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**YOUTH, HIV/AIDS AND THE IMPORTANCE OF  
SEXUAL CULTURE AND CONTEXT**

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# Youth, HIV/AIDS and the Importance of Sexual Culture and Context

## Introduction

Twenty years of the sub-Saharan HIV/AIDS epidemic has impressed upon us the extent to which this disease is far more than a public health challenge. As it ravishes fragile economics, decreases life expectancies, increases women's burdens, generates orphans and decimates the dreams and futures of millions of people, HIV/AIDS has become nothing less than the most ominous development challenge facing the African continent. Contemplation of the sheer magnitude of the social repercussions brought in the wake of HIV/AIDS incurs the risk of crippling our senses and blocking the imagination needed for addressing this crisis. Indeed, the personal impact is sharpened rather than mitigated by the realization that this disease is, after all, almost entirely preventable. The poignancy of this simple but painful truth was clearly articulated in 1991 when President Museveni of Uganda declared to his parliament: 'They are telling us that a thin piece of rubber stands between us and the future of our continent!' (Museveni 1997). Still today, more than a decade after the time of that statement, many hopes for Africa are vested in that thin piece of rubber. Primary prevention through behaviour change involving safer-sex practices is still the most viable and potentially effective option for halting the spread of HIV/AIDS in these resource poor countries where affordable treatment is lacking (Davis and Weller, 1999; Donovan and Ross, 2000; Pequegnat and Stover, 2000).

This paper focuses on the socio-cultural context in which the enactment of 'high-risk' youth sexual activity takes place. It is divided into two parts: the first examines the general body of research on HIV/AIDS and youth, with particular reference to South Africa; the second discusses some recent findings from ongoing ethnographic research at St Wendolin's, a peri-urban Zulu-speaking community in Durban, on aspects of sexual culture that enhance the spread of HIV/AIDS. Currently it is estimated that between 30-40% of the adult population of KwaZulu-Natal is HIV infected (Whiteside and Sunter 2000). As a whole, African communities in the greater metropolitan Durban area, and indeed throughout KwaZulu-Natal province, represent high seroprevalence epicentres for HIV/AIDS.

Venier and Ross (1997) have demonstrated that in communities with high seroprevalence rates, most new HIV/AIDS infections occur during adolescence. For South Africa more generally, it is estimated that over 60% of HIV infections occur before the age of 25 (Abt Associates, 2001). For young women between the ages of 15 and 24, HIV seroprevalence is estimated to be between 23% and 27%. For men of this same age group, seroprevalence is believed to be between 8% and 15% (UNAIDS 2000). Such high rates of HIV infection in young people have led to the South African youth gaining the reputation of being one of the highest risk groups for HIV/AIDS in the world (South African Department of

Health 1999). Indeed, over 80% of AIDS patients currently bedridden at King Edward VIII Hospital in Durban (the largest provincial hospital) are young people, particularly women, in their twenties (Bateman, 2001).

In the midst of such a crisis, it is vital that an understanding of youth sexual culture and the context of high-risk sexual activity be developed. Such an understanding should provide the basis upon which programmes aimed at promoting safer sex practices are based. This paper attempts to demonstrate that such an understanding constitutes more of a future research agenda for youth and HIV/AIDS studies, rather than a reflection on the genre of existing literature and epistemological natures of most studies to date.

## Youth and HIV/AIDS

The arrival of the HIV/AIDS epidemic more than twenty years ago in the developed world prompted many studies on youth and HIV. Much of this published research was conducted among high school and college students in an attempt to discern knowledge of the virus, attitudes towards the disease, and the sexual behaviour of the general adult population (see Bowie and Ford, 1989; Siegel *et al*, 1991; Hingson and Strunin, 1992 for examples). While few moved beyond basic surveys which established baseline data, some explored the potential for condom use (Edgar *et al*, 1992; Ku *et al*, 1994), others looked at measuring and classifying adolescent risk-taking (Buzwell and Rosenthal, 1996), and some considered the relevance of particular behavioural change models (Ingham *et al*, 1992). Such studies on youth in the West provided good models upon which researchers in Africa could draw when the African HIV/AIDS epidemic presented itself several years later. Yet, while there were certainly things to be gleaned from such studies, especially in terms of identifying key variables for research, they were and are of limited value for understanding the particularities of the African HIV/AIDS epidemic.

