will describe research paradigm, research design, population and sample, data collection, data analysis, ethical considerations and measures utilized in this study.

### **3.2 RESEARCH PARADIGM**

Considering the purpose of this study, which is to explore and describe the factors contributing to intergenerational sex among young refugee girls, a qualitative paradigm was selected as the most suitable research paradigm. A qualitative study is an inquiry process of understanding a social or human problem based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting (Polit & Beck 2008: 65). According to Babbie and Mouton (2001:270), the main aim of a qualitative research is to understand social action in terms of its specific context, rather than attempting to generalise as applied in quantitative research. A qualitative approach was considered appropriate for this type study as it enabled the researcher(s) to explore and describe the factors contributing to involvement of young refugee girls without removing them from their context.

### **3.3 RESEARCH DESIGN**

A research design is a plan detailing how a research will be conducted. It guides the researcher in planning for and implementing the study (Rubin & Babbie 2011:43). Polit

and Beck (2008:66) specifies that research design is an overall plan that helps a researcher obtain answers to the research questions and helps the researcher address challenges that may arise while conducting the research. As indicated earlier in chapter 1, a qualitative, exploratory, descriptive research design was utilized. A qualitative, exploratory, descriptive research describes the specific details of a situation, social setting, or relationship, and focuses on the 'how' and 'why' questions (Neuman 2003:26). In this study exploratory, descriptive design was applied to adequately gather appropriate information on the study objectives, and to better understand the factors contributing to intergenerational sex among young refugee girls. In hopes of contributing to the solutions of the situation and providing possible recommendations for future studies as well as for strategic applicable programs to address the factors contributing to the involvement of young refugee girls into intergenerational sex.

### **3.4 RESEARCH METHOD**

Research methods refer to the steps, procedures and strategies for collecting and analysing data in a research investigation (Polit & Beck 2008:66). Research methods are discussed under the following subheadings: population, sample and sampling procedure, data collection and data analysis.

#### **3.4.1 Population**

Population is the total number of units that researchers are interested in studying (Parahoo, 2006:271). Polit, Beck and Hungler (2001:95) define 'population' as an aggregate or totality of all the objects, subjects or members that conform to a set of characteristics. Polit and Beck (2004:734) further highlight the aspects of target population and accessible population. A target population is the entire population that a researcher is interested in studying. For this study, the target population was all young refugee girls in South Africa. The accessible population is a subset of the target

population that the researcher will have access to. Young refugee girls in the city of Tshwane, which is the capital of South Africa, were the accessible population residing in that city. This made it easier to access, and communicates with the young refugee girls.

### **3.4.2 Sampling process**

Sampling is the process of selecting a portion of the population to represent the entire population (Polit & Beck 2012: 742). Davis and Scott (2007:158) described sampling as the science and practice of selecting a portion of the population in a manner that allows the entire population to be represented, whereas a sample is a subset of the population comprising those selected to participate in a study (Polit & Beck 2012: 742). Rubin and Babbie (2001:254) describes sample unit as that element, or set of elements which is considered for selection at some stage of the sampling. According to Neuman (2003:210-219), sampling, if well executed, enables the researcher to measure a variable on a smaller set of cases, yet able to generalise results relatively accurately to the research population. Purposive non-probability sampling was used to select the study area and target participants for the study. According to Babbie (2005:189), non-probability sampling refers to any technique in which samples are selected on the basis of the researcher's knowledge of the population and its elements that are similar to the purpose of the study. Examples of purposive sampling are judgemental, quota and snowball sampling.

The researcher used snowball sampling where he approached one young refugee girl known to be involved in intergenerational sex that in turn referred the researcher to other girls involved in similar relationship in the city of Tshwane. This process was applied till data saturation was reached after interviewing participants. Due to possible challenges regarding consent to participate, the ages of participants ranged between 18-19 years. The researcher excluded those under 18 years who will invariably require

parental or guardian consent to participate. Consent was difficult to obtain for those under 18 as some of the refugees do not have parents, and even those that were residing with their parents/guardians indicated that it was difficult to explain the purpose of the study to them as most of the girls did not want their sexual activities known to adults at home.

Table 3.1: Details of Young Refugee Girls Interviewed

Pseudonym	Country of origin	Age
A - Blessing	DRC	18
B - Esther	Tanzania	18
C – Rose	DRC	19
D - Esperance	Zimbabwe	19
F - Sarvy	Zimbabwe	19
G - Kabanga	Kenya	18
H - Glady	Nigeria	19
I - Joys	Rwanda	18
J - Maddy	Zambia	19
k- Prisca	Uganda	18

### 3.4.3 Data Collection

Data collection is the process of gathering information to address a research problem (Polit & Beck 2012:725). In-depth individual interviews were conducted with all the participants who volunteered to participate. Interviews were initiated from a central question: “What are the factors contributing to your involvement in sexual relationship with older man?”

Using Kvale’s (1996: 133-135) guidelines, interviews were conducted as follows:

- The interview primarily centred around intergenerational sex activities
- Each session started with questions on a variety of informal, conversational aspects about being a refugee in South Africa, and moved onto the broad question of what factors are initiating your involvement in sexual relationship with older man?
- Using open-ended probing type questions, more information regarding involvement in intergenerational sexual relationships were asked. This was done to encourage participants to elaborate on their statements, clarify any information or identify emotions around the topic.
- Participants were interviewed individually in the area of their choice where participants felt more comfortable.
- Though young refugee girls showed discomfort, shame and embarrassment in talking about their sexual experiences, the researcher strived to make them feel comfortable.
- Interviews were conducted in English with those who understood English and in French for French speaking persons, and translated into English. All interviews were recorded with the participants' consent. During the interview, the researcher used field notes to capture observations that could not be captured on audio-tape, including the interview setting, non-verbal gestures, and the researchers' own impressions.
- Validation was done through asking related questions to verify observations of non-verbal cues, and to avoid wrong assumptions that might invalidate results.
- The researcher was sensitive to the knowledge and background of the participants and reassured them from time to time about confidentiality and respect for human dignity.
- Throughout the interview process and with each question, the researcher carefully and attentively listened without interruption, thus allowing each participant time to express herself freely. Interpersonal interaction during
- interviews was promoted with minimal encouragement.



### 3.4.4 Data Analysis

Data analysis is a systemic organization and synthesis of the research data (Polit & Beck 2012:725). Mouton, (2001:108) describes data analysis as a process applied and completed to have better understanding of the various elements of the data through an examination of relationships between concepts, and in determining whether or not there are any patterns or trends that can be identified or isolated in the data. In this study, qualitative content analysis was performed to analyse data obtained from interviewing young refugee girls. Qualitative content analysis is the analysis of the content of a narrative data to identify prominent themes and patterns among the themes (Polit & Beck 2012:564). Qualitative content analysis involves breaking down data into small units, coding and naming the units according to the content they represent and grouping coded materials based on shared concepts (Polit & Beck 2012:564). Recorded interviews were transcribed and French versions translated into English. Data was subjected to qualitative content analysis guided by steps described by Tesch (in Lacey & Luff, 2007:29). Data analysis started during data collection. The audio recorded interviews were transcribed verbatim and transcription accuracy was verified by the participants. For those who were French speaking, the transcripts were translated into English by one translator and also back into French by another translator and also taken to the relevant participants for verification of transcription and translation accuracy. Audiotapes were listened to several times to familiarise with the contents.

All transcripts were examined line by line and key statements describing factors contributing to engagement into intergenerational sex by young refugee girls were highlighted and coded. Themes were defined, categorised and formulated into clusters substantiated by direct participant's quotes. To ensure that coding and the themes reflected young refugee girls responses related to factors contributing to their engagement in intergenerational sex, the supervisor who is experienced in qualitative research also re-coded the transcripts to ensure clarity, appropriateness and validity.

Three overarching themes relating to factors that contribute to engagement of young refugee girls into intergenerational sex emerged from the data analysis. Thematic content was validated with all participants. Themes are presented in chapter 4 where findings are discussed.

### **3.5 ETHICAL CONSIDERATIONS**

Ethics is associated with morality and aspects concerned with the matters of right and wrong (Babbie & Mouton 2009: 62). According to Babbie (2010:69) ethics in social research refers to what is proper and improper in the conduct of scientific inquiry. For this study, the following ethical issues were considered: consent, protection of the individual's rights in data collection, privacy, confidentiality and potential harm (Babbie 2010:67).

#### **3.5.1. Protecting the rights of the institution**

The research proposal was reviewed and approved by the department of Sociology at the University of South Africa (UNISA). Requisition to carry out the study was made to the mayor of the city of Tshwane (See appendix B) who gave verbal permission verbally.

#### **3.5.2. Informed consent**

According to Burns and Grove (2009:5) the consent should be informed and be purely voluntary – implying that the research subjects should give consent after assimilation of essential information. The researcher provided detailed information concerning the

purpose and nature of the research study to participants. The informed consent had four essential parts/elements to it and these include: disclosure of essential information, comprehension, competency and voluntarism. Participants were informed about the inclusion criteria and that is: that they were included in the study because they fell between the ages 18 and 19 years, they were young refugee girls and were involved in intergenerational sex. The participants were further informed about the purpose of the proposed study. Finally the aspect of voluntary participation was stressed and only those who signed the consent form and were of age to do so were included in the study. For French speakers who did not understand English, they were given a consent form written in French. The content of the consent form was also explained to the participant before signing. (See appendix A for the sample of consent form used).

