

Addressing Cross-Generational Sex

A Desk Review of Research and Programs



From “Something for Something Love” Campaign/Uganda

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By Ruth Hope

August 2007

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Abbreviations and Acronyms

AIDS	autoimmune deficiency syndrome
BBC	British Broadcasting Corporation
BOPA	Botswana Press Agency
DHS	Demographic and Health Surveys
GEM	gender-equitable men
GTZ	German technical cooperation enterprise Deutsche Gesellschaft für Technische Zusammenarbeit
HACI	The Hope for African Children Initiative
HIV	human immunodeficiency virus
HRW	Human Rights Watch
IRIN	Integrated Regional Information Networks, United Nations humanitarian news agency covering sub-Saharan Africa
KANCO	<i>Kenya AIDS NGOs Consortium</i>
MAP	Men as Partners
PEPFAR	[US] President's Emergency Plan for AIDS Relief
PLACE	Priorities for Local AIDS Control Efforts
PPASA	Planned Parenthood Association of South Africa
PRI	Public Radio International
PSI	Population Services International
PVO	Private Voluntary Organization
RFA	request for assistance
RFP	request for proposals
SC	Save the Children Federation USA
SHAZ!	Shaping the Health of Adolescents in Zimbabwe
SS	Stepping Stones
STI	sexually transmitted infection
TIPs	Trials of Improved Practice
UCSF	University of California, San Francisco

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Executive Summary

CURRENT INTEREST IN CROSS-GENERATIONAL SEX is largely due to the feminization of the HIV and AIDS epidemic. The purpose of this review of cross-generational sex outside marriage, which was commissioned by USAID’s Bureau for Global Health, is to inform USAID staff on the range of programmatic approaches available to prevent or reduce cross-generational sex. Cross-generational sex generally refers to relationships between older men and younger women, although some cross-generation relationships include older women and younger men. In the first type of relationship, young women are usually below age 20 and their male partners at least 10 years older. However, risk of infection with HIV increases with the age of the partner, and published papers provide comparative data on higher HIV prevalence in young women whose partner is five or more years older compared with young women whose partner is less than five years older.¹

The *methodology* comprised an analysis of the literature — both published and “gray literature” from nongovernmental organizations (NGOs) — and key informant interviews. The two aspects of the methodology were undertaken concurrently with the literature review identifying key informants and key informants providing further literature.

Behaviors and Prevalence

Authors writing about cross-generational sex describe *a continuum of behaviors* —from coercion using violence and threats to situations in which the younger partner voluntarily participates.² However, even with apparent agency in their actions, young women and girls may be vulnerable to exploitation in cross-generational relationships given the *socioeconomic asymmetries in the relationship* with an older man, and given the lack of choices facing those living in poverty or the need to pay school fees and purchase uniforms and school books.³ Moreover, girls may not fully realize the risk of unintended pregnancy, dangers of abortion, or the risks of sexually transmitted infections (STIs), including HIV; or they may perceive the benefits of such relationships to outweigh the risks.

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- 1 See S. Gregson et al., “Sexual Mixing Patterns and Sex-Differentials in Teenage Exposure to HIV Infection in Rural Zimbabwe,” *The Lancet* 359 (2002): 1896–903; and R.J. Kelly et al., “Age Differences in Sexual Partners and Risk of HIV-1 Infection in Rural Uganda,” *Journal of Acquired Immune Deficiency Syndrome* 32, no. 4 (2003): 446-451.
 - 2 See for example, A. Weissman et al., “Reframing and Addressing Cross-generational Relationships in Malawi,” *Exchange on HIV/AIDS, Sexuality and Gender* 1(March 2006): 10-94; G.R.Gupta, *Cross-generational and Transactional Sex: A Public Health Crisis and a Moral Dilemma*. A Keynote Address (Washington, DC: ICRW/PSI, 2002).
 - 3 N. Luke and K. Kurz, *Cross-generational and Transactional Sexual Relations in sub-Saharan Africa: Prevalence of Behaviour and Implications for Negotiating Safer Sexual Practices* (Washington, DC: ICRW/PSI, 2002).

In the literature on young people, coercive sex, and gender-based violence generally,⁴ there is consensus that perceptions of gender — particularly of masculinity and what it means to be a “real man”— with associated early socialization and popular role models impact males’ propensity for violence against women and girls. Similarly, females often accept violence from spouses, boyfriends, sexual partners, and others. Gender-based violence and sexual coercion by male teachers and older male students are documented in schools and colleges in southern Africa.⁵

Moreover, where a young woman appears to voluntarily participate in cross-generational sex, there is frequently an element of *transactional sex* involving gifts and favors. A review of over 45 quantitative and qualitative studies of cross-generational and transactional sexual relations — all of them in sub-Saharan Africa — found that there is a widespread transactional component to sexual relations for adolescent girls who are not engaged in trafficking and prostitution.⁶ The girls and young women involved see cross-generational sex as quite different from prostitution.⁷

Several studies reveal significant interrelationships between *cross-generational sex, unsafe behaviors, and HIV risk*. Gender, age, and economic disparities increase risky sexual behavior and reduce a young woman’s ability to negotiate safer sexual behaviors. Many authors report that girls and young women are unable to negotiate condom use in cross-generational sexual relations.⁸ It is not surprising then that girls who become pregnant or present with induced abortions have much older partners on average.⁹ A study from Manicaland, Zimbabwe, provides clear empirical evidence of the increased risk of HIV infection associated with age-mixing in sexual relations.¹⁰