Perhaps the most significant finding to emerge from these studies of the developed world was one that should have informed the African research agenda early on and directed the attention of researchers to the need for a better understanding of the socio-cultural context of sexual behaviour. This was the discovery that high levels of awareness and knowledge of HIV appeared to have had little impact on intended sexual behaviour of young people (Di Clemente, 1990; Slonim-Nevo *et al*, 1991). Unfortunately, it would therefore seem that such lessons learnt from the developed world have had very little impact on the African research agenda. A review of the research on youth and HIV/AIDS, including local South African studies, reveals that most researchers continue to see a need for exploring knowledge and attitudes in case they may still provide 'missing links' in our understanding of why high levels of awareness and knowledge amongst youth have not led to any significant behavioural change.

As a population sub-sector characterised by attitudes and behaviours such as notions of infallibility (Green *et al*, 2000), sexual experimentation and high turnover of

sexual partners (Krahne and Reiss, 1995; Lear, 1995; Akande, 1997; Varga, 1997), young people have been of interest to researchers since the start of the HIV/AIDS epidemic in Africa. Richter's (1996) study of age of onset of sexual activity showed that South African youth became sexually active on average between the ages of 13 to 15 years. Such statistics are borne out by information received from provincial hospitals in the greater Durban area, where girls as young as 13 are currently being diagnosed HIV-positive. This age group represents adolescence, the time period in which the development and formation of sexuality is taking place. This developmental period may be constructed and conducted in such a way as to offer some protection against HIV/AIDS, or it may promote a sexuality that enhances vulnerability and makes people prime candidates for new infection.

What is of interest in much of the African research on HIV/AIDS and youth is the conclusion drawn by many researchers that an analysis of the socio-cultural context of sexual activity is necessary for understanding the factors propelling or mitigating the spread of HIV/AIDS. Yet, few local researchers have actually delved into this effusive, complex and highly equivocal arena called 'sexual culture'. Ongoing work by Kelly and his associates (Kelly, 2000; Kelly and Parker, 2000; Kelly and Nonjeke, 2001; Ntlabati *et al*, 2001) and the current author (Leclerc-Madlala, 1997, 1999, 2001a and b), are examples of South African studies where high risk youth sexuality is conceptualised primarily as an environmental, social and cultural problem that often and effectively dis-enables youth from transforming safe-sex knowledge into functional, health-promoting, safer-sex behaviour. As such, this genre of research moves beyond the well-worn approach to the problem of HIV/AIDS as being a problem located within the individual, and built around western-derived theories of human behaviour and rational decision-making processes. For the most part, interventions in Africa and elsewhere have relied upon the assumption that correct information on transmission and prevention would lead to behavioural change (Fishbein, 2000; Muli, 2000; UNAIDS, 1999). With our local HIV/AIDS statistics continuing to skyrocket beyond expectation, we must confront the fact that, for the most part, our agendas for research and intervention have thus far done very little to affect the course of the epidemic.

## **African Research**

Schwab Zabin and Kiragu (1998) provide one of the most extensive analyses of adolescent risk-taking behaviour in sub-Saharan Africa. Factors such as female sexual submissiveness, entrenched convictions of male dominance, high levels of sexual violence, social acceptance of the 'sugar daddy' phenomenon, and the fear of HIV/AIDS leading men to seek relations with a pool of increasingly younger women and girls have all been identified by these authors and others as unique features of the African setting, and which influence the high rates of HIV/AIDS. Gage (1998) provides an analysis of the 'rational' way in which adolescents make 'irrational' decisions. The use of contraceptives, including the condom,

and decisions on whether and when to engage in sex, are seen by Gage as comprising a complex cost-benefit analysis that influences adolescent sexual decision-making.

