

TALKING ABOUT AIDS IN AN INFORMAL SETTLEMENT

Experiences from Orange Farm, Gauteng



JOHNS HOPKINS
Health and Education in South Africa

CADRE

TALKING ABOUT AIDS IN AN INFORMAL SETTLEMENT

Experiences from Orange Farm, Gauteng

CADRE ©2008

www.cadre.org.za

Community Research Team

Mandla Hlatshwayo, Emily Nhlapo, Joel Mokoena and Selinah Nhlapo

Guiding researchers

Helen Hajjiannis and Warren Parker

Written by

Warren Parker and Helen Hajjiannis

Acknowledgements

We gratefully acknowledge the contributions by research participants.

This research was made possible through financial support provided by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID)¹. This study forms part of a series of activities that are funded through Johns Hopkins Health and Education in South Africa (JHHESA).

¹ The opinions expressed herein are those of the authors and do not necessarily reflect the views of the USAID.

CONTENTS

| | |
|---|----|
| BACKGROUND..... | 4 |
| RESEARCH OBJECTIVES | 4 |
| STUDY DESIGN..... | 5 |
| Sampling and recruitment | 5 |
| Data analysis | 6 |
| FINDINGS | 7 |
| Poverty, economic disparities and sexual exchange | 7 |
| Intergenerational sex | 7 |
| Perceived benefits of intergenerational relationships..... | 7 |
| Intergenerational relationships in schools | 9 |
| Perceptions of HIV and other risks within intergenerational relationships | 10 |
| Transactional sex and severe poverty..... | 11 |
| Involvement in sex work | 12 |
| Sex in the context of alcohol use..... | 13 |
| Sexual violence | 14 |
| Crime and sexual violence | 15 |
| Perceptions of the influence of sexualised television programming..... | 16 |
| Drugs and sex..... | 18 |
| Perceptions of public sector condom quality | 19 |
| Knowledge of antiretroviral therapy | 20 |
| CONCLUSIONS AND RECOMMENDATIONS..... | 21 |

BACKGROUND

This series of discussions with community members in Orange Farm, a large informal settlement south of Johannesburg, is intended to inform understanding emerging issues in the experience of HIV/AIDS in an informal settlement. The findings are intended to contribute to the development of formal research methodologies to investigate these issues in other similar sites throughout the country.

Informal settlements have repeatedly been identified as contexts where HIV is more prevalent in South Africa. For example, in 2005, amongst 15-49 year olds, HIV prevalence in informal urban areas was 25.8% in comparison to 13.9% for formal urban areas (Shisana et al, 2005). There is however little research that informs understanding of the particularities of HIV risk and impact in informal settlements.

The Orange Farm Anti AIDS Club (OFAAC) is a small community based organisation located at Orange Farm and has been operational since 1995. OFAAC has worked informally with CADRE on various projects, and have also used *Tsha Tsha* videos and discussion guides developed by CADRE. Reports were made to CADRE by the group indicating a capacity to reflect upon and analyse their experiences. On the basis of these reports, it was clear that the organisation had potential to conduct informal research activities.

Research concepts were discussed with the group and a series of thematic investigations guided by senior researchers, and led by OFAAC members were initiated. The group had the benefit of relatively easy entrée into recruitment of participants, developing of trust with respondents, use of context-appropriate language and a capacity to engage with respondents that was grounded in their own experience.

Support was provided as part of CADRE's ongoing research in the area of AIDS communication. The broader research programme is funded by USAID/PEPFAR through Johns Hopkins Health and Education in South Africa (JHHESA).

RESEARCH OBJECTIVES

The research objectives were as follows:

- ❑ To explore the potential for using members of a community-based organisation in conducting formative research;
- ❑ To investigate various topics and their relation to HIV/AIDS that have emerged from other CADRE studies but for which little research data is currently available;
- ❑ To identify potential areas of focus that require further research and integration within the existing body of knowledge about HIV/AIDS;
- ❑ To identify potential aspects of the HIV/AIDS epidemic for inclusion in the development of the second national communication survey to be conducted in 2008/9; and
- ❑ To identify issues and potential solutions from people on the ground that may inform future communication programmes and or the development of communications' resources.

STUDY DESIGN

The primary aim of the study was to identify the realities and nuances of how HIV/AIDS intersects with the lives of people living in the informal settlement of Orange Farm. Community and individual perspectives were obtained through conducting thematic discussions with groups of people living at Orange Farm. Topics and themes were identified on an ongoing basis through report-back discussions between CADRE researchers and OFAAC members. Research skills were also improved and honed as the series of discussions progressed.

Research was conducted in the following thematic areas with a focus on the link/risk to HIV/AIDS:

- ❑ Drugs and sexual exchange;
- ❑ Shebeens, alcohol and sexual exchange;
- ❑ Orphans, poverty and sexual risk;
- ❑ Exposure to sex on television and sexual risk;
- ❑ Perceptions of condoms;
- ❑ Sugar daddies and sugar mommies and the link to HIV/AIDS;
- ❑ Sexual abuse and the link to HIV/AIDS;
- ❑ Poverty and crime and the link to HIV/AIDS;
- ❑ Perceptions of sexual 'control';
- ❑ Sex in schools and the link to HIV/AIDS.

The discussions comprised 15-20 participants each and all included males and females. Participants were residents of Orange Farm. Discussions took place over two hours and were conducted during the period October 2007 to January 2008².

Sampling and recruitment

OFAAC committee members with experience in facilitating discussions with groups put out verbal announcements that there was going to be a discussion on a particular topic on a particular day, as well as providing venue details. Meetings were open to all members of the Orange Farm community. In instances where a specific group of people or a particular age group was required, these were outlined as criteria for participating in the discussions. (e.g. youth that had completed grade 12 last year; youth aged 15 to 22 years etc).