### **3.5.3 Voluntary Participation**

No one was coerced to participate in this study. Participants were appropriately informed about the purpose of the study and invited to participate. Participation in the study was voluntary, and participants' were strongly assured of their rights to anonymity and confidentiality, as set out in the consent form (Appendix: A).

### **3.5.4 Confidentiality, Anonymity and Privacy**

Confidentiality refers to the researcher's responsibility of making sure that information obtained during the course of the study is not divulged to any other person. The participants were assured that information obtained shall not be shared without their permission. On the other hand anonymity is achieved in a research if the readers of the findings cannot identify a given response by a specific participant (Babbie 2010:70). To assure and maintain anonymity and confidentiality of opinions/responses of all participants, the identity of interviewees are not mentioned or reported in this study. Instead, pseudonyms were used. To ensure privacy, participants were interviewed

individually in the area of their choice where participants felt more comfortable and secure.

### **3.5.5 Non-maleficence**

According to Babbie (2010:71) this principle refers to a researcher's responsibility and duty to avoid, prevent or minimise harm to research subjects. Participants presumably suffered physical or psychological harm as a result of this study. The fact that participants willingly consented to be interviewed minimized the probability of psychological harm. It was also ensured that the venue and interview conditions were conducive for safe and adequate exchange of information. A debriefing interview followed after completion of the main interview and other follow-up meetings also took place, depending on the availability of participants.

### **3.5.6 Beneficence**

The ethical principle of beneficence refers to maximising benefits versus risks in a study and preventing any harm (Babbie, 2010:71). The principle of beneficence encompasses freedom from harm and exploitation (Graziano & Rualin 2004:268). As mentioned before, participants were informed of the nature, purpose and significance of the study, and assured that no harm will ensue from their participation in the study. Participants were informed that they would not receive any monetary benefits as a result of their participation in this study. In any case, it is hoped that the research findings of this study will benefit not only the institutions involved in the process of this study, but equally the respective decision authorities of the study area and interested stake holders that will act accordingly with interest to help improve the quality of guidance provided to young refugee girls (Pera & Van Tonder 2005:147).

## **3.6 MEASURES TO ENSURE TRUSTWORTHINESS**

Trustworthiness ensures validity and reliability of research findings in qualitative research. Considerable strategies described in the literature to ensure trustworthiness were applied and the following measures to ensure credibility were followed:

### **3.6.1 Credibility**

According to Moule and Goodman (2009:188), a study has credible findings if it reflects the experience and perceptions of research participants that enhances credibility. Very good rapport and trust with the young refugee girls had to be established and knowingly to participants, a tape recorder was used to capture all data and information shared during the interview. In addition, transcripts verification was done to allow participants to check and verify information recorded by replaying the recordings to them. As indicated earlier, for those who were interviewed in French, the transcripts were translated into English and then another person who is an expert in both English and French translated the transcript back to French language to ensure that meaning was not lost during the translation process.

### **3.6.2 Dependability**

As Moule and Goodman (2009:189) puts it, 'dependability' refers to the reliability of data over time and the conditions under which it was obtained. They further indicated that establishing dependability can be seen as a parallel process to that of confirming reliability in quantitative data. On a related note, Rees (2009:239) indicated that if credibility is established then dependability is said to have been achieved. In this study, an independent co-coder was used to help ensure consistency of the findings.

Dependability was further enhanced in that the exact methods of data collection, analysis and interpretation was precisely described and achieved.

### **3.6.3 Confirmability**

Moule and Goodman (2009:190) view confirmability as a mechanism for ensuring that the data precisely represents information that participants have provided. They further stated that confirmability is a measure of the objectivity of a data in which findings are subjected to an audit to establish the trustworthiness of that data. This strategy goes hand in hand with auditability. According to Burns and Grove (2009:688), auditability refers to the rigorous development of a decision trail reported in sufficient details to allow a second qualitative researcher, using the original data and decision trail, to arrive at conclusions similar to those of the original qualitative researcher. In this case, confirmability is ensured by checking facts and follow-up questions through probing to confirm if the researcher understood exactly what the participant had said and what it meant.

## **3.7 CONCLUSION**

Thus far, this chapter has provided some overview on the research paradigm, research design, as well as information on the population and sample of the study. Equally as well, data collection and data analysis methods were described, and possible ethical measures followed and measures that ensured trustworthiness were also discussed.

## **CHAPTER 4: RESULTS AND DISCUSSION OF FINDINGS**

### **4.1 INTRODUCTION**

This chapter covers the results and discussions of findings. Results are discussed under themes and sub-categories. The main themes discussed are age, gender inequality and socio-economic status. Under age, categories described include powerlessness, increased libido and curiosity. Theme two covers gender inequality with focus on issues of perceived inferiority status of women, attitudes towards assertive women and cultural factors. Theme three covers socioeconomic factor addresses aspects of anonymity and high cost of living, unemployment, poor educational status and residential status. The chapter concludes with discussions of the findings in relation to literature reviewed thus far.

### **4.2 PRESENTATION OF THE RESULTS**

Study strata as discussed under themes and sub-categories presented in Table 4.1.

Table 4.1: Summary of Results

<b>Themes</b>	<b>Categories</b>
Theme 1: Age	Powerlessness Increased sexual libido Curiosity
Theme 2: Gender Inequality	Inferior status of women Attitudes towards assertive women Cultural factors
Theme 3: Socio-Economic Conditions	Anonymity High cost of living Unemployment Low educational status Residential status

#### **4.2.1 Theme 1: Age**

As revealed in the findings of this study, age is one of the major factors that contributed to engagement in intergenerational relationship as a result of powerlessness, increased libido and curiosity.

##### **4.2.1.1 *Powerlessness***

Young refugee girls are coerced to engage in intergenerational relationship with older persons irrespective of age discrepancy and they are often unable to say no to them particularly when family is supportive of the idea for financial or material gain. Older men being their fathers' age perhaps psychologically compels them to respect and say yes to engage in a relationship, or makes them feel secured and assured of support in comparison to men their age. Statements like:



*“He is much older than me. I feel it is not easy to say no to what he says...”*

*“This man has the age of my father. When he speaks, I am unable to say no”*

This leads one to believe that young girls or women really struggle with a complex decision process leading up to their engagement in intergenerational sexual encounters.

Since the fledgling age of these girls or women decreases their ability to insist on safe sex during intercourse, age must be viewed more as an impacting factor with regards to their vulnerability in intergenerational sexual relationships. Since they are much younger than their partners, they are likely to have less power in decision making regarding when and how to have sex. Luke and Kurz (2002) argue that because of the limited negotiating power of young girls with regard to sexuality and reproduction, sexual partnerships between young girls and older men are fundamentally imbalanced, with men having more power.

Indeed, it appears that the fact that these girls are much younger puts them in an inferior position and makes them feel powerless in terms of refusing to engage in the relationship and also negotiating safe sex. As one stated in the statement below:

*“It was difficult for me to insist on the use of condoms when I was dealing with a partner who was 10 years older than me because I felt inferior and abused by him in light of my lack of knowledge and power to refuse”.*

By and large, age is a contributing factor because a young age is typically associated with overall lack of experience and capacity to think, and make informed decisions. In addition, young girls' older partners, who are more astute and can easily persuade them to abandon their initial prudent stance for any number of nonsensical or unreasonable reasons. These girls do not truly have a lot of experience to help them negotiate their demands from older men who most of the time, are more experienced with regard to sexual issues and have more knowledge about HIV prevention. In another statement, one participant stated:

*“it was difficult for me to make decisions on sexual issues with my boyfriend because he used to say that I am younger than him and I do not know anything*

*about sex.”*

A younger age is an indicator of defiance and ignorance on the part of these young girls (Luke & Kurz 2002:6). It has been argued that the greater the age difference between partners, the greater the risk of HIV infection for adolescent girls, because there is evidence that unsafe behaviours such as non-use of condoms and non-discussion of HIV with a partner are closely linked to significant age differences between sexual partners (Hope 2007:16). One participant stated:

*“Though I know that he has sexual relationship with other girls and there is a risk of HIV contraction or contraction of STDs, I feel disempowered to take a firm decision.”*

Hence, it appears that young girls face difficulties in negotiating sexual relationships because they feel inferior to their much older partners.

Another notable aspect of powerlessness in young refugee girls engaged in inter-generational sexual activities is fear in the sense that there is absence of support. In other words and more especially in refugee situations, the move to a new community, not knowing the do's and don'ts, authority figures to report to, how things work (straight and narrow or corrupt), are all complex interacting concerns that exacerbates powerlessness in these young refugee girls.

#### **4.2.1.2      *Increased Sexual Libido***

Age is also associated with high libido, which leads young refugee girls to seek all kinds of sexual relationships, including intergenerational sex. With the attainment of puberty, hormonal changes occur, and the production of androgens in young people of both

sexes in particular leads to increased sex drive (Berk 2012:212). In response, adolescents become very concerned about managing sexual urges and sexuality in social relationships. Young girls have more raging sex hormones than older girls or older men. This influences their sexual behaviour, as they experience great and sometimes uncontrollable sexual urges and appetite with strong natural desire to have sex more frequently than much older girls or women. Therefore, the risk of exposure to HIV infection increases as opportunities for sexual encounters increases. One participants' statement with regards to the reasons for her involvement in sexual relationships confirms the above analysis:

*"I used to have sex with my partner not only because of money and gift but because most of the time I feel the desire to have sex. This desire pushes me to have sex with anyone who can invite me to have sex with them".*

This goes to say that young girls can also be exposed to intergenerational sex and the risk of HIV infection due to the fact that their age is associated with heightened sexual urges.