A descriptive study of HIV-related issues among Kenyan adolescents has been provided by Nzyoko *et al* (1997). Here, the behaviour of young people at popular truck stops was examined with regard to the expected implications for HIV transmission. Focusing on southern Africa, Kalunde (1997) examined the behaviour of youth in Zambia, noting how HIV/AIDS was not perceived as a personal threat to the lives of young people, despite very high seroprevalence rates in that country. Such beliefs seem to prevail throughout the subcontinent. Tanzanian youth are one of the best studied sectors in terms of sexual behaviour and HIV/AIDS. Starting in the early 1990s, a number of variables represented in that population's high-risk profile have been analysed, including the age of sexual debut, levels of condom use, awareness of condoms and knowledge of AIDS (Kapiga *et al*, 1991; Klepp *et al*, 1994; Mnyika *et al*, 1995; Lugoe *et al*, 1996). These studies represent a dominant trend in HIV/AIDS and youth research in which measurable and quantifiable variables are discerned but largely de-contextualised; however, research by Fuglesang (1999) has attempted to explain the high-risk nature of contemporary sexual culture through an analysis of past and present modes of sex education in Tanzania.

Researching adolescents' awareness of and responses to HIV/AIDS in Zimbabwe since 1992, Bassett and Sherman (1994) reveal a familiar pattern of contemporary lack of discussion on matters of sexuality in homes. In light of these findings, a later phase of this research considered how teachers might be trained to lead classroom discussions with adolescents on HIV/AIDS and how the impact of such school-based discussions could be assessed (Woelk *et al*, 1997). Some of the significant findings to emerge from these studies were the large gaps that existed between young men and women on issues such as the women's meaning of the word 'no', whether sex was necessary for the continuation of a relationship, and the fact of social acceptance and normalization of sexual coercion.

In line with research on HIV/AIDS and youth in the developed world, most of the research on this topic in Africa in general, and southern Africa in particular, has been quantitative work focusing on variables that contribute to risk-taking. Since this consists largely of out-of-context analyses of HIV knowledge levels and reported sexual behaviours, the main body of these studies consequently ignores complex social interactions and culturally informed norms which influence sexuality and determine the probability of behaviour change. For African studies on adolescence and HIV/AIDS in general there is a need for more research that takes as its point of departure the idea that sexuality is a socio-cultural construction with deeply imbued meanings and complex symbolic representations, whose combined influence can and does effectively override any 'rational' decision-making around sexual behaviour.

## South African studies

A review of the South African literature reveals a similar paucity in the area of research designed to give insight into the range of youth sexual dynamics as they apply to and are shaped by specific social and cultural phenomena. However, there have been some attempts in the past few years to rectify this situation. The Sentinel Site Monitoring and Evaluation Project (see Kelly 2000) is such an example. Begun in 1999, this research was conducted at six sites throughout South Africa, ranging from deeply rural to highly urbanised locations. Through a questionnaire schedule supplemented with qualitative crosschecking of data, the research focussed on contextual factors influencing youth responses to HIV/AIDS within each specific location.

With the results of these studies in hand, the researchers have commenced phase two of the project: the aim here is the use of qualitative methods to look more deeply into the variables that are shaping sexual practices and behaviours of contemporary youth (Kelly, 2001). To date, significant findings that have emerged from these studies include evidence that in sites with a high level of media penetration, youth are beginning to show signs of responding appropriately to reduce HIV infection risk. In the words of the authors, the development of 'cultures of risk prevention which are self-perpetuating' such as condom use amongst non-cohabiting youth, are starting to take shape (Kelly, 2001:5).