Refreshments and snacks were offered to people who participated in the discussions. OFAAC was reimbursed by CADRE for venue, transport and refreshment costs. In addition, OFAAC

² Dates that the discussions took place were: Drugs and sexual exchange - 7 October 2007; Shebeens, alcohol and sexual exchange - 18 & 20 October 2007; Orphans, poverty and sexual exchange - 29 October 2007; Exposure to sex on television and sexual risk - 30 October 2007 & 2 November 2007; Trusted HIV/AIDS communication sources 6, 7, 8 & 9 November 2007; Perceptions of condoms - 13 & 14 November 2007; Sugar daddies and sugar mommies and the link to HIV risk - 20, 21 & 22 November 2007; Sexual abuse and the link to HIV/AIDS - 11 December 2007; Poverty, crime and the link to HIV/AIDS - 16 December 2007; Perceptions of sexual control and the link to HIV/AIDS - 3 January 2008; Sex in schools and the link to HIV/AIDS - 17 January 2008.

was paid a fee for each discussion that was conducted and report produced. *Tsha Tsha* educational resources (videos and DVDs) were also provided by CADRE to OFAAC to distribute as incentives for facilitators and to people who had made venues available for free for the discussions.

Table 1: Discussion participants

| Discussion Number | Topic | Participants | Age range |
|-------------------|--|--|-----------|
| 1 | Drugs and sexual exchange | Youth | 15-22 |
| 2 | | Drug users | 15-20 |
| 3 | Shebeens, alcohol and sexual exchange | Shebeen owners | 40-55 |
| 4 | | Shebeen patrons | 20-45 |
| 5 | Orphans, poverty and sexual risk | Orphans | 17-25 |
| 6 | Exposure to sex on television and sexual risk | Youth | 16-22 |
| 7 | | Parents | 32-70 |
| 8 | Trusted HIV/AIDS communication sources | In and out of school youth | 14-22 |
| 9 | Perceptions of condoms | Youth | 15-25 |
| 10 | | Adults | 26-45 |
| 11 | Sugar daddies and sugar mommies and the link to HIV/AIDS | Cross section | 13-30 |
| 12 | Sexual abuse and the link to HIV/AIDS | Youth | 20-35 |
| 13 | Poverty and crime and the link to HIV/AIDS | Youth | 15-30 |
| 14 | Perceptions of sexual 'control' | Youth | 20-25 |
| 15 | Sex in schools and the link to HIV/AIDS | Out of school youth (recently completed matric) | 18-25 |

Data Analysis

Data was translated from Zulu and Sotho into English and transcribed by hand by members of OFAAC. The transcribed data was then captured in MS Word by a typist and reviewed again with OFAAC members to ensure that information was understood correctly. The transcriptions were thematically analysed.

FINDINGS

The thematic analysis of the transcripts in relation to risk of HIV infection revealed a range of intersections between risk of infection and poverty. This was further layered by various power disparities including those embedded in economic power and cultural power. Risks are also exacerbated by alcohol and drugs. Economic imbalances are however, threaded through many sexual interactions, and has a strong influence on determining the likelihood of sex occurring. It has a further bearing on the extent of risk during sex.

Poverty, economic disparities and sexual exchange

People living in informal settlements are overall poor, although some are less poor than others by virtue of a proportion having some kind of access to money via formal employment, informal part-time employment or illegal activities such as crime.

The need for money or material goods by those who are unemployed is an ongoing tension, and sex offers a pathway for many to achieve monetary or material gain. Such gains are mostly of a short-term nature.

Intergenerational sex

Intergenerational sex refers to sexual relationships that span ten or more years between sexual partners.³ This is a particular HIV infection risk factor for young people under 20 as a product of exposure to a higher prevalence pool amongst older males. To expand on this, young males under 20 have a lower HIV prevalence than males in their late twenties and early thirties. If younger females have sex with younger males they have a lower risk of exposure to HIV.

With young males, the pattern of risk is similar: if they have sex with females in their late twenties and thirties they are more likely to encounter females who are HIV positive. Exposure risk is severe, given that a third of all females aged 25-29 in South Africa are HIV positive, and this proportion is higher in informal settlements.

Whilst intergenerational sex has mainly been portrayed as involving younger females and older males, in this informal settlement context, relationships between younger males and older females (so-called sugar mommies) is also widespread. Older partners were typically more empowered economically, as well as having a higher degree of cultural power as a product of being older.

Perceived benefits of intergenerational relationships

The benefits of such relationships for both young males and females are viewed primarily as being motivated by economic need for clothing and money – but also for more basic needs such as having a place to sleep.

I am 33 years old and I come from a poor family. I am having an affair with a 56-year old because she has money and she supports me and buys me clothes. I don't think if I was wealthy I could've done that (Discussion 11, male, 15-35).

³ Although, strictly speaking, a generation is better defined as being 15 to 20 years.

It's a passport to clothing and finance. Older men have all the care in this world. It's why a woman needs to have sugar daddies in order to survive. And it makes me feel like a natural woman. That is why I love sugar daddies cause they always say yes to whatever young girls need (Discussion 11, female, 15-30).

Just because a person needs a place to sleep I am forced to have sex with an older woman sometimes she is the age of my mother (Discussion 5, male orphan, 17-25).

Young females who are single parents and who have relationships with older moneyed men are able to meet material needs for themselves as well as their children. In these examples the rationale is not for meeting one's own needs, but more altruistically, for meeting the needs of their children, partners or family members. This is not exclusively a female phenomenon and extends to young males. This is illustrated in the following examples of males: one resourcing his family and another maintaining his child through a relationship with an older woman.

I am 21 years old, living with my grandmother and I'm raising a fatherless child. I have some things that my heart desires, such as making my child to grow like any child by having food and clothes. That is why I end up with my sugar daddy, who makes sure that my one year six months boy grows healthy (Discussion 11, female, 15-35).

