Adolescents through the Lifecourse: Variation in Cultures of Sexuality and Risk in Rural South Africa

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Introduction

Within the context of South Africa's severe HIV epidemic, young people face a disproportionate risk. With more than 10 percent of those aged 15-24 infected, the epidemic impacts heavily on this age group. Factors associated with heightened sexual risk in young people include women having an older partner, multiple partnerships, especially for men, and inconsistent condom use. Several studies have now shown that having a partner five or more years older is an independent risk factor for HIV infection in young women (MacPhail et al.,. 1999; Gregson et al., 2002). Qualitative studies have shown that the main social factors underlying sexual risk in the South African context are sexual coercion and violence, gender inequalities, and tensions between conservative social norms and peer group pressures (Jewkes et al., 2001; MacPhail and Campbell, 2001; Campbell and MacPhail, 2002; Jewkes et al., 2003). Within this severe epidemic, less is known about rural youth, although some studies have suggested that rural youth face greater risk in terms of behavior and preventive practices due to a lack of information and resources, and greater social isolation (Kelly et al, 2000; Harrison et al, 2001).

While sexual risk among South African youth is now well understood in general terms, there has been little examination of differences according to age, gender, developmental stages, socio-economic status, rural or urban residence and other social and contextual factors. A few

studies have examined differences between young people attending and not attending school, with some evidence suggesting young people who remain in school may be at lower risk (Kaufman et al., 2002). Overall, however, adolescents are often viewed as a homogenous group, and few studies have examined how sexual risk and its determinants vary within the broad categories of "youth" and "adolescents". And, although a few analyses have drawn comparisons between adolescent risk behaviors in different societies and locales (Dowsett and Aggleton, 1999; MacPhail and Campbell, 2001), few have examined differences within groups of adolescents.

In this study, survey data are examined to look at variation in patterns of sexual risk behaviors among young people aged 15-24 in rural KwaZulu/Natal province. Findings reported here are part of a larger study designed to provide a comprehensive assessment of young people's sexual risk and its social determinants in this setting. In this paper, two main outcomes related to sexual risk are examined: sexual initiation and condom use. Data from a household survey provide insights into the levels of these outcomes, and associated risk factors. The qualitative data complement these findings, shedding light on how constructions of sexuality differ by age and gender. Together, these data portray young men's and women's dynamic pathways through adolescence and young adulthood.

Methods

This study was conducted in a rural district of KwaZulu/Natal province, South Africa. KwaZulu/Natal is among South Africa's poorest provinces, with an annual per capita in many rural areas under US \$1000. The site for this study is typical of many rural areas, with few employment opportunities, high levels of out-migration for labor, and a high degree of social isolation.

Both survey and ethnographic methods of data collection were used. Survey data examined factors associated with sexual initiation and condom use among teen and young adult men and women. Quantitative data were collected through a household survey of adults aged 15-

49 (N=2309) using a modified DHS instrument, and a sub-sample of young people aged 15-24 was analyzed. This included 197 young men aged 15-24 and 532 young women of the same age.

Bivariate and multivariate analyses examined the following two outcomes: 1) factors associated with age at first sex and experiences of sexual initiation, and 2) preventive behaviors, including frequency of condom use. These outcomes were measured for both current and most recent partners. All multivariate analyses used a logistic regression model to examine relationships between independent and dependent variables, with the aim of developing a typology of risk based on predicted outcomes in relation to the independent variables, and to control for confounding. Conditional logistic regression was performed to determine independent predictors of the study outcomes while controlling for all other variables. To examine factors associated with relative age at first sex, Cox Proportional Hazards techniques were used. All quantitative data analysis was performed with SPSS.

The ethnographic component of the study explored the broader social context of adolescent sexuality, including the process of sexual initiation, relationship formation, negotiation and decisionmaking within relationships, and the knowledge and practice of prevention. A methodology known as "peer group discussions", which use the same method as focus groups but are repeated, addressing different topics among the same group, was used. Separate peer groups were formed among younger teen women (ages 14-15), older teen women (ages 16-19), and teen men (ages 16-19). All were self-identified as sexually active. The groups met eight times each to discuss a variety of topics related to sexuality and sexual behavior. Follow-up in-depth interviews were conducted with 2-3 participants from each group. The in-depth interviews explored sexual life histories, details of relationships, as well as detailed accounts of first relationships, sexual initiation, decisionmaking and negotiation, and patterns of sexual networking. In addition, two groups of non-sexually active youth (one men's and one women's group) were convened, including the ages 16-19. All qualitative data collection was performed in *isiZulu*, by two trained ethnographic interviewers. Interviews and peer group discussions were

tape-recorded, and then translated and transcribed into English. Qualitative data analysis was performed in several stages, first by identifying major domains to emerge from the data, and then through use of a detailed coding scheme within the major domains.