Other findings include marked age differences between partners in the first sexual experience, and the concept of 'being faithful to one partner': these were reported to be the most socially acceptable options that youth themselves suggested as being relatively easy to achieve. What makes this national study stand out from the majority of HIV/AIDS and youth research in South Africa is that it moves beyond what could be described as a continuing obsession of local researchers with studying attitudes towards and reported use of condoms, in an effort to understand the gap between knowledge and practice.

In the early 1990s, research studies conducted on South African youth and HIV/AIDS were largely survey-based in an attempt to determine levels of knowledge and to assess prevalent attitudes towards HIV/AIDS and condom use (Friedland *et al*, 1991; Naidoo *et al*, 1991; Nicholas, 1992; Berkel *et al*, 1991; Roos *et al*, 1995). Early studies by Abdool-Karim *et al* (1991 and 1992a) sought to understand the barriers faced by young people regarding safer sex practices, and hence identify ways of halting the rapidly rising rates of HIV infection. Work by Preston-Whyte and Zondi (1991 and 1992) and Preston-Whyte (1994) highlighted the importance of fertility in African communities as representing another barrier to the practice of safer sex. From the mid 1990s onwards there was a growing trend in South African research towards the documentation of patterns of thinking and behaving that pointed to the role of socio-cultural influences leading to particular outcomes.

Two national surveys conducted at this time attempted to discern levels of youth knowledge, attitudes and practices (see Richter, 1996; National Progressive Primary Health Care Network, 1996). Both surveys found high levels of HIV/AIDS knowledge in some areas

but little education on matters of sexuality other than misinformation obtained from peers. Also noted was the general social instability that characterised the lives of many of the youth. In 1999 the Medical Research Council reported on a major survey of adolescents in Durban which found that over 50% of the youth between the ages of 14 and 22 were sexually active. Similarly, May *et al*, (2000) examined the challenges faced by South African youth as they matured in a society characterised by high rates of HIV/AIDS. Studies among homeless youth and street children, who represent particularly high risk groups, revealed dangerous constructions of sexuality which encompassed survival sex, rape and relationship sex on the streets (Richter *et al*, 1994; Richter and Swart-Kruger, 1995; Swart-Kruger and Richter, 1997). Although these surveys were directed primarily towards knowledge, attitudes and practices, these authors concluded that HIV/AIDS prevention could not be achieved without reflections on the wider context of sexuality (Swart-Kruger and Richter 1997).

In 1999 the loveLife Campaign began a five-year nationwide research and evaluation initiative in an effort to fill the void in large-scale research on South African adolescents; the aim was to offer a comprehensive understanding of how adolescents have or have not altered their behaviour in the face of the AIDS crisis. Its initial evaluation at the close of 2000 revealed that there was a movement amongst some youth towards behavioural changes involving safer sex practices (loveLife, 2001). With its slick billboard adverts, magazine supplements and television programmes, the loveLife Campaign is by far the most visible, often provocative, and certainly the most far-reaching South African initiative undertaken to address the particular needs of youth in the context of HIV/AIDS. The research agenda forms part of a multi-million Rand effort to understand adolescents and aims to reduce HIV infection rates among 15-20 year olds by 50% within five years. While these efforts are laudable, many youth (and adults as well) readily admit that many of the loveLife messages are confusing and not easy to interpret. Some complain that the whole direction and style of the campaign is too sophisticated to be useful to the average South African young person in need of clear, straightforward information on sexual matters.

Notwithstanding these recent efforts at more broad-based research, the body of studies on South African youth and HIV/AIDS studies are small scale and location-specific. However, many of these small studies have shed important light on the myriad factors shaping youth sexuality and the dynamic of high-risk behaviour. For example, a study by Mayekiso and Twaise (1993) in the Eastern Cape explored sexual education amongst a sample of high school girls, and provided much insight into the challenges they faced. A further exploration of sexual behaviour in this same region was undertaken by Buga *et al* (1996). The glaring lack of cross-generational discussion on sexual matters emerged as a key concern for all these researchers. Oliver (1996) undertook a similar but larger study in that region, involving both boys and girls in an effort to ascertain the nature of the strongest influence on these young people's sexual activities. While girls nominated 'religious beliefs' and 'mothers' as their greatest influence, boys nominated 'friends'. Both

professed a keen interest in much greater education by teachers and parents on matters of sex and contraceptives.