#### **4.2.1.3 Curiosity**

Curiosity is the desire to explore everything, including sexual experiences. This also exposes young girls to the risk of HIV infection, particularly if they are involved in intergenerational sexual relationships. Some people, however, are concerned that providing information about sex and sexuality arouses curiosity and can lead to sexual experimentation (Berk 2012:212). A candid participant stated:

*"I got involved in sexual matters by curiosity to experiment what I heard from friends, saw on television, and heard on radio. So, I also felt the need to practice it in my life".*

Similarly, another participant said:

*"I got involved in sex with an older person in order to discover what the*

*relationship was offering”.*

Thus, to experiment and discover sexual fulfilment and benefits that intergenerational sex offers, young girls get involved in a variety of sexual relationships and run the risk of contracting HIV infection. Indeed, the age group that is considered in this study is that period during which young girls feel the desire to try out everything and anything, including sex with older men, that especially makes them vulnerable to contracting HIV infection.

#### **4.2.2 Theme 2: Gender Inequality**

Apart from age, gender inequalities also significantly contribute to young refugee women’s engagement in intergenerational sex. As discussed earlier, gender inequality, which by every means still prevails in contemporary society, also renders young girls vulnerable to intergenerational sexual relationships. Gender inequality refers to power differentials based on sexual identity between sex partners, and this plays an important role in influencing decision-making in relationships.

##### **4.2.2.1 Inferior Status of Women**

Women are generally considered inferior to men across all societies in the world. This is the same way young refugee girls are treated compared to young refugee boys. Women feel disempowered with regards to decision making processes because of the prevailing position which attributes more power to men than women. One participant stated:

*“I could not make the right decision during sexual intercourse because I was feeling powerless than my partner and I was supposed to follow everything that he was telling me”.*

To this point, much can be said about gender inequality which reduces women and young girls' ability to negotiate safer sex with their partner or even refuse engaging into intergenerational relationship because older men are in fact unlikely to tolerate refusals from girls. Again, this exposes young girls to the risk of HIV infection.

Gender cultural and non-cultural norms may discourage women, especially young or unmarried ones from appearing to know or acquiring knowledge about sexual matters, or from suggesting the use of condoms or contraceptives (Anderson, Marcovici & Taylor 2002:5). When gender norms, customs and laws relegate women to a lower status and value, this makes women particularly vulnerable in sexual activities that in turn make them vulnerable to contracting HIV. In many countries, researchers have noted that gender issues are at the core of the country's HIV epidemic, which is "fueled by specific sexual behavior in which women often have little or no decision-making power in their sexual relations" (Antwi & Oppong, 2003:6).

Gender inequality may prevent young girls from revealing their in-depth knowledge of sexual matters, including contraceptives use and the use of HIV prevention strategies (USAID, 2011:7). This can sometimes become a problem because young girls then end up not sharing their knowledge about HIV prevention or condom use, which exposes them to HIV infection. Gender inequality negatively affects young girls' ability to be informed about sex, protection, access to services and to use their knowledge about sex where applicable. Gender norms related to sex can have detrimental effects on young women as well as on girls, particularly in terms of STIs and HIV, as well as the risk of sexual and physical violence (USAID, 2011:9). A participant reported saying:

*"With lack of knowledge about HIV prevention due to the stigma attached to gender inequality in the above statement that young girls do not have access to information relating to sexual issues makes me unable to discuss anything about safe sex".*

Indeed, the lack of information about HIV prevention compounded by gender norms exposes young girls involved in intergenerational sexual relationships to sexual manipulation and HIV infection.

#### **4.2.2.2 Attitudes towards Assertive Women**

Young girls are unable to request condoms in a relationship as it is assumed that a woman who asks her partner to use a condom risks being accused of having extramarital relationships, and is considered to be stepping beyond her boundaries by being more assertive than the cultural norms allow (Halperin & Epstein, 2007). One participant related her experience in this situation and stated:

*“It was very difficult, because he used to say that he is the man and the last word and taking decisions belongs to him. So with fear and knowledge learned from my culture I have to respect the man. This pushed me to accept everything that he said in to keep him with me”.*

The fear of being assertive in relationships can lead to risky sexual behaviour, including intergenerational sexual relationships. This is alluded to in one USAID report (USAID, 2011:5). Gender inequality prevents many women from using condoms or even discussing their use with a sex partner.

Therefore, to prevent the spread of HIV infection among young refugee girls who are involved in risky sexual behaviours, it is important to take the communication between partners regarding sexual intercourse into consideration, because gender inequality between partners decreases the likelihood that a young girl can successfully negotiate the use of condoms during sexual intercourse. All this exposes young girls to the risk of contracting HIV infection.

### **4.2.2.3 Cultural Beliefs**

Cultural beliefs are among the factors contributing to young refugee girls being vulnerable to intergenerational sexual relationships. Cultural beliefs tend to decrease young girls' ability to discuss safe sex when dealing with older men. This increases young refugee girls' chances of being infected by HIV. This is because dominant African cultural norms prescribe that women must be obedient to their male partners and that young people must have respect for and show obedience to older people. Another participant said:

*“I was supposed to accept all propositions from my partner who was 5 years older than me. The respect thought to me in my culture preceded everything and my culture taught me to respect my husband and older people. As a result, it was difficult to refuse any of my partner's demands”.*

This actually points to a crucial fact that cultural beliefs lead young girls to accept intergenerational sex because they believe that it would be disrespectful to turn down older men's sexual advances. Indeed, African cultural values, especially respect for men and older people, make it difficult for women and young girls to unveil and utilize their knowledge let alone negotiate sexual issues as to whether or not, when and how to have a sexual relationship.

According to some African cultures, girls are still regarded by men as objects of pleasure or trophies, and should therefore not resist or refuse men's sexual advances. This is how young girls are perceived by older men and stagnates in intergenerational sexual relationships. Mulumeoderhwa (2007:8) highlights that this prevailing view of masculinity persists, perpetuating the belief that men need frequent sexual gratification and multiple partners. This further enables men to sprawl their sexual network including

their spouse, casual girlfriends and adolescent girls as non-marital sexual partners. One participant on this issue said:

*“I could not control myself because my partner was telling me that according to his culture man can have sex with his partner anytime ‘he’ wants and that she cannot refuse. In other words, I am obliged to accept whatever demand he puts on me because I need him and need to keep him with me”.*

Another participant also reported saying:

*“According to my culture women do not have the right to refuse sexual demand from their partner because it can cause him to seek sexual satisfaction outside the relationship and it will be the woman’s fault. As such, it really becomes difficult for me to reject the demand of sex from my partner because he would think that I do have another partner or he will make it an excuse to go and satisfy himself elsewhere and in so doing pass unto me sexual infections”.*

Yet another participant had this to say:

*“In my culture a woman is considered like a thing, men can buy a woman in order to satisfy their needs”.*

What this strongly implies is that girls are bound to get involved in intergenerational sexual relationships because men think that they are entitled to a woman's body. They do not imagine that a woman has any human or emotional right to refuse their demands for sex. There are also cultural beliefs that an older man is better suited for taking care of a young girl and protecting her and this perception leads young refugee girls to live with an older man for a so called protection in exchange for material, financial or physical gain (Leclerc-Madlala 2008:22).

As a more experienced human being, one would think that an older man is more seen as someone who will be a father figure and help a young girl deal with some of the



hardships of life with no strings attached. Instead and on the contrary, men often abuse their age, status or position just to manipulate young girls with regard to sex and these girls find it difficult to negotiate safe sex. According to some African tradition and culture, women are expected to exclusively assume the roles of mothers and wives and fulfilling sexual desires or gratifications of men or their spouses. Women are also seen as nurturing beings, and as such expected to be home makers and take care of the children. They are also expected to be obedient and subservient to men. Worst more, they are also seen as being less capable, physically, mentally and in all areas outside their accepted roles, than men. As such they are made to believe right from childhood to be the ones only in need of protection, guidance, supervision and leadership from men (Leclerc-Madlala 2008:19). Thus, it is explicitly accepted that men would play decision making and leadership roles in society, while women would play subservient, supporting and nurturing roles. One participant reported that:

*“In my culture to have a partner who is five years older than the wife is preferable because it means that he is capable of taking care of me “*

*Another said:*

*“Older men provide affection, protection and they know how to take care of young girls as compared to young men. That is why I support my culture which says that it is better to have a man who is older than you because he will be able to protect you”.*

The fact that women have been nurtured to believe that a relationship with an older man will give them protection makes them vulnerable.

### **4.2.3 Theme 3: Socio-Economic Conditions**

This theme or section provides a deeper understanding of how socio-economic factors render young refugees girls vulnerable to intergenerational sexual relationships. The aspects discussed under socio-economic factors include anonymity and high cost of

living, unemployment, poor educational status and residential status.