Conceptual Framework

The conceptual framework for the study of variation and heterogeneity in adolescent sexual risk is based on the concept of "sexual cultures" (Parker, 1996). The concept of a "sexual culture" suggests that people bring meaning to their sexuality, as to many other aspects of being, through social and cultural interpretations of what it means to be sexual, and that these ideas are negotiated within relationships. The idea of a sexual culture is dynamic, recognizing that people change and cultures shift, but also that there are many sub-cultures within a dominant sexual culture. The idea of the lifecourse analysis for this study grew out of the "sexual cultures" framework, with the acknowledgement that not all young people are the same, and that sexuality changes and develops throughout the lifecourse of adolescence.

The idea of "sexual cultures" is also important in addressing many of the critiques of studies of sexual behavior, which have criticized behavioral research on sexuality as being too often static and uni-dimensional, taking for granted that what people say is what they do.

Viewing sexual behavior through the broader lens of a "sexual cultures" framework permits an understanding of the broader concept of "sexuality", and helps to add complexity to our understanding of sexual behavior.

Results

Overall, both the survey and ethnographic findings point to variation and heterogeneity within the sample of young people studied. In the qualitative data, large differences were observed between older and younger female adolescents, and between young men. The survey data pointed to large gender differences, as well as to differences between partnerships. Further, gender differences were observed in the factors found to be correlated with sexual risk for young men and women. These differences defined distinct cultures of sexual risk.

Descriptive Findings: Sexual Experience and Preventive Practices among Young People
Sexual Activity

Overall, 43.5 percent of women and 52 percent of men aged 15-24 reported that they were sexually experienced. Both sexes experienced a median age of about seventeen for first sexual relationship. A higher proportion of men initiated sex earlier, prior to age 15. However, most teen women initiated sex between the ages of 16 and 18, and a higher proportion of women than men were sexually active by the end of the teen years (Figure 1). Patterns of sexual initiation, however, differed for men and women. By the end of the teen years, most adolescents were sexually experienced, although women were more likely than men to be sexually active at that point in time.

The qualitative findings revealed a discourse of morality and fear surrounding sexuality, which was especially pronounced among the younger teen women. Among the younger teen women, most of whom were newly sexually active and often in their first relationship, there were fears over being known to have a boyfriend in the larger community, or within one's family. As one young woman said "I know what I am doing is wrong". As a result of the pervasive morality surrounding young women and their sexuality, young teen women often faced two options: either to hide their relationships, conducting clandestine affairs with their boyfriends, or to enter into relationships that were considered "serious" and therefore somehow sanctioned by their family and community. Sanctioned relationships were termed *ukuqoma*, referring to an initial stage in the process of payment of bridewealth (lobola). In contrast, unrecognized or hidden relationships were called *ukujola*, taken from a well-known South African word "jol", meaning "to have a good time". Many young women who were engaged in hidden relationships also considered their relationships serious, and said they were waiting for the right moment to introduce their boyfriend to their family. Although most of the young women involved in sanctioned or recognized relationships such as *ukuqoma* were filled with confidence that their relationships would last, evidence from others in the community suggests that such relationships often lasted only a few

years. Thus, this system provided a means for young people to conduct relationships openly, but often did not provide the permanence that young women –and sometimes men - often sought.

Many of these feelings had changed by the later teen years, contributing to the presence of distinct sexual cultures for younger and older teen women. Among the older teen women, there was much less fear of having their relationships discovered, and few sought actively to hide their relationships. In part, this was because older girls were expected to develop relationships, and because many had relationships that had lasted for some time and were now in the open. Several young women had relationships that became public when they were found out to be pregnant, and were in relationships with the father of the child. Completion of secondary school was viewed as a marker of entry to adulthood, and as many young women approached this they felt more able to conduct open relationships with boyfriends.