Strongly-held notions of infallibility by South African youth, articulated through beliefs that they are at low risk for HIV infection, continue to be documented. Friedland *et al* (1991) noted these views early on in the epidemic in a study of sexually active university students. A decade later, Kelly (2000) recorded these same views in settings ranging from a northern Cape township to a rural KwaZulu-Natal village. Risk-taking as a way of life for South African youth has been described by Maart (1998) and identified as a formidable barrier to sexual health generally. Studies by Abdool-Karim *et al* (1992a, b, c) point to ongoing difficulties faced by adolescents in obtaining condoms, as well as negotiating and following through with their use. For South African youth, there are strong associations between condoms and notions of unfaithfulness, lack of trust, lack of love, disease and incompatibility with manliness - all of which continue to provide barriers against safer sex practices.

The aforementioned work by Preston-Whyte and Zondi (1991) provided a view of the 'fertility conundrum' as another barrier to safer sex, as girls fell under pressure to prove their fertility before marriage. Fatalistic attitudes of youth in KwaZulu-Natal together with negative coping strategies resulting in reckless and irresponsible sexual behaviour, have also been described (Leclerc-Madlala 1997). That study also looked at sexual violence and its impact on the spread of HIV/AIDS. The author suggests that the increasing rape statistics may represent men's attempts to seek relations with younger girls in an effort to avoid HIV infection or to 'cleanse' their blood of HIV, in the belief that sex with a virgin can cure AIDS (Leclerc-Madlala, 1997). Socio-cultural constructions of gender and HIV/AIDS have been analysed in an attempt to shed some light on the kinds of cognitive constructs and local explanatory models used to understand contemporary sexual behaviour in KwaZulu-Natal (Leclerc-Madlala, 1999).

While in-depth long-term qualitative studies are certainly the exception rather than the rule for South African HIV/AIDS research, some short-term qualitative studies do represent valuable contributions. Studies by Varga and Makubalo (1996), Varga (1997), and more recently Varga and Mellon (2000), are such examples. Here, the meaning behind the multiple sexual partnerships of young men in their efforts to secure *isoka* (womaniser) status are exposed, as well as the strong peer pressure and social norms that condone sexual violence and impede safer sex practices. Jackson and Harrison (1999) examine the disparities between AIDS awareness, and functional knowledge about the disease and sexuality more generally. The authors highlight the plethora of sexual myths held by young people and the loss of traditional means of sex education that have left South African youth vulnerable and confused when negotiating sexuality in the context of HIV/AIDS. Previous studies by Nash (1990) and Webb (1997) have drawn similar conclusions about South African youth and their lack of guidance on matters of sexuality that forms a dangerous backdrop for the spread of HIV/AIDS.

Ongoing studies by Wood *et al* (1997, 1998, 2001) provide very incisive descriptions of the kinds of peer pressures and social norms that drive young people to engage in high-risk sexual activity. The high degree of gender-based violence has been especially highlighted by these authors, as well as by Jewkes (2001), as an important part of the environment in which expectations of and meanings attached to sex are formed. The normative violent matrix in which sexuality is embedded has obvious implications for the rapid rate of HIV transmission in this country, as Jewkes (2001) and Susser and Stein (2000) point out. Increasing gender-based violence has come to be viewed as a major factor influencing not only increased growth rates of HIV, but also STIs, teenage pregnancies, rape and child abuse. Community responses such as virginity testing in KwaZulu-Natal have been analysed and discussed in terms of how they representing an effort by communities to curb the rapid rise of these interlocked sexual health problems (Leclerc-Madlala 2001b).