Everyone, when she does something at the end she needs to gain something that can make her benefit. That is why we choose a sugar daddy to take care of us. In the end we support our children (Discussion 11, female, 15-35).

I am 23 years old, I'm married with a 27 year old girl and we had a 5 month year old boy. I lost my job two years back. I was forced to find someone to help me in supporting my family. She's old and she helps me very much and she enjoys my service such as my sex experience. My wife doesn't know what is happening. I always tell her that I am finding piece jobs (Discussion 11, male, 15-35).

Me, I benefit a lot because I could have lost my marriage due to lack of employment. I could have lost my child too. I really appreciate having an older woman like that who cares. My fear is that she must not die before I find a job (Discussion 11, male, 15-30).

Relationships between younger females and older males were rationalised as more appropriate when taking into account risks of having younger male partners whose economic activities included considerable risk – such as being involved in crime. Younger males were also seen as more likely to be promiscuous and lacking in ability to provide 'tender care'.

I think on my side I benefit because I am always having money and nothing I fail to buy. The only thing boys know is to do crime in order to satisfy a woman, which is not reality, what if he's arrested or killed in the crime scene, I will remain with stress (Discussion 11, female, 15-35).

I do benefit because me and an old man we are living a better life, because young boys they cheat too much and they don't have tender care. What they know is to abuse any woman when they feel like (Discussion 11, female, 15-35).

For some young males, having relationships with older women for economic benefit were seen as an alternative to crime.

I love sugar mommies I use my flexible antenna in exchange for money rather than making crime and being hated in the community. I am unemployed and it's the only way to survive because they even fight for me through my satisfaction to them. I am 30 years of age. Most of my women are from 39 to 50 years of age (Discussion 11, male, 15-35).

For young males, relationships with older women included a combination of a capacity to easily evoke sexual desire, alongside having some form of economic power. This was viewed as undermining masculinity and being abusive, but also potentially uncomfortably 'addictive':

Even old women... when they undress in front of young boys at the end they become more attractive and have sex. Sometimes she doesn't give you nothing. I'm talking from experience when an old woman she invited me to her home. When I reached her home she called me in her bedroom where she was undressed and I became more attracted when she open her thighs. I jumped to her and we had sex. She only gave me a glass of coke (Discussion 12, male, 20-35).

Even we boys we are victims of poverty and sexual abuse. When I need money to further my studies I will need to look for a sugar mommy to help me. In return she will need me to sleep with her. Poverty and sexual abuse has become a habit especially here in the informal settlement (Discussion 12, male, 20-35).

Sugar mommies are risky because you are not alone. How many young people has she used without protection? And [the other risk is that] you'll become more interested in older people and become addicted (Discussion 11, male, 15-35).

'Sugar mommies' were also seen as purposefully seeking out young men including those who already had younger girlfriends.

Even sugar mommies. They [can't control themselves] towards our boyfriends. Especially those at the age of 55 – they're more sexually active than us. We lose our boyfriends due to sugar mommies and we must fight this. I lost a boyfriend to a woman age of 58. As we are talking now they're together (Discussion 14, female, 20-25).

Intergenerational relationships in schools

In school contexts there were a number of factors related to intergenerational sex and power. Teachers were seen as being advantaged as a product of having money, but also being able to offer good marks to students with whom they had sexual relationships. The latter practice was seen as having negative long term impacts on pupils, since it undermined their education.

Sex in school between teachers and pupils creates more division between teachers and pupils. Imagine when I find out that my girlfriend slept with a teacher I will fight like a tiger no matter how old he is, because if I don't have money why must I be cheated on? The biggest risk is when I lose my career and the teacher loses his dignity or his job (Discussion 15, male, 20-25).

Due to money, teachers take advantage of female pupils and promise them good results during the test or during exams, and promise them good lunch (Discussion 15, male, 20-25).

It has a bad, bad impact! Because if a school pupil has sex with the teacher, she don't even participate well in school. She doesn't even write reports or do homework that she has been given (Discussion 15, female, 20-25).

Sexual exchange is not necessarily always for monetary or material benefit – physical safety might also be a consideration – for example in exchange for protection from bullying.

Even if you can be bold or tough you need protection at school from those guys, (bullies), that even teachers fear them. But you must know in exchange is sex [you can be protected] (Discussion 15, female, 20-25).

Perceptions of HIV and other risks within intergenerational relationships

Perceived risk of HIV infection was linked to power disparities and lack of decision-making power in intergenerational relationships. For example, 'sugar daddies' and 'sugar mommies' were noted not to use condoms as they were seen to believe that through having unprotected sex with a young person they will be 'rejuvenated', 'never grow old', and that they are 'drinking young blood'. Some older males involved with younger females noted: 'young girls will give fresh blood and keep us younger' and 'sugar is sweet but not as sweet as those young girls'. Some younger respondents also referred to a sense of bravado amongst their older partners.

I am 23 years old, I'm HIV positive. I first had sex with an old woman, age 47 to 49 but now I've tested positive and when I told her she laughed and told me that herself, she's negative. I hate seeing young boys with sugar mommies (Discussion 11, male, 15-30).

The risks are that most of the sugar daddies don't want to use condoms because they always say they cannot give or get HIV/AIDS because their bodies are strong (Discussion 11, female, 15-35).

Risks of HIV infection were perceived as being fatalistic amongst younger partners, with short-term needs overwhelming longer-term consequences:

Poverty really brings HIV because young ones run to sugar daddies for living and they don't think of protection. Sometimes they think of protection but fear to ask for it as they might lose money because most sugar daddies, they don't want condoms (Discussion 13, female, 15-30).

The risk of sugar mommy is that even when you ask something like money or food, she can't just give you. She will say let's do it very fast without any condoms and that is when she's going to help you. That means you buy although when she ask you anytime you'll help her without any charges (Discussion 11, male, 15-35).