#### **4.2.3.1 Anonymity**

Anonymity associated with living in big cities like Pretoria is also a contributing factor in intergenerational sexual relationships. Sexual practices of this nature would likely be objectionable in rural areas or less crowded towns, but is normal as both partners feel anonymous in the context of a big city. This is even facilitated in instances where young girls rent their own room and live there without parental supervision. This leads them to be involved in sexual relationships such as intergenerational sex. One of the participants said:

*“I feel free to live with any man including older men in the city of Tshwane because the city is big and no one can control my life”.*

Another participant with similar view stated:

*“I am free to welcome in my bedroom my partner and do what I need because no one can disturb me”.*

#### **4.2.3.2 High Cost of Living**

Living conditions and urban lifestyles in the city of Tshwane leads young girls to become involved in intergenerational sexual relationships. The high and increasing cost of living, young girls who live in the city of Tshwane, specifically young refugee girls, believe that the only way to deal with these difficult situations is to become involved in a romantic relationship with a man who is working and can provide for them to meet their economic needs. One of the participants stated thus:

*“My partner has free hands on me in my bedroom because he is the one who takes care of me and who pays my accommodation”.*

Indeed, this is one of the main factors exposing young girls to a higher HIV infection rate in urban areas than in rural or semi-urban areas.

#### **4.2.3.3 Unemployment**

Unemployment is one of the factors also noted to contribute to young girls' vulnerability to risky sexual behaviour, including intergenerational sex. Girls whose parents are not working run the risk of becoming involved in risky sexual behaviour because they resort to intergenerational sexual relationships to get money and satisfy other material needs. Unemployment in South Africa is on the rise and a problem even for South African citizens. According to Mubangizi et al (2005), the problem of unemployment exacerbates the high rate of poverty and inequality in South Africa. The gap between the rich and the poor is considerably large, and the poor live in abject poverty due to escalating unemployment rates (Uwabakulikiza 2009:01). This affects young refugee girls who are unemployed. In fact, this propels the sexual behaviour of young refugee girls who make use of transactional sex to meet their basic and material needs, even though the consequences might be devastating. A participant stated that:

*“To find a job in this country (South Africa) is very difficult. Due to a lack of employment, I am involved in an intergenerational sexual relationship because I get money and gifts in exchange for sex. These goods help me provide for my needs in the absence of a job which is difficult to find.”*

Another participant also said:

*“Since the death of my mother, who provided me with food, school fees and accommodation, I have found myself unable to afford to pay for my expenses. Giving the fact that I am unemployed, I decided to get involved in sexual relationships with older men who could provide me with money and gifts in exchange for sex”.*

Research indicates that economically vulnerable women are less likely to terminate a potentially dangerous relationship, less likely to have access to information regarding HIV/AIDS and to use of condoms, hence they are more likely to resort to high-risk behaviors as source of income (Leclerc-Madlala 2008:19). In economically desperate circumstances, women may exchange sex not only for money and food, but for other favors as well (UNGASS 2002:11).

Unemployment increases young girls' chances of becoming involved in intergenerational sexual relationships and makes them dependent on men for physical and economic security. According to Otsuki (2007:03) "sugar daddies" are often older men with numerous sexual partners, who expose refugee women and girls to potential abuse, pregnancy and especially HIV infection. One participant said:

*"I got involved in prostitution in order to solve the problems that I was facing. However, I did not find the solution and the problem was intensified by having unprotected sex. As a result, I fell pregnant and had a baby who I had to take care of".*

A second participant alluded to this in saying:

*"I was living without any support because no one was able to help me. So to survive I did put myself into prostitution and most of my customers were older working men. Using condoms in such relationship was very difficult for me because it seems like losing my self-esteem to my customers. Besides, there is also increasing price when a customer ask to have sex without condoms".*

Indeed, it seems that when young girls are in an unemployment position they seek older men who can provide and meet their needs. Yet again, this type of relationship is accompanied by a high risk of contracting HIV and other sexual infections. Such unstable unemployment circumstances, exposes and increases women's vulnerability to HIV. The fact that fewer women are employed, have less job security and are paid less results in women's economic dependence on men. This creates a relationship in which

the man's decisions are given priority with regard to various matters, including sexual relations, use of protection, household spending on health and access to health care (Leclerc-Madlala 2008:19-20).

#### **4.2.3. Low Educational Status**

Poverty is the reason why many young girls could not complete their education and contributing to their vulnerability, because when young girls are deprived of education, they are more likely to become involved in transactional and intergenerational sexual relationships. Lack of education reduces a young girl's ability to understand and practice HIV prevention techniques. One study participant said:

*"I could not have access to education because I wasn't attending school due to lack of money to pay my school fees and there was no one to support me. This is the reason why I entered into relationship with an older man who was supporting me to buy food and pay for my accommodation. It was difficult to make the right decision due to lack of knowledge about using condoms because my partner was more educated and taking advantage of me in unprotected sex".*

Young girls seem to be unable to discuss sexual matters with their partners due to lack of knowledge in comparison to their partners. This is a consequence of their absence from school that would have provided some health education knowledge regarding HIV prevention. Of the total number of participants, only three of the participants completed high school, and the other seven did not go beyond primary school level education. As the majority of these girls are now left with sub-standard education, this affects their behaviours, especially with regards to sexual behaviours.

The lack of appropriate education makes young refugee girls vulnerable to a myriad of sexual issues including intergenerational sex. This study found that young refugee girls who did progress with school were more likely to become involved in sexual relationships with older men. In addition, these girls did not perceive any risks of HIV

infection associated with this type of relationship. As indicated by one participant who said:

*“I prefer to live with a man older than me because he can take good care of me. When I need something, he can give it to me and I am doing this because I was unable to go to school and I do not have any guarantee of doing so one day and getting a job to support me”.*

Again, and as emphasized in other aspects on this study findings, lack of education limits the amount of information that people receive with regards to health and HIV prevention. The absence of some standard level of education deprives of their innocence and easily exposes them to HIV infection. Numerous researches have shown that women who do not have access to economic opportunities are more likely to be submissive in relationships, resulting in them being sexually exploited. The more fragile the woman's economic situation is, the less power she will have in the relationship.

Lack of education causes young girls to be unable to negotiate safe sex during sexual intercourse, especially when the men are older than them. This is due to their inability to reason properly as a result of the lack of adequate knowledge or information. Information on HIV prevention nowadays is also provided at all legal school levels either through physical, health education or related studies. Even if these young girls could get access to HIV prevention information from the Health department, they still lack the basic skills to read and interpret such information. According to the OJO (2011:4) socio-cultural factors predisposes young women to sexual injury ranging from lack of education or awareness of their sexuality to unequal power relations among male and female members of society. One of the participants said:

*“I used to accept all the propositions of my partner. There is nothing new I can tell him and I feel like my argument is always weaker compared to his when it comes to the use of protective measures during sexual intercourse”.*

Education and knowledge regarding HIV infection is limited with refugee girls or women due to their lack of formal school education and access to HIV prevention information.

This is a serious problem when they engage in unprotected sex, since there is a high probability that they will be infected with HIV.

#### **4.2.3.5 Residential Status**

Of the total number of participants in this study, five young refugee girls had suitable accommodation, and were living with their parents. Two young refugee girls lived on the street without accommodation, while three others lived under pressure in hopping accommodation (i.e. moving and unstable). This means that actually 50% of the girls have accommodation that's being paid for with money from their boyfriends. The young girls who lived with their parents also contributed to payment of rent at home. It is such situations that really force young girls to become involved with an older man in hope of them taking responsibility of their needs. One of the young refugee girls reported saying:

*"I got involved in a sexual relation with an older man because my parents could not provide enough for our family and this man could help with family needs".*

Another participant added saying:

*"The money that I receive from my partner is used to pay rent because my parents are not producing enough to support our family".*

Mounting evidence points to the gruesome fact that young refugee girls get involved in intergenerational sexual relationships to obtain money for their family rent and other needs. It is without doubt that some parents encourage intergenerational sexual relationships by their young girls as a means to them actually providing for the family. Unemployment of parents seems to affect young refugee girls' behaviour as they find themselves in utter dismal situations of poverty that impels them to exchange sex for money. The socio-economic situation of parents and close relatives is highly likely as well to affect their children's sexual behaviour, because children will observe the sexual

behaviours that loved ones adopt when they are under economic pressure.

The lack of accommodation makes young refugee girls who are living on the street more vulnerable to sexual abuse, forces into intergenerational sexual relationships because they are more often than not exposed to sexual violence at the hands of other refugee men, especially older men. This in turn exposes them to unwanted sexual intercourse, pregnancy, and HIV infection. One of the participants said:

*“I was forced to join a group of refugees who were sleeping on the street because of lack of money to pay accommodation. While sleeping on the streets, I was always raped by other refugees who were sleeping together with me. So one day as the leader of the place where we were sleeping was older than me by about 10 years, he promised to protect me, little did I realise that He was in fact the one who was sexually exploiting me because I was dependent on him”.*

Here again, young refugee girls seem to be vulnerable to sexual exploitation when they take refuge sleeping on the street, a very dismal situation that exposes them to HIV infection and unwanted pregnancy. It seems more and more, young refugee girls are living under pressure to meet their basic accommodation needs that ultimately drives them to become involved in unwanted sexual relationships with older men. A participant reported that:

*“Due to the pressure received from the owner of her flat where she is renting, she had to forcefully look for someone who could support her in order to meet her rental obligations. But this was done in exchange with sex.*

Similarly, another participant added that:

*“It is very difficult to live in any flat without money for the rent”. That is why she decided to have a sugar daddy that supports her with her basic rent even if he asks her for sex in exchange, because bottom line she at least gets what she needs”.*



Thus, some young refugee girls are involved in intergenerational sexual relationships, with the risk of HIV infection, because of the pressure they receive from their landlords to pay rent.