There is currently a growing number of post-graduate theses by South African students based on primary research of youth sexuality and HIV/AIDS, and these will no doubt increase as the epidemic grows and changes. The challenge for future researchers lies in a more detailed analysis of how the various components identified as contributing to the high-risk HIV/AIDS profile of youth (i.e. socio-cultural norms of gender inequality, sexual violence, multiple partnerships for men, lack of sex education, negative attitudes towards the condom, pressures to prove fertility, fatalistic attitudes, dangerous myths etc...) are linked to and maintained by a socio-sexual culture/context that makes behavioural change such a difficulty.

Once the respective natures of the articulation of these various components of the culture/context are better understood, researchers and interventionists might be in a better position to identify ways of making an impact on the context that would allow for greater activation of choices that might work as HIV/AIDS prevention measures. As Ntlabati *et al* (2001:17) suggest, '...the development of a culture of response to HIV/AIDS would need to be developed as a guiding and perhaps restraining culture rather than as an individual response based on rational choice and response'. Herein lies the challenge; addressing the context which gives rise to and reproduces the enactment of such a high-risk, unhealthy sexuality amongst the youth.

## **A View from St Wendolin's**

The sexual culture of young people in the Durban peri-urban settlement of St Wendolin's is one that has undergone marked changes since the mid 1990s and the dawn of democracy in South Africa. Originally established in 1895 as the first outstation of the nearby Mariannhill Catholic Mission, St Wendolin's has historically been a tightly knit community of Zulu-speaking Catholic converts. Over the years, successive waves of people from rural Zululand and the former Transkei have settled in the community, their purpose being to find

employment in the greater Durban area. Today St Wendolin's still retains its close-knit character amongst the older members of the community, while many of the younger generation profess a waning sense of rootedness and belonging. As a whole the community is poor, with an estimated unemployment rate of around 40%. Many of the employed work as unskilled factory workers, domestics or labourers in the nearby Pinetown industrial area. Today the Catholic church still has a great influence in the community and remains a centre of social activity, but this too is slowly dissipating as the community grows.

Some post-apartheid changes seen in St Wendolin's have included better roads, access to electricity, piped water, mass housing schemes, and the establishment of some small local businesses. Amongst these businesses have been taverns offering modern surroundings, space for dancing, high-quality music, comfortable seating and a variety of branded alcoholic drinks for consumption. These recently-established modern venues represented a huge and prestigious leap upwards from the previously popular neighbourhood shebeens.

Owned and operated mostly by men from nearby urban townships, these new entertainment establishments soon attracted a male clientele from both within and outside the community. The female clientele was drawn mostly from within St Wendolin's itself. It is from the advent of these new taverns that informants trace the real beginnings of the 'sugar daddy' phenomenon; that is, sexual liaisons involving young local women with an older coterie of men from both within and outside the community. The growing incidence of these sorts of liaisons soon became increasingly visible. This in turn brought with it the opportunity (a rich one from a research point of view) to explore the nature of changing sexual dynamics in St Wendolin's and to examine some deep-seated meanings attached to sexuality and contemporary sexual culture within a rapidly changing South African community located within a global epicentre for HIV/AIDS.

There are many complex strands that comprise the contextual web in which sexual activity in St Wendolin's is embedded, many of which have been described elsewhere (see Leclerc-Madlala 1999). Here I discuss one important strand that I would suggest is particularly significant to understanding the continued high rates of HIV/AIDS in that community, and doubtless many other similar communities in South Africa. This involves the particular transactional nature of sexual relations that confer an economic dimension on sexuality, and which plays a not insignificant role in class formation and the development of social identity within the community. For women, and most especially young unmarried women, sexuality is conceptualised as a resource that can be drawn upon for material or economic advantage. For example, sex can be used to secure a job or to acquire material benefits of various kinds from men. The sexual economy operates on a continuum or 'scale of benefits'. This ranges from the trading by women of sexual favours in order to secure basic needs (i.e. food, school fees and rents), to the use of sex for obtaining expensive fashion accessories (e.g. clothes), prestigious outings (e.g. invitations

to dine at restaurants and attend cinemas), and the opportunity to ride in luxury cars or sleep in hotels.