Pregnancy, and withdrawal of support were seen as additional risks for young women.

Another risk is that when you busy fooling around with sugar daddies you'll end up having babies, which they will not take care of because they're married (Discussion 11, female, 15-35).

Physical violence was also seen as a potential risk as a product of older partners being married or being in long-term relationships.

The risk with sugar mommy is that if the husband or boyfriend can find you, you are dead or you will be beaten up (Discussion 11, male, 15-35).

The most risk is to lose my virginity, dignity and being hated by my sugar daddy's wife. Today I am toothless and ugly because his wife beat me like nobody's business. Today I hate myself because no guys of my age will love me again (Discussion 11, female, 15-35).

Transactional sex and severe poverty

Whilst age differentials contribute to the likelihood of sexual exchange for economic benefit, economic aspects of exchange are pervasive in many sexual relationships where age differential is not a specific factor. Women were seen as vulnerable to unwanted sex because of the need to consider primary material needs.

Women lose themselves and their bodies when they see money. Because of the conditions they are living in, you find a situation whereby there's no breadwinner. Girls and woman – they're forced to use their bodies to get some food (Discussion 14, male, 20-25).

Due to poverty we are forced not to control our sexual feelings because what we need is money to feed our families and our children (Discussion 14, female, 20-25).

Poverty is playing a big role in making HIV/AIDS spread because some women, when you bring a bag of 10kg of maize meal you can have sex with her without any protection, which is not fair but what is a man to do if it is tasty (Discussion 13, male, 15-30).

Poverty contributes too much. Like myself I have four children and I don't have no one to support them and if I can find a man that promise to take care of my children and myself, thinking of prevention [eg. condom use] will come afterwards. I cannot know whether he is positive or negative, as long as I get food and shelter for my children than staying at home (Discussion 13, female, 15-30).

Being orphaned however, was also considered to be a particular risk:

Men take advantage of orphans especially those who live with their grandmothers. They will take those orphans and buy 'skhombane'⁴ and drinks. In turn they want to be paid through sex. This happens from time to time, and she has no choice, she's hungry. At the end she will suffer from HIV/AIDS (Discussion 13, female, 15-30).

Some man spoiled our sex life by taking advantage of the situation we are in. Some give money in exchange for sex. Because I am hungry I can't refuse (Discussion 5, female orphan, 17-25).

My fear is that the orphan and poor woman they're at risk because their sexual control it is not for pleasure but for food. They do what a person wants and demands in exchange for sex and food (Discussion 14, male, 20-25).

Sexual exchange and lack of condom use were part of a continuum of disempowerment.

⁴ 'Skhombane' is half a loaf of bread with polony or another filling in it and is considered to be the 'in' food. It is also seen as an indicator of wealth and status.

Of course it links with HIV/AIDS because some girls – they don't do sex for fun at school but for money. A person like that can use whatever it takes, whether with condoms or without condoms she wants money (Discussion 15, male, 20-25).

This is happening because poor girls want to reach the standard of other girls in the way of life; to have good clothes, nice food, because of bad conditions in her place (Discussion 15, male, 20-25).

Some men take advantage of poor women because they know that without money they cannot live. Most men when they pay for sex they don't use condoms, only honest men use condoms (Discussion 13, female, 15-30).

Having money was seen as a means of access to multiple partners, and in this example, when the money is finished, the man returns to his wife.

In most cases that's where HIV/AIDS spread in the community because you find that a man has five women not because they're in real love but money in exchange for sex. They will only concentrate on their wives after New Year's day or when the money it's about to finish (Discussion 12, male, 20-35).

Money was seen as an entrée to sexual activity in marital relationships, and being unemployed contributed to low self esteem.

If you don't have money you can't have sex on the eve of pay day. That's when you don't enjoy being a man in your house. That's when during the month or week men force themselves (Discussion 12, male, 20-35).

Unprotected sex in shebeens and the development of informal brothels was also seen as underpinned by poverty:

Poverty has made women open shebeens. In order to attract men, she will be a double agent. This side she's selling beer, on other side she's selling her body. We will discover when she is sick and she will confess on her last days that she has AIDS (Discussion 13, male, 15-30).

How many places do we have here which women have opened to use young ones to sell sex in order to have income? Who knows if they are giving them condoms?. Poverty has made people do illegal things and we must not blame each other only the government must do something (Discussion 13, male, 15-30).

My sex life has been helping me through fighting hunger because when I am in the shebeen I can get R200, R400 because I can't find a job. This has become painful since I lost my parents while my brother he doesn't care for us (Discussion 5, female orphan, 17-25).

Involvement in sex work

Involvement in sex work was reported to be linked to lack of alternative employment and poverty.

My sex life has become terrible in the past two years. When I was looking for a job I met a lady and she told me that there was a good job in Berea in Johannesburg. When we reached there, first I was employed as a stripper earning R50 per night and some tips. At the end I end up being makgosha [meaning a prostitute, sex

worker] until I became sick last year with syphilis, then I came back home. My sister was afraid that maybe I was dead but now I don't wish to find any man on top of me, never mind if he can promise me silver and gold (Discussion 5, female orphan, 17-25).

Condom use in the context of sex work was inconsistent.

To me I don't even think about it because then I can't have clients if I keep on thinking of HIV/AIDS. Condoms, it depends if one needs [wants] one, or if he doesn't need [want] one, as long as I get paid to support my family (Discussion 5, female orphan, 17-25).

Sex in the context of alcohol use

Alcohol influences sexual risk taking – both in relation to sexual desire, and in relation to HIV prevention. Alcohol was predominantly consumed at local taverns and shebeens.

Alcohol includes a relation to vulnerability by virtue of 'losing control'.