Low socio-economic conditions like these lead young refugee girls to change their sexual behavior by entering into intergenerational sexual relationships. With refugee girls are living in gloomy poverty, they are unwantedly forced to get much more involved in transactional sex with older men who can meet their needs. According to Hammond (2003:61), poverty refers to the insufficiency of material necessities of life while Pieterse (2001:30) added it is the inability of individuals, households or the entire community to command sufficient resources to satisfy a socially acceptable minimum standard of living.

The results of this study clearly shows that abject poverty influences the sexual behaviour of young girls, since the conditions of poverty and gender inequality under which they live means that they are disempowered when it comes to discussing the use of condoms with their partner during sexual intercourse, especially in intergenerational sexual relationships. This is referenced by Madise, Zulu and Ciera (2007:85) who states that poverty is an important driving factor in unsafe sexual practices, leading to an increase in Sexually Transmitted Infections and HIV. Oxfam (2002:64) equally alluded that the main reason for young refugee girls entering into intergenerational sexual relationships is poverty. It was noted that poverty drives many girls to engage in sexual relationships with older men, also known as 'sugar daddies'. "The unequal power relations reflected in such relationships affect girls' ability to refuse unsafe sex, and expose them to sexually transmitted infections, including HIV/AIDS"( Middleton-Lee 2007:3; Mandela 2002:2). According to Onwuliri and Jolayemi (2006:313), the poor economic background of some women increases their vulnerability, as poor people are more prone to intergenerational sexual relationships and are more likely to engage in or be coerced into having unprotected intercourse.

### **4.3 DISCUSSION OF FINDINGS**

As introduced earlier, the findings of this study centres around social network theory which is of great importance as it puts forward grounded theoretical background for the study. Hence discussions of the study findings in relation to this theory are put forward.

#### **4.3.1 Findings in Relation to the Social Network Theory**

Social network analysis provides an essential tool for analysing social structures, including sexual networks (International Union for the Scientific Study of Population, (IUSSP) 2013:140). The literature clearly reveals that a full understanding of the transmission of STIs or HIV takes into account the structure of sexual networks (Bearman, Moody & Stovel 2004:48). Social network theory is about describing the linkages between people, and in the disease transmission context, using those linkages to help explain why a disease spreads in the way that it does. This study showed that socio-economic conditions such as poverty being faced by many young girls in the city of Tshwane, drives them to adopt risky sexual and inter-generational sexual behaviours.

The research findings further explain through the social network theory that intergenerational sexual relationship is a form of sexual network or agreement between young girls and older men. According to Leclerc-Madlala (2008:22), age-mixing in sexual relationships between older men and younger girls has been offered as a probable explanation for the disproportionate rate of high HIV infection among young women versus young men. It has been argued that older men often have higher HIV infection rates than adolescent boys or young men, and that age disparity between partners is likely to reduce the younger person's ability to negotiate safe sex successfully.

This study goes on to show that there is a link between poverty and sexual engagement activity between young refugee girls and older men, because this type of relationship is often based on the satisfaction of economic needs, such as payment of school fees, accommodation, groceries, clothes and cell phones. On the other hand, men are attracted to young girls because of the assumptions that they are free from HIV infection, easy to manipulate when it comes to decision-making, and have limited sexual and life experience.

In addition, social networks based on relationships, friendships, and other "non-risk" attributes also may influence the composition and characteristics of risk networks. For example, family and friends often have influence over the selection of sexual partners and the cause of engaging in certain sexual relationships. The extent to which risk networks overlap "non-risk" social networks may influence behavior. The findings of this study are consistent with previous research, which found that a network of friends or family members can be instrumental in encouraging young girls to enter into intergenerational sexual relationships as a result of curiosity or the influence of a friend who has already experienced this type of relationship and lives in the same socio-economic situation. As such, families in which parents are not working seem to encourage young girls to maintain this form of relationship, especially when the latter are also contributing to the household's income.

Leclerc-Madlala (2008:19) examined the factors that contributed towards protecting young women against their involvement with older men. They found that a combination of personal, social and institutional factors (i.e. strong sense of self-worth, knowledge of sexual risks, acceptance of socio-economic circumstances, social support and religious values) helped young girls to successfully resist sexual advances from older men. Indeed, the researcher believes that this helps refugee girls by giving them access to school education, accommodation and knowledge about HIV prevention. This invariably enhanced their self-reflection and empowered them with regards to decision making in sexual relationships characterized by coercion and manipulation on the part of older man.

#### **4.4 CONCLUSION**

In conclusion, this chapter has provided ample demographic background on the 10 young refugee girls who participated in this study. In analysing of the data findings revealed that the main reasons for young refugee girls living in the city of Tshwane becoming involved in intergenerational sexual relationships include: socio-economic factors embodying the lack of necessary material and financial support from family, parents and organisations that are supposed to provide them with HIV prevention information. This is further intensified by the inadequacy of funds and poor structure of organisations supporting refugees. Age, gender inequality and low socioeconomic factors also cited throughout this chapter increases sexual vulnerability when young refugee girls are involved in intergenerational sexual relationships, because they are unable to insist on safe sex.

## **CHAPTER 5: CONCLUSION, RECOMMENDATION AND LIMITATIONS OF THE STUDY**

### **5.1 INTRODUCTION**

This chapter provides a broad summary or synopsis of the key findings and formulated recommendations focused on possible programmes for supporting young refugee girls in order to mitigate their vulnerability towards intergenerational sexual relationship. Limitations of the study are also highlighted.

### **5.2 SUMMARY OF THE STUDY**

The main purpose of this study has been to explore and describe factors contributing to young refugee girls (aged 15-19 years) getting engaged in intergenerational sexual relationships in the City of Tshwane.

Related literature edifying findings on vulnerability of young girls engaged in intergenerational sex in refugee situations was reviewed. Social network was highlighted in providing a theoretical framework to the study. In fact the social network theory enlightened researchers in this study to better understand the root causes of risky sexual behaviours such as intergenerational sex by investigating their socioeconomic conditions.

Qualitative, exploratory, descriptive study was conducted in order to gain in-depth understanding of the causes of intergenerational sex among young refugee girls living in the City of Tshwane. In-depth individual interviews stemming from the following central question *'What are the factors which make you to engage into intergenerational sexual*

*relationship?*' were conducted with 10 young refugee girls purposively selected for the study.

Findings from this study revealed that age, gender inequalities and a complexity of socio-economic factors lead young girls to involve in intergenerational sex. The study has further suggested that due to the fact that young refugee girls find themselves much younger than their partner, their ability to negotiate safe sex is significantly compromised, thus they feel inferior and powerless in this type of relationship. Young age may also be associated with lack of capacity to think and make informed decisions. Young refugee girls could also be exposed to risky sexual behaviour such as intergenerational sex in lieu of the fact that age disparity and hormonal changes at this age is strongly associated with heightened sexual urges, leading them to seek all sorts of sexual encounters as they are quite curiosity to explore at this age. Young girls at this age like to discover and experiment with everything including sexuality. This curiosity also exposes them to a high risk of HIV infection.

Gender inequality as power differential based on gender identity also decreases the ability of young refugee girls to negotiate condoms use during sexual intercourse, especially in a situation of intergenerational sexual relationship. Older men are unlikely to tolerate refusal from young girls and the attitudes of these older male partners' expose young refugee girls to the risk of contracting HIV infection and other Sexually Transmitted Infections. Gender inequality may prohibit young refugee girls to have access to HIV prevention by preventing them from having deep knowledge about HIV prevention strategies such as the use of contraceptives during sexual intercourses.

The fear of being very assertive in relationships also exposes young refugee girls to unwanted sexual encounter. The mere fact that young refugee girls are constrained / restrained from requesting condom usage from their male partner is well known that such action of boldness can lead to them losing their self-esteem from their partner who may start thinking that the female partner had been cheating on him. In the context of transactional sex, use of condoms results in reduced price.

The study concludes that culture also plays an important role in rendering young refugee girls vulnerable to intergenerational sex. Culture diminishes young girls' ability to discuss about safe sex, particularly when they are engaged in intergenerational sexual relationship because men assimilate / embrace more power by culture status. Young girls feel inferior to older men because cultural norms impel more respect to older people. In certain cultures, young girls are considered as the object of sexual pleasure hence they should not oppose sexual advances by resistance or refusal. The fact that culture believes that young girls consider that an older man is more suited to take care of as many wives and can protect and provide a woman's necessary needs, causes women to accept the position of older men to get support from them. However, this exposes young girls to the risk of contracting HIV infection and such a relationship decrease their ability to discuss about safe sex. Cultural beliefs do not limit the gap between the ages of partners when they are engaged in marriage. This means that old men are authorised to get married to young girls that in itself exposes young girls to coerced / unwanted sexual relation, rape, unwanted pregnancies, and violence against women.