Abstinence and Delay in Sexual Activity

Although most young people were sexually active by the end of the teen years, a strong culture of abstinence existed among both men and women. With just under half of teen women sexually active, and just over half of teen men, almost half of teens were not sexually active. This was strongly influenced by age, of course, with a higher proportion of sexually experienced youth in the younger teen years. Regardless, qualitative data indicated strong endorsement of the idea of abstinence among both younger and older teen women. Among the younger teen women, abstinence was stated as the preferred prevention strategy even among those who were already sexually active. In the peer group discussions among abstinent youth, influences on their choice to remain abstinent were discussed. Dominant influences included family, a desire to complete their secondary education, church and religious belief, peer pressure, risk perception and fear. While many of these were similar to influences cited by the sexually experienced youth, the relative emphasis of certain influences appeared to be different. For instance, strong parental controls and the presence of at least one strong mentor in the home appeared to be important for the non-sexually active youth, who often referred to grandmothers, mothers, fathers and older

brothers as providing direction. Further, many more of the sexually inexperienced youth appeared to have strong church or religious influences.

Related to the culture of abstinence, the importance of virginity was an important part of young people's discussions about sexuality and relationships. Women discussed virginity in terms of something that should be saved for the right partner, who could then receive "proof" of a young woman's virginity when they first had sexual intercourse. The importance of "proving virginity" was pervasive among men and women, but perhaps more valued among young women who saw this as an important reflection of their adherence to the high moral standard expected by their community. Unfortunately, the idea of "proving virginity", which was prevalent among both young men and women, often appeared to act against young women's best interests. In a bizarre twist on young women's stated values and desire to adhere to a strategy of abstinence, many engaged in sexual relations in order to "prove" to their boyfriends that they were still virgins.

As a result of the interplay of these complex factors, the process of sexual initiation was usually extremely difficult for young women. While reported levels of physical violence and coercion were not high, other coercive behaviors were common. Women commonly reported being "persuaded" over long periods of time by their boyfriends, with varying or increasing degrees of pressure, and of complying with their desire to engage in sexual activity because they feared that violence might result if they did not. Complex feelings surrounded the onset of sexual activity for most young women. On the one hand, they were pursuing something desirable and new, while on the other hand acting against community norms and often, their better instincts. The concept of "proving virginity" captures this dilemma, in which a young woman holds onto community values by preserving virginity for the "right" boyfriend, but acts against those same values by becoming sexually active.

Prevention: Levels of Condom Use

One-quarter (25.4%) of women aged 15-24 reported that they were frequent condom users with their current partner. A frequent condom user was defined from the combined categories of those who reported using condoms "always" or "often" in the household survey, in response to the question "how often do you use condoms?". In contrast to women, 37.4 percent of men said they were frequent condom users with their current partner. Slightly fewer men, 38.2 percent, said they used condoms frequently with their second partner. It was not possible to analyze condom use by second partner for women, due to low reported numbers of second partners. 44.2 percent of men, compared to 4.7 percent of women, reported a second partner. This could be a current partner, or a partner in the recent past, defined as the last three years.

The finding that young men are using condoms with equal frequency with both a primary and secondary partner is both interesting and counterintuitive. Often, the assumption is made that a second partner is a casual partner, and that condoms are used more often with casual partners. In the survey, respondents were asked whether their partners were "permanent", "regular" or "casual". Second partners were more likely to be casual partners (15.6% first partners versus 32.2% second partners). However, second partners were only slightly less likely to be regular partners (78.1% first partners versus 64.4% second partners). Overall, two-thirds of men who reported on a relationship with a second partner said that it was ongoing, pointing to high levels of multiple partnerships and concurrency.

For men, condom use did not follow expected patterns according to type of partner. Levels of frequent condom use were higher (51.1%) with primary "regular" partners than with secondary "regular" partners (44.4%). In contrast, but working in a more expected direction, frequent condom use was lower with casual partners when they were the primary partner (42.9%), than with casual secondary partners (54.3%) (Figure 2).

These findings, together with qualitative data, suggest that men are beginning to view condom use as a way of protecting the person they love. However, condoms are also viewed as a

means of protecting themselves from "untrustworthy" partners – which helps to explain the higher level of condom use with a second partner who is a casual partner. Data also indicate the expectation and general acceptance by both men and women of multiple partnerships among men.