There are those women who they don't have sexual control due to alcohol. When they're drunk they lose sexual control and become victims of abuse and end up being HIV positive without knowing who she slept with (Discussion 14, female, 20-25).

In taverns whereby when guys drink too much they become more sexually active (Discussion 12, female, 20-35).

Unfaithfulness, having an affair outside your marriage and go to a shebeen you always find yourself being in a situation whereby you become attracted to sex, especially when you are drunk (Discussion 3, shebeen owner, 40-55).

For some, consuming alcohol was a way to forget about AIDS.

That is why I drink because AIDS is always ringing in my mind. I need to forget about it (Discussion 4, male shebeen patron, 20-45).

Going to shebeens was associated with sexual exchange as a product of economic disadvantage.

Some young girls come in our shebeens for their fundraising due to conditions they are living in, getting beer and money in exchange for sex (Discussion 3, shebeen owner, 40-55).

Unemployment is high. Girls have children without knowing their fathers, in order to earn money they are forced to have sex for money, to feed their children (Discussion 3, shebeen owner, 40-55).

If I need a hundred rand for feeding my children then someone said 'give me one round' I will give him. My mind is on money, I don't think of any condoms (Discussion 4, female shebeen patron, 20-45).

Alcohol was noted to diminish the likelihood of condom use:

Sex... is risky especially in shebeens and taverns whereby they have sex without using condoms and that we call it 'emergency' sex (Discussion 14, female, 20-25).

The time for prevention it's not there like here now are no condoms, if a woman said 'buy me two beers I will give you sex', no time to hunt for condoms. Only thing is to look for a secret place where I am going to have sex with her (Discussion 4, male shebeen patron, 20-45).

Condoms were not uniformly provided by shebeen owners:

We are not taverns to supply condoms to our customers, but some we can see them with condoms in their hands (Discussion 3, shebeen owner, 40-55).

We don't have time to teach our customers about prevention, unless you people who are dealing with HIV/AIDS you can come and educate them while they are drinking, but don't chase our customers (Discussion 3, shebeen owner, 40-55).

I do help my customers with condoms because I don't want to lose them. Our friends here they know how many customers we lose a month due to AIDS, even now as we are here some they are sick at home (Discussion 3, shebeen owner, 40-55).

In our shebeens there are married people and unmarried people so they need protection (Discussion 3, shebeen owner, 40-55).

Sexual violence

Refusing to have sex was said to be a rationale for violence, although it is interwoven with feelings of love in established relationships and related emotional tensions.

Sexual abuse is happening due to the fact that if you refused to have sex with a man he will beat you and tear your clothes. Surprisingly you are in love and there is no time for protection. We become pregnant unexpectedly and get HIV/AIDS or STI. Because of this, I ask myself how many of his girlfriends he forced? (Discussion 12, female, 20-35).

My boyfriend has no control in his feelings in sex. Sometimes I feel like leaving him or run away because he does it all the time with me. He wants us to have sex even if I don't feel like. When he's feelings are so high he will push me on the bed and force me to have sex. Because I love him there's nothing I can do. My problem is that we don't use protection. He says he wants a baby, but I always think to myself, 'how many others does he do the same thing to?' I'm even afraid to take a blood test, so what must I do? (Discussion 14, female, 20-25).

Sexual violence is linked to economic concerns, and is tolerated and often tacitly supported by mothers.

Me, I have bad luck with boyfriends who abuse me, especially the father of my daughter. He wanted to sleep with me when I was four days after delivering. I had to run to my aunt until I came back after three months. Instead of being happy seeing that the child has grown after long time he beat me and I went to the clinic. When I think of leaving him it is a problem, because we are struggling at home and he took that advantage. My mother will always tell me to 'bekezela' [be strong] in love affairs, things will be alright (Discussion 12, female, 20-35).

My boyfriend comes at night ... and when I refused to have sex he will beat me all night. Because we are living with his mother, I will complain, the mother will say 'men are men through women'. When I look at my situation I don't have parents to report to and my brother is an alcoholic and my boyfriend keeps on giving him money. He doesn't take my complaints (Discussion 12, female, 20-35).

Conversely, women were seen as being protected by the law, and thus more able to cheat without fear of violent consequences.

We guys we are the most victims of abuse which no one takes note of. It's because our women cheat on us, you don't know whether they use condoms or not and when you discover that she's cheating you cannot correct her because police protect women than men (Discussion 12, male, 20-35).

Venues such as shebeens also pose risks for sexual assault as well as violence:

Even woman they go to taverns without money with the intention that they want to drink free beers, and they end up in a trap by meeting bad guys (Discussion 12, female, 20-35).

It does happen even in shebeens whereby a woman seduces a man in exchange for beer. At the end when she's had enough and she wants to leave, that's when sexual abuse begins – and you find that the man is getting support from friends (Discussion 12, female, 20-35).

Sometimes wives collect their men in our shebeen and find them with young girls and violence begins, which is not our aim in opening shebeens for violence (Discussion 3, shebeen owner, 40-55).

For one respondent however, the pervasive and ready availability of sex at shebeens was seen as something that ought to reduce the incidence of rape.

It is surprising that people rape. Sex is cheaper in a bar. With only two or three beers you can have sex (Discussion 4, shebeen patron, 20-45).

Crime and sexual violence

Crime was seen as an important factor linked to sexual violence, rape and HIV risk. This included rape of elderly women as well as young children.

Crime plays a big role in spreading HIV/AIDS. Most people, especially guys who did crime, they don't look at their age. A child can rape a grandmother. Also last month we heard from the news that an 8-year old child was raped here in Orange Farm and condoms were not used (Discussion 13, male, 15-30).

The way crime spreads HIV/AIDS. It is more than 'real lovers'. In my street two women were raped in the same week and another one, as we talk, she died of HIV/AIDS within a year after receiving her results. These days crime is like legal because people are not being arrested (Discussion 13, female, 15-30).