While the economic aspect of sexual activity is not new to the community, there is a commonly-held view that modern young women have become greedier in their sexual expectations. As a dominant narrative, community members decry what they say is modern women's blatant acknowledgement of and bragging about the material advantages that they seek and acquire as gifts for sex. The glaring consumerist nature of the contemporary 'mating game' is a popular topic of discussion, especially amongst young men who feel unable to attract girlfriends because they cannot meet their gift expectations. Many older informants recall small gifts once given by men in exchange for women's sexual favours. These included bars of soap, small jars of Vaseline or hair combs; basically items of a cosmetic nature that women accepted as a way in which their male partners said 'thank you' for their pleasure. As one elderly woman put it: 'Today our girls are like chickens, poking around here, there and everywhere. And they certainly don't want soap. Ha! Most want cellphones.'

The rapid development in recent years of a black middle class with money to spend and a desire for material goods has brought in its wake an inevitable tragedy. In the context of high HIV/AIDS rates and a sexual culture underpinned by meanings which associate sex with gifts, and manliness with the ability to attract and maintain multiple sexual partners, participation in the contemporary sexual economy may boost one's social standing but will simultaneously increase one's risk of being infected with HIV/AIDS (see Figure 1). The younger women (+YW) in turn are infecting cohorts of younger men (+YM) their own age, who in turn infect other young women and grow up to become HIV-positive older men (+OM) themselves. Both sets of women are giving birth to children, some of whom are positive (+C) and some negative (-C) for HIV. These children represent the growing orphan population, which is estimated to reach 25, 000 in KwaZulu-Natal by 2005 (Abt Associates, 2001). Thus the high rates of HIV transmission continue.

## Figure 1: A Dominant Pattern of Sexual Activity and HIV Transmission

Blame for the current HIV/AIDS epidemic falls squarely upon women, according to local narratives in St Wendolin's (Leclerc-Madlala, 1999). This cognitive construct is similarly reflected in the community's dominant narratives of blame for the growing consumerism, which is linked to contemporary sexual relations. Common discourse portrays men as passive victims of HIV infection that is carried by and passed along through women. Men's role in the sexual economy is similarly portrayed as a passive one, relative to that of the woman. A man is expected to show off his wealth as a means of establishing himself socially and economically in the community. It is through the actual and visible 'proof' of having prestigious material goods such as cell phones, gold jewellery, quality clothing and a luxury car (along with his association with several women) that a man is said to acquire prestige and 'respect'. As one 23 year-old male stated: 'A slim little Nokia will do the job for a while, but to keep the women flowing you need a nice car.' His 19-year-

old friend added: 'They (the women) will come to you and want you. It's like that, girls compete. If you have nice things, you can relax'.

Social pressure to display one's wealth visibly, in an effort to establish social standing, brings with it what both young men and women describe as 'the inevitable attractions of women'. In turn, commonly-held views maintain that men simply cannot resist or refuse women's attractions. A man, if indeed he is a man, must simply oblige. Here, convenient shifts in ways of thinking about men are clearly visible. Men's behaviour is often understood, and to some extent excused, through representations of him as a helpless victim of the powerful attractions (and often witchcraft activities) of women. Yet he is also represented and understood as the aggressor, the active initiator of sexual activities, and the one who is active in acquiring and displaying wealth. These inconsistent views and shifts in representation characterise both men and women's views, and are seldom reconciled. For the most part they serve to justify men's sexual behaviour, no matter how reprehensible.