Multivariate Analysis: The Importance of Contextual Factors

In the multivariate analysis, conventional socio-demographic characteristics, such as age, education, wealth and household income were not strongly correlated with the study's main outcomes. Instead, the importance of contextual factors emerged. A number of contextual factors, including religious affiliation, current educational status and community participation were important predictors of sexual risk, namely sexual initiation and condom use, and these factors were particularly important for women. There were strong gender differences in terms of what factors predicted sexual risk.

Factors Correlated with Sexual Initiation and Sexual Activity

For women, religious affiliation and educational status were significantly associated with age at first sex. These findings supported the bivariate analysis, in which a significantly higher proportion of women who were in school, had membership in certain churches, and lived with both parents, were less likely to be sexually active. Women who were not currently attending school were more likely to initiate sex at a younger age. In contrast, those in school were less likely to be sexually active, and to be older when they did become sexually active (OR=1.38, p=.01).

One important finding from the ethnographic part of the study was the emphasis placed on education by both young men and women, particularly the achievement of a secondary education. This helps to explain the survey findings, in which educational status is significantly associated with outcomes for both men and women. In general, young people feared that a relationship, sex, or a pregnancy resulting from these two things would stand in the way of "completing their studies", a reference to the desire of most young people to complete secondary school. This reflects the importance of education in an environment where opportunities for

achievement and advancement are limited. While opportunities are scarce in the larger society even for educated young people, the absence of a secondary school qualification is a huge and often insurmountable handicap. Most of the young people in this study had few alternative resources or avenues for advancement, thus making it even more foolhardy in some young people's views to risk or forfeit education. Young people often referred to education as an important reason to delay relationships and sexual activity. As one young woman said: *In my present relationship I would say it* [sex] *is not important because I'm still at school and I would like to continue further with my studies*. Since sexual activity often led to pregnancy, fears of interrupting education were very real.

With regard to religious affiliation, membership in certain churches was protective in terms of sexual activity. Specifically, teen women who were members of a "Zionist Christian" church were less likely to be sexually active at a young age (OR=1.23; p=.03). The definition of "Zionist Christian" churches was applied to a grouping of conservative churches that included some Zionist churches, as well as other denominations that exist outside the traditional Protestant and Roman Catholic churches, often referred to as the "mission churches". In the household survey, respondents were asked to indicate their religious affiliation through use of a combined closed/open ended question; if their particular church was not included as a response category, respondents then provided the name of their church. This method led to inclusion of a larger number of non-traditional denominations. In the analysis, religious affiliation was then grouped into the following categories: no church, Protestant/Roman Catholic, Zionist Christian. In this area, the Zionist Christian churches are increasingly important, and represent a growing proportion of the population. Two-thirds of women in all age groups, including teens and young adults, and half of men described themselves as belonging to a church that fit into this category, underscoring their significance in this setting. Included in this category are a number of Pentecostal or evangelical churches, as well as "syncretic" churches that mix Christian doctrine with a focus on "traditional" cultural values. Included in this emphasis on "traditional culture"

are teachings about chastity, morality and the importance of marriage, as well as an emphasis on control over the sexuality of women. One well-established South African "syncretic" church, the Nazarite Church, places a strong emphasis on virginity as a means of ensuring communal purity, and has a strong presence in the study area. It is not surprising, then, that young women who belong to these churches are less likely to be sexually active (or to report themselves as such), and that this is an important influence on sexual risk.

For men, no factors were significantly correlated with being sexually active or with age at first sex.

Factors Correlated with Condom Use

The bivariate analysis showed that women currently in school were slightly more likely to use condoms than those who were not (26.9% vs 22.7%). In the multivariate analysis, however, educational status was not significantly associated with condom use for women. In contrast, the multivariate analysis showed men to be significantly more likely to use condoms if they were out of school (OR=2.2, p=.05). It is interesting that this finding is significant for men, after controlling for all other factors, but not for women. Likely reasons for this include the fact that men who are out of school represent a higher risk group, who also perceive themselves to be at higher risk. Higher levels of condom use may reflect this. In contrast, although the bivariate analysis suggested that being in school would be significantly associated with higher levels of condom use for women, the fact that there are no factors significantly associated with this outcome is a likely reflection of the fact that control over condom use remains relatively difficult for young women, regardless of socio-demographic and educational background.