The observation was also made that HIV is more likely to be spread through rape because condoms are unlikely to be used.

Really crime spread HIV/AIDS more than anything because if a person rapes there's no time for condom because you are in hurry not to be found, and these crimes happen when woman are left alone (Discussion 13, male, 15-30).

People who are doing crime they also rape and spread HIV/AIDS. How many people who have been attacked and raped here in Orange Farm and they don't use condoms in order to satisfy their feelings? (Discussion 13, female, 15-30).

The link between gang membership and rape appears to involve a systematic process that is also linked to alcohol abuse. As this former gang member describes:

I was once a member of a gang. I usually see such things whereby we are in a tavern after committing crime, and because women used to fear us, they refused when we proposed to them. When we were drunk at night we could plan to hunt them and rape them. That is where I got HIV/AIDS from. After I came from prison for ten years I stopped evil deeds (Discussion 13, male, 15-30).

Intentional spreading of HIV was also described as a criminal act.

Crime is not by stealing or breaking into houses. Some girls when they found out that they are HIV positive they will say, 'I will sleep with every man who proposes love to me, so that we can die all of us', that is crime also (Discussion 13, female, 15-30).

Perceptions of the influence of sexualised television programming

In discussion with OFAAC members, concerns had been raised about the negative influence of television portrayals of sex – particularly soft pornography which is broadcast late at night by E-TV.⁵ It was felt that the sexual content of television programming promoted rape.

Sex movies encourage boys to rape because some they don't have girlfriends and they fear to approach us. What they do is to stand in corners with guns and force girls into bed (Discussion 6, female, 16-22).

Seeing sex on television makes other guys to rape and even to rape children, that is what you find; other fathers rape their children because their wives refuse to have sex with them. I think government must think and look at the cause of rape (Discussion 6, male, 16-22).

A number of females related experiences of links between sexual content and negative consequences.

Sex movies influence men who become more abusive – especially at times that I don't feel like having sex I have been forced. If you refuse he will beat you and you end up giving up. Sex is natural you are not supposed to be influenced by TV or sex movies. If a person is influenced by movies it shows that person's weakness (Discussion 6, female, 16-22).

I was raped by my cousin through this influence of sex on television. We were two in the house and I was asleep. I felt a hand around my private part and when I woke up he put a knife on my neck and he started raping me. The following day he

⁵ Such programming is also available via satellite subscription through DSTV, although this is not commonly accessible in poor areas such as Orange Farm.

woke up early in the morning and he left. Weeks later I have strange feeling. I started vomiting and choosing food... I found out that I was pregnant one month and two weeks. That's whereby I broke the news about what happened. My mother died hating sex movies on television (Discussion 6, female, 16-22).

When you talk about rape I remember my uncle. I was 15 years by then he used to watch sex movies. When I came back from school, he will suck my breast and give me R20. By then he was masturbating until he penetrated on me but he was using condoms. If he penetrated he will give me R40. To me it was blackout. I learned after a workshop on rape at the clinic, but by then he was dead... From there I had no fear to have sex but I fear to remain with an old man, because I fear to be raped (Discussion 6, female, 16-22).

A young male also reported a similar experience.

My aunt once called me in the house, when she was watching 'Bombshell', a sex movie and sit watching. It was raining. She went to her bedroom and called me. She said 'let's do it'. We did but she spoiled my future because after that I started having feelings for older people (Discussion 6, male, 16-22).

Sexual content on television was seen as legitimating particular behaviours because the government allowed it.

To watch sex on TV – our husbands abuse us. He said to me, the father of my child, that the government show men how to use sex in different ways, that is why it is shown on TV. If it was not government wish they could not show it on TV (Discussion 7, female parent, 32-70).

That is why there is rape in South Africa because things they show us, every man wants to prove [to] himself that he can do what he saw on TV (Discussion 7, female parent, 32-70).

It was also recognised that such programming influenced children's perceptions of sex and early sexual activity.

Let sex on television be cancelled because it teaches young children to have sex before they reach their age, and become more dull and lose concentration at school. What they only think of is sex (Discussion 6, male, 16-22).

I always think of my children when I watch sex on TV. It teaches them to be in love before time and to become mothers and fathers before their time, and most of our children leave school before time because of pregnancy (Discussion 7, male parent, 32-70).

Please send this message forward that even local programmes they show sex and bad language, never mind they give us warnings. Some programmes are repeated when we are not at home. Tell them to show something that builds ourselves and our children (Discussion 7, female parent, 32-70).

Some felt that it promoted sexual prowess, and as a consequence enhanced self-esteem.

That's very good to teach us to make many styles so that girls cannot think of any man but look at you, and be more jealous of you (Discussion 6, male, 16-22).

Drugs and sex

Drugs that were discussed included dagga and cocaine (which was described as some form of rock that is mixed with 'ganga' / marijuana – and that is smoked or sniffed). 'Cocaine' was also referred to as being in tablet form and brownish in colour. There are 'drug houses' in Orange Farm where people gather inside and take drugs. Both males and females were involved in drug taking.

Drugs were seen as having disorientating effects, causing crime and bringing about heightened sexual desire and fostering violence including sexual violence.

Drugs can damage the mind of a person for the rest of his life and he becomes addicted (Discussion 1, youth, 15-22).

Drugs can make people become criminals, breaking houses in order to buy drugs (Discussion 1, youth, 15-22).

Drugs are ... the mother of poverty and crime (Discussion 1, youth, 15-22).

Drugs are making people - especially those who use them - become more sexually active and men don't have fear in their heart to rape (Discussion 1, youth, 15-22).

Drugs has made me rape and I wasn't born a rapist. Now I am a monster against my community (Discussion 1, youth, 15-22).