Two competing sets of ideas underlie and support the view of man-as-victim. Firstly, that a man is 'like an animal' with urgent sexual impulses that are 'natural' and cannot be held back. Here, he is a victim of biological urges beyond his control. Secondly, there is the view that a man is intrinsically duty-bound to satisfy women sexually. Here he is represented essentially as the victim of a cultural construct. Much as young men believe that sexual activity is necessary for them to maintain good health and 'prevent insanity' (as many assert) so too do they believe that sex is a necessary component of women's health. Women, men say, require not only the 'protein' provided by semen but also need regular relations with a man in order to maintain 'dignity' and womanliness. According to many informants, a woman without a regular sexual partner is easily recognised. An unkempt appearance, a loud, shrill voice, aggressive manner, or an overly expressive body language are taken as signs of a woman who is 'not right' and who is not properly 'controlled'. With a man in her life, a woman 'comes right', her behaviour becomes less extroverted and her manner more muted and subdued. Sexual relations with a man are viewed by both men and women in this community as a necessary part of a wider project enhancing womanhood.

Such views may point to changing constructions of womanhood in recent times. Many previous studies amongst Zulu-speaking people such as those by Vilakazi (1965), Krige (1968), Ngubane (1977), and Preston-Whyte (1991 and 1992) have emphasized the role of reproduction and motherhood in the construct of Zulu womanhood. Today, young women are choosing increasingly to eschew marriage in favour of a career, and with the help of modern contraceptives, I would suggest that many are increasingly avoiding or at least resisting social pressure to prove their fertility. Nevertheless, it would seem that sexual relations with a man is a necessary (perhaps minimum) requirement in the contemporary social construct of womanhood.

Against this backdrop of sex-for-gifts, increasing wealth, growing socio-economic inequalities and pressures toward conspicuous consumption, together with deeply embedded notions on the part of both sexes of the necessity of sexual relations for health, gender identity and prestige, the dominant sexual culture leaves little room for men and women to exercise various 'rational' choices that might work as HIV prevention measures. On the contrary, I would suggest that the strong cultural support for a sexuality linked to economic expectation and social status provides a very fertile context for the continued growth of the local HIV/AIDS epidemic.

## Conclusion

According to Whiteside and Stover (1997) the full macro-impact of the southern African AIDS epidemic may not be felt for another 50-75 years. During this time there will continue to be an urgent need to maintain a sharp and comprehensive research agenda focussed on youth, sexuality and the prevention of HIV transmission. The future may quite literally depend on the extent to which the current culture/context in which young people are developing their ideas about sex, and enacting their sexuality, can be transformed. The sexual culture that currently fails to enable safer sexual practices and renders much infection prevention information useless, needs to become one that affirms a healthier sexuality and stifles the rapid spread of HIV/AIDS. While this presents an enormous challenge to all those involved in the AIDS effort, we need to acknowledge that unless initiatives are taken to challenge directly the micro and macro structures which are supporting and nourishing the contemporary high-risk sexual context, AIDS education, even of the highest quality and quantity, is not likely to make much of a difference.

One approach to the understanding of the AIDS pandemic in the current context of 21<sup>st</sup> century Africa is to regard it as an example of old ways and new influences that have combined in such a way as to have dire consequences for millions of people. The pandemic can be viewed as a result of pre-existing patterns of sexual culture and gender inequalities combining with ongoing experiences of labour migration, urbanisation, civil strife, growing poverty and family disintegration, as well as the more recent influences resulting from increased access to foreign cultural and media programmes and new opportunities for acquiring and demonstrating wealth. Together, these components have interlocked in such a way as to form a lethal context that has propelled the spread of HIV/AIDS unequalled anywhere else in the world. The challenge for social scientists engaged in the study of HIV/AIDS, and young people at highest risk for the disease, is to crack the codes that lock together the deadly prevailing sexual context, and to identify components of it that can be manipulated to produce change.

One could argue that enough time has been spent in trying to understand and document high-risk sexual attitudes and behaviours. There is a need to set a research agenda that takes a much wider-angle view - one that analyses the normative social,

cultural and economic influences that are shaping young people's sexual desires and experiences in rapidly changing communities situated in rapidly changing societies. The need now is to engage with the dis-enabling context that gives sustenance to the dis-enabling attitudinal and behavioural codes that continue to drive the HIV/AIDS epidemic.

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