Living in a geographical setting such as the city of Tshwane also exposes young refugee girls to intergenerational sexual relationships and HIV infection due to the anonymity that personifies the city. In rural areas, people may feel ashamed to get involved openly in intergenerational sexual relationships unless if it is formalised by parents for marriage purpose. However, in cities, partners feel anonymous and have no problem in maintaining intergenerational sexual relationships. The cost of living in a big city is high than living in a rural area. This exposes young refugee girls to entering in intergenerational sex to seek older men who are working in order to get money that can allow them to cover their expenses.

This research has also shown that another main reason why young refugee girls are involved in intergenerational sex is poverty. Young refugee girls live in conditions of abject or dismal poverty. This leads them to get involved in risky sexual behaviours.

With regards to key socio-economic factors which influence and impact sexual behaviour, the study identified the following factors: employment profile of young refugee girls and their parents, education, and residential status or type of accommodation. In the present global and national economic malaise, finding employment is difficult for South African citizens and even harder for foreigners let alone refugees. The fact that most young refugee girls and their parents are not employed leads young refugee girls to involve with old men in order to have support from them. This renders them unable to discuss about safe sex and expose them to HIV infection. Lack of employment makes young girls dependant on men for physical and economic security. Exposure to these circumstances, without any support structures render young refugee girls more vulnerable and at risk of being infected with HIV.

### **5.3 RECOMMENDATIONS**

In order to reduce the involvement of young refugee girls in intergenerational sex which increase their risk of contracting HIV infections, the following recommendation are being put forward in hopes that some strategic initiation and improvement of programmes for addressing young refugees girls now and in the future will be critically examined and implemented. It is further hoped that future studies will focus into cyclic / chain factors propelling young girls into intergenerational sex and continually can the cycle be broken.



### **5.3.1 Recommendation for Initiation or Enhancement of Programmes for Young Refugee Girls**

The following are recommendations for strategic programmes that can mitigate vulnerability of young refugee girls from engaging in intergenerational sexual relationship and reduce their risk of contracting HIV infection:

- It is important that organisations serving the refugees in the city of Tshwane improve publicity and marketing strategies to help attract more young girls into these programs. This way, more young girls will have access to knowledge about HIV prevention. These programmes could increase knowledge of HIV-prevention with regards to intergenerational sex by extending their area of service. For example, having an office located in the hearts of the refugee community will allow them to also better examine the socioeconomic conditions that lead them to involve in risky sexual behaviour and adapt prevention strategies to their conditions.
- Community organisations in the city of Tshwane need to tackle the issue of violence against women and girls. They need to put in place programs that empower young girls, make them aware of their rights and ways to defend themselves. Empowering them, showing them their right and forcefully enacting rules that forbids sexual relationships between young girls and older men will go a long way in protecting not only young refugee girls and women but all class of women.
- It is also crucial that Non- Governmental Organisations (NGOs) address stigma and discrimination among their personnel. This will enable greater participation of young refugee girls in NGO programmes.
- Reducing instances of intergenerational sexual relationships will require poverty alleviation programs among young refugee girls by developing programs that will be supporting financially and help them find jobs to foster independence rather than dependence.

- It is also a key that government, NGOs and communities invest in young girls' education. Sending young girls back to suitable vocational or formal school may discourage the urge to engage in intergenerational sexual relationships as these girls will be busy with their studies and will have support to finish school and enter the job market.
- Initiation of micro- income generating projects such as hair-braiding, knitting, beading, dressmaking and making different cultural artefacts and sewing traditional clothes from their respective countries of origin,

### **5.3.2 Recommendations for Further Studies**

It is believed that against the findings of this study, the need to reduce vulnerability of young refugee girls engaged in intergenerational sexual relationship and thereby reduce their risk of contracting HIV infection will require ongoing studies:

- Attention should be paid to intergenerational sex among young refugee boys. Young boys also experience pressure to involve in sexual relationships with older women. This is the phenomenon of 'sugar mommies'. It is also associated with risk of contracting HIV infection.
- Furthermore, specific attention should be paid to HIV prevention programmes by organisation that also provide social assistance/support to ensure that the programmes implemented are able to effect change in refugees' sexual behaviour.

#### **5.4 LIMITATION OF THE STUDY**

Like every other research or study, this research was faced with some constraints which have impacted on the results. Having access to information from young girls is not easy because the research dealt with very sensitive information and issues. Participants were uncomfortable in responding to some questions posed to them. Language barrier was also a problem and in some cases communication or conversation was limited during the interview but eventually translated for better understanding. Another constraint was that some young girls failed to participate in this research because they requested financial incentive before they could get involved in the interview.

## 6 LIST OF REFERENCES

Anderson, H., Marcovici, K & Taylor K. 2002. The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean. *Women, Health and Development Program*. Pan-American Health Organization: Washington DC.

Antwi, PM. & Opong, YPA 2003. *Ghana's attempt at managing the HIV/AIDS epidemic: A review of efforts*. Harvard Working Papers Series 13(6). Cambridge: Harvard Centre for Population and Development Studies

Babbie, E,2005. *The basics of social research*. Toronto: Thomson learning.

Babbie, E.2010.*The practice of social research*. Belmont, CA: Wadsworth.

Babbie, ER & Mouton, J. 2001. *The practice of social research*. Cape Town: Oxford University Press.

Babbie, ER & Mouton, J. 2009. *The practice of social research*. (12<sup>th</sup> ed.). Cape Town: Oxford University Press.

Bauni, EK & Jarabi, BO. 2000. Family Planning and Sexual Behavior in the Era of HIV/AIDS: The Case of Nakuru District. Kenya. *Studies in Family Planning* 31 (1), 69-80.

Bearman, PS, Moody, J & Stovel, K. 2004. *Chains of Affection: The Structure of Adolescent Romantic and Sexual Network*. University of Chicago.

Berk, LE. 2012. *Child Development*, 9/e. ISBN: 9780205149766 . available at [www.pearsonhighered.com](http://www.pearsonhighered.com). (Access on 19/08/2013).

Berkman, L., Glass, T., Brissette, I., Seeman, T., 2000. From social integration to health: Durkheim in the new millennium. *Social Science & Medicine* 51, 843–857

Burns, N & Grove, SK. 2009. *The Practice of Nursing Research: Appraisal, synthesis, and generation of evidence*. (6<sup>th</sup> ed.).Saunders, USA.

Carballo, M. 2004. Migration and Reproductive Health in Western Europe. *Annual Review of Public Health*. 25, 357-376

Davis, P. & Scott, A. 2007. Health research sampling methods. In, M. Saks and J. Allsop. (eds). *Researching health: qualitative, quantitative and mixed methods*. London: Sage.

Ferlander, S. 2007. *Acta Sociologica, the Importance of Different Forms of Social Capital*. Nordic Sociological Association. Sage.

Graziano, AM & Raulin, ML. 2004. *Research Methods: A Process of Inquiry*. (5<sup>th</sup> ed.). Boston: Pearson.

Gregson, S, Nyamukapa, CA, Garnett, GP, Manson, PR, Zhuwau, T, Carael, M. et al. 2002. Sexual mixing patterns and sex-differentials in teenage exposure to HIV infection in rural Zimbabwe. *Lancet*, 359, 1896-1903.

Haberland, N, Chong, E & Bracken, H. 2003. *“Married Adolescents: An Overview.”* WHO/UNFPA/Population Council Technical Consultation on Married Adolescents, Geneva.

Hallman, K. 2004. *Socioeconomic disadvantage and unsafe sexual behaviours among young women and men in South Africa*. Working paper no. 190. Washington DC: Policy Research Division, Population Council.

Halperin, DT, Epstein, H. 2007. Why is HIV prevalence so severe in southern Africa? The role of multiple concurrent partnerships and lack of male circumcision. *Southern African Journal of HIV Medicine* 26, 19-25.

Hammond, P. 2003. *Biblical Principles for Africa Christian*. Howard place, South Africa: Christian liberty books

Hope, R .2007. *Addressing Cross-Generational Sex: a Desk Review of Research and Programs*. Population Reference Bureau.International Organization for Migration (IOM). 2010a. Regional assessment on HIV-prevention needs of migrants and mobile populations in Southern Africa. Pretoria: IOM.

Middleton-Lee, S. 2007. Coordinating with Communities, Part A: Background to Involving Communities, Coordinating with Communities - Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses. *International Council on AIDS Service Organizations*. AfriCASO. African Council of AIDS Service Organizations: International HIV/AIDS Alliance,

ICRW. 2010. What role can economic empowerment strategies play in reducing HIV risk and vulnerability among girls and young women. *A Briefing Note for Global Technical Meeting “Emerging Insights on Economic Empowerment and HIV*

*Interventions for Girls and Young Women*. Center for Research on Women: Washington, DC

IOM. 2010. *Migration and health in South Africa: a review of the current situation and recommendations for achieving the World Health Assembly Resolution on the Health of Migrants*. IOM Regional Office for Southern Africa: Pretoria, South Africa:

IUSSP 2013. *XXVII International Population Conference*. Available at <http://www.iussp.org/en/event/17/programme>. (Accessed on 25/09/2013).

Kvale, S. (1996). *Interviews: an introduction to qualitative research interviewing*. London: Sage.

Laga, M, Schwartlander, B, Pisani, E, Salif Sow, P & Caraël, M. 2001. To stem HIV in Africa, prevent transmission to young women. *AIDS* 15(7), 931-934.

Landau, L. 2006. Protection and Dignity in Johannesburg: Shortcomings of South Africa's Urban Refugee Policy. *Journal of Refugee Studies* 19(3), 308.