For women, religious affiliation and levels of participation in community organizations were significantly correlated with frequent condom use. In the bivariate analysis, women who gave their religious affiliation as "no church", were more likely to be frequent users of condoms (45%) than women who belonged to either the mainstream Protestant and Roman Catholic denominations (30.6%), or those who belonged to the various Zionist denominations (20.4%,

p<.05). In contrast, for men there was little difference between levels of condom use according to church affiliation. In the multivariate analysis, membership in a Zionist Christian church was significantly and negatively associated with frequent condom use for women (OR=0.42; p=.03). This finding is likely due to the factors discussed above, in which the Zionist churches specifically espouse a doctrine of chastity and morality with regard to sexual relationships. Thus, it seems likely that perception of risk is lower among women who belong to these churches and espouse their doctrines, with the result that condom use is perceived as less necessary or desirable. It is also possible that women within these churches, many of which also espouse very traditional gender roles, are less able to negotiate condom use successfully.

Women with higher levels of participation in community organizations were more likely to be frequent users of condoms, a finding that was of borderline significance in the multivariate analysis (OR=2.38; p=.07). Community participation was defined as participation in one or more community organizations, including choir or singing, dancing, church, youth and sports organizations. The pattern of participation in such organizations was entirely different for men and women – most men who had high levels of community participation were members of sports clubs. Sports participation also contributed to higher levels of participation in community organizations for young men than for young women, with 30.9 percent of teen men and 22.2 percent of young adult men reporting membership in at least one group. For women, participation was less common, with about 20 percent of women under age 25 participating in any organization, and their participation was spread out equally among the different organizations. In the bivariate analysis, women who belonged to at least one community organization were more likely to be frequent users of condoms than those who did not (33.7% versus 22.4%, p<.05). In contrast, there was no difference in condom use between men who participated in community organizations and those who did not, nor were any significant associations found in the multivariate analysis. Other studies have found that participation may actually confer higher risk

upon men, whereas participation in sports and other organizations may be protective for women (Kaufman et al., 2002; Campbell et al., 2002).

Men: Subculture of Vulnerability

For men, age at first sex emerged as an important predictive variable related to several outcomes. In contrast to women, for whom contextual factors appeared to play an important role as predictors of sexual risk, for men this variable related to sexual behavior was important.

Men who had initiated sex at age fourteen or younger demonstrated greater sexual risk than those whose sexual debut was older. First, a younger age at first sex was a significant predictor of having had three or more partners in the last three years. Second, men in this group were more likely to report that their first partner had been a casual partner, and less likely to say they had been ready and wanted to have sex at that time. These findings point to the heightened vulnerability of young men who initiate sex at an early age, and suggest the need to understand more about the circumstances surrounding this event. In this study, men were more likely than women to have initiated sex prior to age fifteen, although the reasons for this remain unclear. However, these findings suggest that this is an especially vulnerable group, and that patterns of risk behavior may be established around early experiences and then carried on in later life. Other studies have shown that patterns of sexual risk behavior, particularly networking, are often established early (White, Cleland and Carael, 2000).

Conclusion and Implications

The findings from this study highlight two important ways in which adolescent sexuality is varied and heterogeneous in rural KwaZulu/Natal, South Africa. First, several important subcultures exist within the broad realm of adolescent sexuality. These include distinct sexual cultures for younger and older teen women, differences between men who initiate sex earlier or later in terms of risk, and a culture of abstinence that is prominent and widely supported. Second, considerable variation was observed in the factors associated with the two sexual risk outcomes examined in this study, sexual initiation and frequent condom use. Importantly, no associations

were found between standard demographic variables, such as age, level of education and household income, and the outcomes. Instead, contextual variables such as current school attendance, religious affiliation and community participation were found to be important predictors of sexual risk. Perhaps most importantly, high levels of variation indicate that not all young people face an equal risk, or are at risk in the same ways.

Not surprisingly, variation by age and gender was quite important in this analysis. Age differences point to the importance of the adolescent lifecourse, and the idea of progression, fluidity and change throughout the adolescent years. Important gender differences were observed in many descriptive aspects of adolescent sexuality, such as the process of sexual initiation and influences on condom use. Predictors of sexual risk outcomes also differed substantially according to gender. Contextual factors such as current schooling status, participation in community organizations, and religious affiliation were more important for women. For men, the most salient characteristic associated with sexual risk appeared to be having started sex at an early age. The emergence of contextual factors in this study needs to be viewed somewhat cautiously, as it may be difficult to assign causality. Young women, for instance, may drop out of school because they are already at higher risk, perhaps due to pregnancy or other social events.