Whilst some drug users maintained 'Firstly we don't rape, we have boyfriends and girlfriends', some spoke about achieving greater sexual enjoyment, and others about reduced sexual desire – 'I don't think of sex as long I took my cocaine, I feel like I'm with a woman next to me'.

Money for drugs was raised through informal employment or crime.

[I get money] through car wash (Discussion 2, drug user, 15-20).

There are people who are working for us, that means, 'pick pocketing' (Discussion 2, drug user, 15-20).

Stealing in our homes and going to town, and house breaking (Discussion 2, drug user, 15-20).

Knowing more about drugs were seen as important starting points to prevent youth becoming involved in drugs. Rehabilitation was seen as an option, including dedicated social workers and support groups. Drug takers were seen as potentially also having AIDS.

Through workshops or trainings in our youth groups (Discussion 1, youth, 15-22).

Those who are using drugs should be rehabilitated with no visits because friends bring drugs in order for them not to forget using drugs (Discussion 1, youth, 15-22).

There must be special social workers whom they strictly dealing with drug counselling (Discussion 1, youth, 15-22).

Support groups need to be formed or established for those who are willing to leave drugs (Discussion 1, youth, 15-22).

Perceptions of public sector condom quality

The period of this research followed a series of problems with control over the quality of condoms distributed for free by the Department of Health. This included fraudulent distribution of unapproved condom batches by manufacturers subcontracted by the Department and included a widely publicised recall of selected batches by the Department. For some previous condom users, news of the recall resulted in a move away from condom use.

I used to use condoms but since I heard from the news that condoms are fake I don't trust them any more, because I can't know what make me sick, so skin to skin it's better (Discussion 4, female shebeen patron, 20-45).

HIV/AIDS exists because we see people sick and die of AIDS, but I cannot trust condoms anymore because today you can hear this and tomorrow another story. It's better skin on skin (Discussion 5, male orphan, 17-25).

Yes, I heard that condoms must be withdrawn because there was a problem. And I am not sure how I am going to live now because it is my only protection (Discussion 9, female, 15-45).

Concerns were raised that there was little clear information about the problems and batch withdrawals, and there was a lack of clarity about emerging implications.

There is no education regarding the withdrawn condoms or alternatives given by clinics (Discussion 9, male, 15-45).

Government must inform us through pamphlets (Discussion 9, male, 15-45).

I hear information on television and radio which first I want [to] tell you this, that I cannot trust media from the radio and TV because now I don't know where I stand in terms of these false condoms and real ones (Discussion 9, female, 15-45).

There was also a perception that such fraudulent acts broke down the trust between government and its citizens.

This year our country has become problematic of which we don't know who to trust while we are looking at unnecessary pregnancy and now abusers will use this information as an excuse, by saying we can't use condoms because they're fraud. That means the government must do something about this (Discussion 9, male, 15-45).

There are many Bassons⁶ here in our country to destroy blacks by frauding condoms to kill black people (Discussion 9, female, 15-45).

Government must make sure that people who are making condoms must be properly investigated (Discussion 9, female, 15-45).

In spite of knowledge of the problems, some condom users remained committed to condom use.

I can't stop using condoms, it is my safety (Discussion 9, male, 15-45).

⁶ This refers to Dr Wouter Basson, who worked for the apartheid regime and was involved in poisoning and killing anti-government activists.

Yes, I usually use government condoms. Reasons are they for free and always available. I can find them anywhere as long as I need them (Discussion 9, male, 15-45).

Knowledge of antiretroviral therapy

In South Africa the roll out of antiretroviral. (ARV) therapy has occurred over the past three years. Understanding and impact of this resource was explored during discussions. Antiretroviral treatment emerged as an area that little is known about, including what it is, where and how it may be accessed, when it is indicated and what side effects may occur.

I don't know nothing of ARVs. I only heard from the news when the government and AIDS organisation fight for it (Discussion 8, male, 14-22).

A lack of information and understanding underpin the mistrust several people have about the usefulness of antiretrovirals (ARVs).

I don't trust ARVs because the papers are talking bad stories that it has [brings] another infection [side effects], like the way the contraceptives do. [With] ARVs you develop breasts and it makes a person to be abnormally fat (Discussion 8, female, 14-22).

Really I'm not in ARVs because my friend he was taking those tablets and he became worse until he died, it was better before (Discussion 8, participant, 14-22).

During the discussions about antiretroviral treatment (ART) that took place with community members, only one person spoke about the benefits of antiretroviral treatment.

I don't think ARVs kill people because I know a person who was on ARVs and he was very sick and became better and be strong, although death is for everyone. If it is your time to die it is your time, so we must not put a blame on ARVs (Discussion 8, female, 14-22).

The provision of antiretroviral services was described as poor, with many describing situations of health workers providing little or no information about ARVs, unempathetic and often rude behaviour towards patients as well as inadequate or no provision of HIV pre- and post-test counselling.

I lost my brother when he was sick and I went to the clinic and ask for ARVs eight months back but they told me that they don't give anyone. Two months later my brother died (Discussion 8, male, 14-22).

I myself I am not sorry to say, I was badly treated at the clinic when I was told that I am HIV positive. When ask about ARVs I was told that they're not the ones who send me to get HIV and I'm still strong to be in ARVs (Discussion 8, male, 14-22).

I think people who are supplying ARVs are not educated enough to be patient to people. The only thing they do is to be harsh and give you tablets without explaining the side effects, like when you buy Disprin you can read about the side effects (Discussion 8, female, 14-22).

A common observation was the perceived lack of day-to-day exposure and access to ART.

I understand that ARVs can protect the immune system and develop it but no one I have seen taking those, even people who are giving those people they don't teach us. The only thing we see is people die of AIDS (Discussion 8, female, 14-22).

I think ARVs are especially for people who are dealing with HIV/AIDS because I don't know even a color of the tablets (Discussion 8, male, 14-22).