Lacey, A. & Luff, D. 2007. Qualitative Research Analysis. The NIHR RDS for the East Midlands / Yorkshire & the Humber.

Landstrom, H & Lohrke, F. 2010. The historical roots of socio network theory in entrepreneurship research: *Historical Foundations of Entrepreneurship Research*. Institute for Entrepreneurship and Enterprise Development: Edward Elgar: 256-286.

Leclerc-Madlala, S. 2008. Age-disparate and intergenerational sex in Southern Africa: the dynamics of hyper-vulnerability. *AIDS* 22 (4), 17-25.

Luke, N. 2003. Age and economic asymmetries in the sexual relationships of adolescent girls in sub-Saharan Africa. *Studies in Family Planning* 34(2), 67-86.

Luke, N & Kurz, K. 2002. Cross-generational and transactional sexual relations in sub-Saharan Africa: *prevalence of behaviour and implications for negotiating safer sexual practices*. Washington, DC: ICRW/PSI.

Madise, N., Zulu, E. & Ciera, J. 2007. Is poverty a driver for risky sexual behaviour? Evidence from national surveys of adolescents in four African countries. *African Journal of Reproductive Health*, 11(3), 83-98).

Mandela, N. 2002. Closing speech: *International Conference on HIV/AIDS*, Barcelona.

Mills, M. 2006. Commonwealth Secretariat Marlborough House Pall Mall, London SW1Y 5HX, United Kingdom© Commonwealth Secretariat. Available at [www.thecommonwealth.org/cyp](http://www.thecommonwealth.org/cyp) [www.youngcommonwealth.org](http://www.youngcommonwealth.org). (Accessed on 23/06/2012).

Mitton, J. 2000. The sociological spread of HIV/AIDS in South Africa. *Journal of the Association of Nurses in AIDS Care* 11(4),17-26.

Moule, P & Goodman M. 2009 nursing research an introduction. Available at: [http://www.amazon.com/Nursing-Research-Introduction-PamMoule/dp/1412912091#reader\\_1412912091](http://www.amazon.com/Nursing-Research-Introduction-PamMoule/dp/1412912091#reader_1412912091). (Accessed on 23/06/2012).

Mouton, J. 2001. How to succeed in your Master's and Doctoral studies: A South African guide and resource book. Pretoria: Van Schaik.

Mubangizi, J, Malamba, S, Mermin, JH, Bunnell, RE, Kalule, J, Marum, E, Hu, D, Wangalwa, S, Smith, D & Downing, R. 2005. Couples at risk. HIV-1 concordance and discordance among sexual partners receiving voluntary counseling and testing in Uganda. *Journal of Acquired Immune Deficiency Syndrome* 39(5), 576-580.



Mulenga, KC. 2010. Changing risky behaviour through worldview transformation: a pastoral intervention to the spread of HIV/AIDS in Zambia, PhD thesis, University of Pretoria, South Africa.

Mulumeoderhwa, MW. 2007. *A culture of violence and hiv/aids: a study of adolescent males in Kwamashu Township*. A dissertation submitted in fulfilment of the requirements for the degree of Master of Commerce in Conflict Resolution and Peace Studies

Neuman, WL. 2003. *Social Research Methods: Qualitative and Quantitative Approaches*. (5<sup>th</sup> ed.). Boston: Allyn and Bacon.

Ngubane, SJ. 2010. HIV/AIDS Management. Assignment presented in partial fulfilment of the requirements for the degree of Master of Philosophy at the Stellenbosch University.

Nkosana, JM 2006. *Intergenerational Sexual Relationships in Urban Botswana*. PhD Thesis, University of Melbourne, Australia,

Nyazi, S. 2012. *Refashioning Sexual Safety Away From Home: Contextual and Structural Factors Contributing to Young Refugee Women's Vulnerability and Resilience to HIV/AIDS in Uganda*. Makerere Institute of Social Research (MISR): Makerere University

Nyoni, C. 2008. *Socio-cultural factors and practices that impede upon behavioural change of zimbabwean women in an era of HIV/AIDS*. PhD Thesis, University of South Africa.

OJO, R. 2011. Against Desire and Pleasure: Tradition, Morality and Women in African Culture. *Sexuality in Africa Magazine and monographs*. 6 (1),4-5.

Otsuki, J. 2007. Refugee women, girls in sub-Saharan Africa among hardest hit by HIV/AIDS crisis. AEGIS news, AEGIS.

Oxfam. 2002. SCO 4 Programme for Uganda: *Support to Policy and Advocacy Work in Uganda*. Oxfam: Uganda.

Oyediran, KA, Odutolu, O & Atobatele, AO. 2011. *Intergenerational Sexual Relationship in Nigeria: Implications for Negotiating Safe Sexual Practices, Social and Psychological Aspects of HIV/AIDS and their Ramifications*, InTech. Nigeria.

Parkes, J & Heslop, J. 2011. *Stop Violence against Girls in School a cross-country analysis of baseline research from Ghana, Kenya and Mozambique*. Institute of Education, University of London, for Action Aid International.

Parahoo, K. 2006. *Nursing research, principles, process and issues*. (2<sup>nd</sup> ed.). Basingstoke: Palgrave Macmillan.

Pera, SA & Van Tonder, S. 2005: *Ethics in healthcare*; (2<sup>nd</sup> ed.). Landsdowne: Juta.

Pieterse, HJC. (ed.), 2001, Desmond Tutu's Message: *A qualitative analysis*, Brill, Leiden/Boston/Köln.

Pisani, E. 2003. The Epidemiology of HIV at the Start of the 21st Century: *Reviewing the Evidence*. UNICEF Programme Division Working Paper, New York.

Polit, DF & Beck, CT. 2004. *Nursing research: principles and methods*. (7<sup>th</sup> ed.). Philadelphia: Lipincott.

Polit, DF & Beck, CT. 2008. *Nursing research: generating and assessing evidence for nursing practice*. (8<sup>th</sup> ed.). Philadelphia: JB Lippincott Williams and Wilkins.

Polit, DF & Beck, CT. 2012. *Nursing Research: Generating and Assessing Evidence for Nursing Appraising Evidence for Nursing Practice*. 9<sup>th</sup> edition. Wolters Kluwer Health: Lippincott.

Polit, DF, Beck, CT & Hungler, BP. 2001. *Essentials of nursing research methods, appraisal and utilization*. (5<sup>th</sup> ed.). Philadelphia: Lippincott.

Rees, R. 2009. *Review of Jon Hall, 'Politeness and Politics in Cicero's Letters'*  
Oxford University Press: University of St Andrews

Rubin, A & Babbie, E. 2011. *Essential research methods for social worker*. (3<sup>rd</sup> ed).  
USA: Brooks/Cole, Cengage learning.

SANAC 2006. *HIV & AIDS and STI strategic plan for South Africa 2007-2011*. Available at:[http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/externaldocument/2007/20070604\\_sa\\_nsp\\_final\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/externaldocument/2007/20070604_sa_nsp_final_en.pdf) . (Accessed on 18/05/2010).

Shisana, O, Rehle, T, Simbayi, LC, Parker, W, Zuma, K, Bhana, A, Connolly, C, Jooste, S & Pillay, V. 2005. *South African national HIV prevalence, HIV incidence, behaviour and communication survey*. Cape Town: HSRC Press.

Shisana, O, Rehle, T, Simbayi, LC, Zuma, K, Jooste, S, Pillay-van-Wyk, V, Mbelle, N, Van Zyl, J, Parker, W, Zungu, NP, Pezi, S & the SABSSM III Implementation Team. 2009. *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press

South Africa, Dept. of Health. 2007. *A policy on quality in health care for South Africa*, National Department of Health, Pretoria April 2007.

UN. 2005. *World YOUTH Report Young people today, and in 2015*. United Nations, Department of Economic and Social Affairs.

UNAIDS and WHO. (1999). *AIDS epidemic update*: Geneva: UNAIDS.

UNAIDS. 2000. *Report on the global HIV/AIDS epidemic*: Geneva: UNAIDS.

UNAIDS. 2002. *Young people and HIV/AIDS: opportunity in crisis*. Geneva: UNAIDS.

UNAIDS 2005. *The "Three Ones" in action: where we are and where we go from here*. Geneva: UNAIDS.

UNAIDS. 2007. *Epidemic update*. Geneva: UNAIDS.

UNAIDS. 2008. *Report on the Global AIDS Epidemic*. Geneva: UNAIDS.

UNDP. 2000a. *Botswana Human Development Report 2000: towards an AIDS-free generation*. Gaborone.

UNDP. 2003. Zimbabwe Human Development Report: redirecting our responses to HIV and AIDS. Harare, Zimbabwe: UNDP/Institute Development Studies.

UNESCO 2009. The fourth wave: violence, gender, culture, and HIV in the 21st century / edited by Jennifer F. Klot and Vinh-Kim Nguyen. p. cm. UNESCO 2009:22) Available on <http://www.unesco.org> accessed on 2011/05/17.

UNFPA. 2000. *Partnering: A New Approach to Sexual and Reproductive Health*. Technical Paper No.3. New York, NY 10017 USA

UNGASS. 2002. Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean. Washington DC.

UNDP. 2000a. Botswana Human Development Report 2000: towards an AIDS-free generation. Gaborone.

UNICEF. 2003. *Finding Our Voices: Gendered and Sexual Identities and HIV/AIDS in Education*. Nairobi.