Whatever the direction of causality, it is clear that social and contextual factors play an important role in determining sexual risk in this setting. Ethnographic data point to the importance of conservative social and community norms, and their impact on the socialization of young people, particularly women, regarding sexuality. The survey data point to the importance of participation in community organizations and continued participation in schooling as protective factors in the arena of sexual risk. Further, type of religious participation is also important, with young women in conservative churches less likely to be sexually active or to use condoms. There is a certain convergence between community social norms and the views espoused by many of the conservative Zionist and evangelical churches, and churches may drive a certain portion of the "neo-traditional" movement which emphasizes morality and control over

young women's sexuality. Whatever the source of these beliefs, their impact on young people in this setting is clearly substantial.

Overall, young people face a diversity of risks, and not all young people are equally at risk. Programs to address sexual risk in young people need to consider the high degree of variation within this population group, as well as their diverse needs, and target their efforts accordingly.

References

Campbell C, MacPhail C. Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African youth. *Soc Sci Med* 2002; 55(2): 331-45.

Campbell CE, Williams BG and Gilgen D. Is social capital a useful conceptual tool for exploring community level influences on HIV infection? A case study from South Africa. *AIDS Care* 2002; 14(1): 41-54.

Dowsett G, Aggleton P. Young people and risk-taking in sexual relations, in *Sex and youth:* contextual factors affecting risk for HIV/AIDS: a comparative analysis of multi-site studies in developing countries, Part I. Geneva: UNAIDS, 1999.

Gregson S et al. Sexual mixing patterns and sex-differentials in teenage exposure to HIV infection in rural Zimbabwe. *Lancet* 2002; 359(9321): 1896-903.

Harrison A, Xaba, N, Kunene P. Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth. *Repro Health Matters* 2001; 9(17): 63-71.

Harrison A, Xaba, N, Kunene P, Ntuli N. Understanding young women's risk for HIV/AIDS: adolescent sexuality and vulnerability in rural KwaZulu/Natal. *Society in Transition* 2001; 32(1): 69-78.

Jewkes RK, Levin JB, Penn-Kekana LA. Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study. *Soc Sci Med* 2003; 56(1): 125-34.

Jewkes R, Vundule C, Maforah F, Jordaan E. Relationship dynamics and teenage pregnancy in South Africa. *Soc Sci Med* 2001; 52(5): 733-44.

Kaufman CE, Clark S, Manzini N, May J. How community structures of time and opportunity shape adolescent sexual behavior in South Africa. New York: Population Council Working Paper No. 159, 2002.

Kaufman CE, DeWet T, Stadler J. Adolescent pregnancy and parenthood in South Africa. *Studies in Family Planning* 2001; 32(2): 147-60.

Kelly, K. Communicating for Action: a contextual evaluation of youth responses to HIV/AIDS. Pretoria: Department of Health, Beyond Awareness Campaign, 2000.

LeClerc-Madlala S. Virginity testing: managing sexuality in a maturing HIV/AIDS epidemic. *Medical Anthropology Quarterly* 2001; 15(4): 533-52.

Lloyd C, Kaufman CE, Hewett. The spread of schooling in sub-Saharan Africa: implications for fertility change. *Population and Development Review* 2000; 26(3): 483-515.

MacPhail C, Campbell C. "I think condoms are good but, aai, I hate those things": condom use among adolescents and young people in a Southern African township. *Soc Sci Med* 2001; 52: 1613-27.

Parker R. Sexual cultures, HIV transmission and AIDS prevention. AIDS 1994; 8 (suppl 1): S309-S314.

White R, Cleland J, Carael M. Links between premarital sexual behaviour and extramarital intercourse: a multi-site analysis. *AIDS* 2000; 14(15): 2323-31.