One person linked the dearth of information and access to ART to the fact that ARVs are not available at shops (the way condoms are).

I have never seen a person taking ARVs like the way we see male condoms in shops or clinics (Discussion 8, female, 14-22).

Some suggestions to improve community understanding about antiretroviral treatment were to have posters and pamphlets available in high traffic areas in Orange Farm.

Me, I don't know ARVs. Why they don't display posters in shops and public phones in order for people to know where to get them and how, as our comrades here said he was badly treated when he was asking for those tablets (Discussion 8, male, 14-22).

AIDS deaths remain common in the community, and for some, this results in perverse benefits – for example, having access to food at funerals.

AIDS has become our food and our dream. We don't even fear because every weekend we have free lunch due to AIDS death (Discussion 5, male shebeen patron, 20-45).

CONCLUSIONS AND RECOMMENDATIONS

This report provides a descriptive overview of issues related to sex in the context of a community that is affected by severe poverty. It provides a useful basis for identifying issues and themes for further research, and highlights emerging areas that are not well understood.

The approach taken illustrates the value of using a community based organisation to identify the realities and nuances of how HIV/AIDS intersects with the lives of people, in this case, people living in the informal settlement of Orange Farm. In particular, how research organisations can link up with community-based organisations on projects of mutual interest.

Trust between participants and community-based 'researchers' was readily established by virtue of a long history of community-oriented activism. Being able to speak from within the same framework of lived experience, and in locally appropriate language was also beneficial.

The emerging findings show the many ways within which poverty intersects with the increased likelihood of risky sex and consequently, the risk of exposure to HIV infection. Embedded within the widespread poverty that characterises Orange Farm are layers of power disparity – for example, by age, gender, relative wealth and institutional power – that are woven together to create contexts of increased vulnerability to HIV infection.

Intergenerational sex and transactional sex are two phenomena identified as common among the people who participated in the discussion groups. Intergenerational sex and transactional sex occurred in both directions – between younger females and older males, between younger males and older females, between poorer females and wealthier males and vice versa.

Inevitably, power over safer sex is located predominantly in the person who wields greater economic power. Other forms of power including institutional power (eg. being a teacher), physical power (more often than not, being male), and power to dispense violence are similarly intertwined.

Rationale for sexual exchange were multifaceted – sometimes for meeting immediate needs for food and shelter, sometimes for meeting needs for fashionable clothing or other material needs, sometimes to avoid threats such as bullying, and sometimes with an altruistic motive – to meet the needs of one’s children or family, or to avoid being sucked into criminal activity.

In sum, sexual activity in the context of poverty is commodified, and sex provides the currency through which to meet diverse needs.

Whilst orphans were found to be additionally vulnerable, the role played by parents was sometimes distinctly lacking in nurturing and caring. Some mother’s were tolerant of their children’s involvement in intergenerational or transactional relationships, with children being told to ‘*bekezela*’ (be strong) or that ‘men are men through women’.

The dire nature of poverty in the area was expressed in the statement that AIDS carried with it some degree of salvation – ‘our food, our dream’ – by virtue of ‘free lunch’ being dispensed for free at funerals that happen ‘every weekend’. Being able to eat, and being seen as having access to food was an underlying theme that flowed through some of the discussions.

Shebeens provide a venue where those with money and those without gather to drink. For those without, sex or the promise of sex is a means to procure alcohol. Some provide sex for money, which is intended to support children or family. The pervasiveness of sexual availability at shebeens was summed up in the observation that ‘it is surprising that people [need to] rape’ given that for ‘only two or three beers you can have sex’.

Alcohol consumption and drunkenness also contribute to violence including sexual violence. Crime was also noted as being closely linked to rape.

Drugs are an emerging concern and there is presently little known about the extent of availability and consumption of harder drugs such as cocaine or heroin. However, it does appear that drugs are consumed by a subset of informal settlement residents, and that crime to support drug habits, as well as rape by drug users occurs.

Pornography and sexualized content on television was also explored. Whilst it was not always clear whether respondents were referring to late night soft pornography broadcast by stations such as E-TV, or whether it was other content on other stations, there was a sense that such content either heightened sexual desire, and/or fostered sexual abuse. Whilst females were typically victims, predatory behaviour by older females towards younger males was also reported. There was also the perception that young children exposed to such content were more likely to start and/or sustain sexual activity.

The recent recall of government condoms as a product of fraudulent activities by commercial companies supply the public sector condom distribution system has reversed gains. Numerous participants spoke of a breakdown in trust and lack of clarity about whether condoms presently supplied were usable. Some condom users reported reverting to unsafe sex.

Whilst there was some knowledge about ART, there was also a considerable lack of knowledge. Additionally, a number of respondents reported negative experiences in accessing ART from government services.

Whilst this research is formative in nature, rather than representing in-depth study, it provides insight into areas for further investigation, but also has some implications for contemporary AIDS communication.

In the context of severe poverty and widespread unemployment in this informal settlement, sex is both a commodity and currency for meeting diverse needs. It underpins the likelihood of HIV infection, and contributes to high incidence rates as many sexual relationships are concurrent. Concurrent relationships result in densely clustered sexual networks where HIV moves easily between people in the network.

Whilst it appears that young males and females who are poor have little alternative to seeking out older wealthier partners, it remains that their vulnerability to HIV infection is greatly enhanced by virtue of this practice.

It is *recommended* that alternatives to these practices be explored through further research with individuals in such relationships. The findings can also be used to inform the development of quantitative survey questions which would allow for the prevalence of such phenomena and practices to be measured in surveys.

Similarly, it is *recommended* that the pervasive shebeen-linked culture of sexual availability be explored with a view to understanding mechanisms that might moderate risk.

With regard to the findings related to condoms and ART, it is *recommended* that government and organisations involved in communication address the implications of the recent condom recalls, and also set out to improve understanding of ART.