UNICEF 2010. *Annual report*. UNICEF: New York.

UNICEF & UNAIDS. 2003. *Africa's orphaned generations*. New York.

UNICEF, UNAIDS and WHO. 2002. *Young People and HIV/AIDS: Opportunity in Crisis*. New York: UNICEF. Website: [www.unicef.org](http://www.unicef.org) or [www.unaids.org](http://www.unaids.org).

UNHCR 2009. *Global Trends, Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons Division*. Available at:

<http://www.unhcr.org.hk/files/unhcr/news/2009%20Global%20Trends.pdf>. Accessed on 03/10/2010.

UNSG 2004. *Facing the Future Together: Report of the United Nations Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa* (UN). United Nations Secretary-General (UNSG) HIV/AIDS Sub-Region: Southern Africa.

USAID 2007. *Implementing AIDS Prevention and Care (IMP ACT) Project*. USAID/Rwanda

USAID. 2008. *Youth reproductive and sexual health*. United States Agency for International Development.

USAID 2011 *Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect*. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

Uwabakulikiza, W. 2009. *Life experiences of unemployed professional refugee women from Rwanda who live in the Durban inner city: working their way out of the vortex*. University of Kwazulu Natal: Howard College.

Onwuliri, AVO & Jolayemi, OM. 2006. *Reaching vulnerable and high-risk groups in Nigeria world health organization 2002 reducing risks, Promoting Healthy Life*.

WHO 2006. *Working together for health* ISBN 92 4 156317 6 (NLM classification: WA 530.1) available at [http://whqlibdoc.who.int/publications/2006/9241563176\\_eng.pdf](http://whqlibdoc.who.int/publications/2006/9241563176_eng.pdf) access date 3/09/2012.

## **APPENDICES**

### **APPENDIX A**

#### **CONSENT FORM**

##### **Section 1: Information**

**Dear Participant,**

My name is Francis Tshibangu Kalala. I am a student for Master's Degree in social behaviour studies in HIV and AIDS at the University of South Africa. I am conducting a study entitled " intergenerational sexual relationship and the risk of HIV: a situational analysis of young refugee girls in the city of Tshwane, South Africa". The purpose of the the study was to explore and describe the factors which contribute to intergenerational sex among young refugee girls (aged 15-19 years) in the City of Tshwane, South Africa in order to develop guidelines for supporting them.

I am requesting you to participate in this study. The study involves an individual face to face interview which will last between 45 -60 minutes. Your participation in this study will be highly appreciated as the interviews will enable me to gain a broader understanding of your experience as a young refugee girl in this city of Tshwane Your participation in this study is voluntary; No one will be coerced into becoming involved in this study. Participation in the study is voluntary, and the researcher will promise to protect participants' rights to anonymity and confidentiality, as set out in the consent form.

Thank you for your concerting to participate in this study

Francis. Tshibangu Kalala, (Researcher)

**Section 2: Participant consent**

I have read and understand this consent form and I voluntarily consent to participate in this study.

Participant's name:

Researcher signature

Date

Date



**APPENDIX B**

**LETTER TO THE CITY OF TSHWANE MAYOR**

**Enq: Mr Francis Tshibangu Kalala**

**Tel: 012 429 2055**

**Cell: 0730585153**

P.O Box 2020

Sunnyside  
City of Tshwane  
0002  
06 January 2011

The MAYOR  
City of Tshwane  
209 Monaco flat  
Sunnyside

Dear sir/madam

**RE: REQUEST FOR PERMISSION TO CONDUCT A STUDY AT THE CITY OF TSHWANE**

I am a student at the University of South Africa (UNISA), and I am presently studying for a Masters degree in Social Behaviour Study of HIV and AIDS. I am required to do a research project in partial fulfilment of this degree. The title of my research project is: Intergenerational Sexual Relationship and the Risk of HIV: "A Situational Analysis of

Young Refugee Girls in the City of Tshwane, South Africa”. I will be supervised by Dr AH Mavhandu-Mudzusi, a senior lecturer in the department of Health Studies who is an expert in HIV/AIDS field.

I am hereby requesting access to information concerning intergenerational sexual relationships among refugee girls who are living in South Africa, in particular the City of Tshwane, in order to conduct case study research. I have obtained permission to conduct the study from the University of Venda. In this study, I undertake to safeguard the anonymity of stakeholders and programme leaders (NGOs) or implementers, as well as ensuring refugee girls’ confidentiality, and any other ethical considerations in order to prevent harm and protect the confidentiality of informants. The findings provided for this study will assist programme leaders (NGOs) to develop programmes for young refugee girls, and thereby contribute to the reduction of Sexually Transmitted Infections and HIV in City. See the enclosed research proposal for more details regarding the study and ethical aspects which will be observed.

Yours Sincerely

.....

F. T. Kalala

Principal Investigator

**APPENDIX C****TRANSCRIPT OF INTERVIEW WITH YOUNG REFUGEE GIRL**

Blessing (B) (Participant no 1)

Researcher (R)

(R) What is your country of origin?

B: *I am coming from Republic Democratic of Congo (DRC)*

R: What brought you to South Africa?

B: *My presence in this country it is because my parents run from my own country due to the politics problem that they were involved and the war, therefore we came to seek refuge here in South Africa for to be protected.*

R: How old are you?

B: *I am 18 years old.*

R: To which church do you belong?

B: *I am Christian, I am attending Catholic Church*

R: Where do your parents live?

B: *I am living with my parents in the same place in Pretoria.*

R: Where do you live?

B: *As I said, I am living together with the rest of my family.*

R: To which culture do you belong?

B: *I am belonging to Luba culture from Kasai occidental*

R: How did you come in to the country?

B: *I did come in South Africa by bus from Congo to Zambia and from there we did use again another bus that drops us in South Africa.*

R: What are you doing daily to earn a living?

B: *You don't want to hear that. But there is nothing I can do because there is no work. I could not have access to education because I was not attaining a school due the fact that I did not have money to pay my school fees and there was no one to support*

*me. My parents cannot find the job also and they have no money. So, as you know, we need money. This is the reason why I entered into relationship with an older man who was supporting me to buy food and pay for the rent. My father and mother actually they are not working, this is due to lack of valid document that can proof their qualification here in South Africa.*

*R: What is his job?*

*B: I don't know, but he has a lot of money. He must be having a good job but I have not asked.*

*R: You say that he is older than you? Where is his family?*

*B: Do I know? I do not ask him anything. As long as he come and give me what I want. He just come when he wants and I don't even phone him, he phone me and take me to a flat and have sex and give me what I want.*

*R: How frequently do you use condoms?*

*B: Condoms, he does not want. He tells me that I am still young to talk about the condoms. He asked me if I have other man who is teaching me about condom. It was difficult to make the right decision due to lack of knowledge about using condoms because partner was more educated and taking advantage of me in this concern this safe sex.*

*R: How do you feel about being his girlfriend?*

*B: I am happy to have him like provider but this relationship is not making me comfortable. My culture and religion also do not allow being involved in such relationship. I am forcing myself to have sex with them because of I am receiving some money and gift that is helping me to survive. He provide me with money that can help me to buy cloths, phones, sometimes I do help also my family in this moment my parents are not working.*

*R: Can you provide for yourself without the money from your boyfriend gives you?*

*B: Lack of a good education it very difficult for me to work and provide some thing for myself.*

*R: We have briefly touched the issues of condoms. Have you ever insisted seriously about condom usage with him?*

*B: It is difficult for me to insist on the use of condoms when I was dealing with a partner who was older than me by 10 years or more and most of the time I felt inferior to the partner and abused by him because of lack of knowledge and power to refuse". By lack of knowledge concerning HIV prevention due to the stigma attached to the gender inequality that the above statement young girls cannot have access to the sexual issue information this makes me unable to discuss about safe sex. I could not control myself because my partner was telling me that according to his culture man can have sex with his partner when he wants and the latter cannot refuse. I am obliged to accept whatever demand he puts to me because I want to keep him with me. I used to accept all the propositions of my partner. There is nothing new I can tell him and I feel like my argumentation is weaker compared to his when it comes to the use of protective measures during sexual intercourse.*

*R: In your view, what is your appreciation when you live with sugar daddies?*

*B: My feeling when I am involving in this relationship it to get the benefice that could be money and gift even this can cost me to exchange with sex. Things that I do appreciate from sugar daddies is affection, support this is difficult to get it from a boy who have the same age with me. Older men provide affection, protection and they know how to take care of young girls as compared to young men. That is why I support my culture which says that it is better to have a man who is older than you because he will be able to protect you.*

*R: Does this mean that older men are better than young men of your age?*

*B: You mean those young boys who have no money? I don't go for them. Those after sex, they give you samba chips, or if you are lucky you get, KFC. We need sugar daddies, those once are banks.*

*R; What do you want to see happening which can make you not to be involved with sugar daddies?*

*B: There is no job. If you give me job and a house, I can stop. But now no!*

*R: How do you feel now after talking about your private life?*

*B: I am fine.*

*R: Thank you very much for being open to me. If you feel that you are down when I leave, kindly call me at the number I gave you. Remember what I said before we start in*

*the consent form about confidentiality, I won't mention your name anywhere, I will just write report for my studies. If you have a friend who is also involved in intergenerational sex, kindly give me their numbers so that I can also contact them.*