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Figure 1. Sexual Experience according to Age: Proportion of Sexually Experienced Men and Women aged 15-24

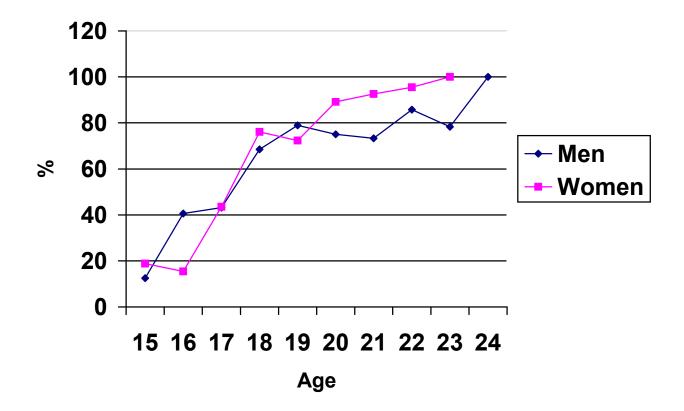


Figure 2. Levels of Condom Use among Men aged 15-24, according to Primary or Secondary Partner and Partner Type

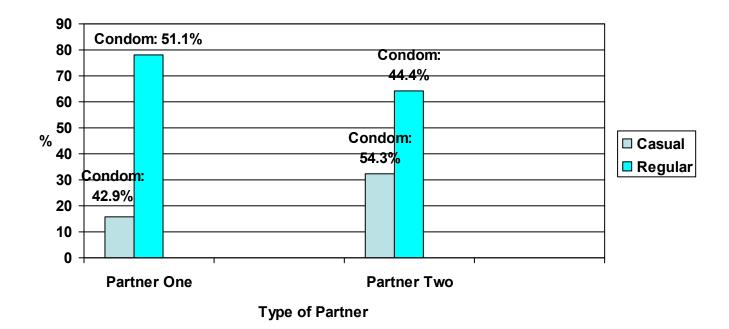


Table 1. Correlates of Age at First Sex among Women and Men aged 25 and Under: Results of Cox Proportional Hazards Analysis

	Risk Ratio:	P	Risk Ratio:	n
	Women	I	Men	p
Ago	vvoincii		IVICII	
Age (15.10)	1.0	02	1.0	12
Teens (15-19)	1.0	.83	1.0	.43
Young Adults (20-24)	1.02		1.12	
Education				
In School	1.0	.01	1.0	.88
Out of School	1.38		1.03	
Religion				
Zionist/Traditionalist	1.0	.03	1.0	.62
All Others	1.23		1.05	
Household Wealth				
High/Med	1.0	.96	1.0	.89
Low	0.99		1.02	
Female Headed Household				
Yes	0.92	.52	1.20	.37
No	1.0		1.0	
Social Capital				
High (Membership in \geq One Group)	1.0	.53	1.0	.45
Low (No Group Membership)	1.09		0.86	
Parental Residence				
Both	1.0	.25	1.0	.80
One/None	1.09		1.04	
Information and Exposure				
Weekly Television Exposure	1.11	.35	0.99	.96
No Weekly Television	1.0		1.0	

Table 2. Active Women and Men < 25 Years who Report Frequent Condom Use with their Current or Most Recent Partner: Logistic Regression Analysis including Key Independent Variables

	Odds	p	Odds Ratio:	
	Ratio:	F	Men	P
	Women			
Age				
Teens (15-19)	1.0	.72	1.0	.09
Young Adults (20-24)	1.12		0.69	
Education				
In School	1.0	.23	1.0	.05
Out of School	1.68		2.22	
Age at First Sex*				
<u>≤</u> 15	1.0	.14	1.0	.53
<u>≥</u> 16	0.42		0.71	
Religion				
Zionist/Traditionalist	0.45	.03	0.92	.74
All Others	1.0		1.0	
Household Wealth				
High/Med	1.24	.43	1.0	.16
Low	1.0		1.48	
Female Headed Household				
Yes	1.28	.59	0.82	.67
No	1.0		1.0	
Community Participation				
High (Membership in \geq One Group)	2.38	.07	1.0	.80
Low (No Group Membership)	1.0		0.89	
Parental Residence				
Both/One	1.40	.25	1.0	.56
None	1.0		1.21	
Information and Exposure				
Weekly Television Exposure	1.0	.59	1.44	.35
No Weekly Television	1.25		1.0	
Partner's Age				
1-5 Years Older	1.34	.45		
> 5 Years Older	1.0			
Partner has other Partners				
Yes	1.57	.31		
No/Don't Know	1.0			
Risk Perception				
High	2.06	.09	0.52	.23
Low	1.0		1.0	

^{*}For men, the categories for Age at First Sex are defined as ≤ 14 and ≥ 15 years of age.