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- 4 B. Finger, “Non-consensual Sex Among Youth: Lessons Learned From Research,” *Sexual Health Exchange* 3, 4 (2004): 12-14; A. Guedes, *Addressing Gender-Based Violence From the Reproductive Health/HIV Sector: A Literature Review and Analysis* (Washington, DC: PRB for the IGWG, 2004); FHI, “Nonconsensual Sex Among Youth.” In *Youthlens #10* (Arlington, VA: FHI, 2004); Population Council, *Forced Sexual Relations Among Young Married Women in Developing Countries* (New Delhi, India: Population Council, 2004); Population Council, *The Adverse Health and Social Outcomes of Sexual Coercion* (New Delhi: Population Council, 2004); A. Erulkar, “The Experience of Sexual Coercion Among Young People in Kenya,” *International Family Planning Perspectives* 30, no.4 (2004): 182-189; S. Bott et al., eds., *Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia* (Geneva: WHO, 2003); A.J. Ajuwon et al., “Perceptions of Sexual Coercion: Learning From Young People in Ibadan, Nigeria,” *Reproductive Health Matters* 9 (2001):128–136.
 - 5 R. Rivers, *Shattered Hopes: Study of Sexual Abuse of Girls* (Botswana: UNICEF 2000); F. Leach et al., *The Abuse of Girls in African Schools*. Education Research Report No. 54 (London: DFID, 2003).
 - 6 N. Luke, “Age and Economic Asymmetries in the Sexual Relationships of Adolescent Girls in sub-Saharan Africa,” *Studies in Family Planning* 34, no. 2 (2003): 67-86.
 - 7 A. Weissman et al., “Cross-generational Relationships: Using a ‘Continuum of Volition’ in HIV-Prevention Work Among Young People,” *Gender and Development* 14, no. 1 (2006): 81-94; Miz-Hasab Research Center (MHRC), *A Study on Cross-Generational Sex in Ethiopia With Reference to Addis Ababa and Adama/Nazreth* (Addis Ababa, Ethiopia: MHRC, 2005); K. Hawkins, F. Mussa, and S. Abuxahama, *Milking the Cow: Young Women’s Constructions of Identity, Gender, Power and Risk in Transactional and Cross-Generational Sexual Relationships*, Maputo, Mozambique (London: Options/PSI, 2005).
 - 8 UNDP, *Zimbabwe Human Development Report, Redirecting Our Responses to HIV and AIDS* (Harare, Zimbabwe: UNDP/Institute Development Studies, 2003); K. Hawkins, F. Mussa, and S. Abuxahama, *Milking the Cow: Young Women’s Constructions of Identity, Gender, Power and Risk in Transactional and Cross-Generational Sexual Relationships*, Maputo, Mozambique (London: Options/PSI, 2005); N. Luke and K. Kurz, *Cross-generational and Transactional Sexual Relations in sub-Saharan Africa: Prevalence of Behaviour and Implications for Negotiating Safer Sexual Practices* (Washington, DC: ICRW/PSI, 2002); J.M. Nkosana, “Intergenerational Sexual Relationships in Urban Botswana,” PhD Thesis, University of Melbourne, Australia, 2006.
 - 9 N. Luke and K. Kurz, 2002.
 - 10 S. Gregson et al., “Sexual Mixing Patterns and Sex-Differentials in Teenage Exposure to HIV Infection in Rural Zimbabwe,” *The Lancet* 359 (2002): 1896-1903.

To understand the context of cross-generational sex, it is useful to examine certain societal norms, such as age of marriage, polygamy, and views of masculinity. In most societies around the world, females marry older males, and in agrarian polygamous societies there may be large age differences between a man and his younger wives. Prevailing views of masculinity persist, perpetuating the belief that men need frequent sexual gratification and multiple partners.

Prevalence of Cross-Generational Sex. Although relationships with men who are 10 or more years older are in a minority—ranging from 0.9 percent of girls aged 15-17 in Malawi to 21 percent of girls aged 15-17 in Nigeria¹¹ — in many countries in southern Africa it is the norm for a young woman to have a boyfriend who is five years older than she is.¹²

Studies from a number of countries in sub-Saharan Africa¹³ indicate a range of reasons given for young women engaging in transactional and cross-generational sex. These vary from willingness to engage in a wanted relationship (“consent”) to coercion and violence; and from sex for survival to sex for upward economic mobility.

A Continuum of Volition

Young women may participate freely of their own volition in cross-generational sex for a variety of reasons, or they may be coerced against their will into sex.¹⁴ Between these two extremes there are a number of reasons along a “continuum of volition” in which girls act neither entirely of their own free will nor entirely due to coercion — reasons that may be considered to be “economically rational” bases for cross-generational sex. However, all cross-generational and transactional sex relations are inherently risky for young women because of the disparities in power and lack of

11 *Malawi Demographic and Health Survey 2004*, www.measuredhs.com/pubs/pub_details.cfm?ID=575&srchTp=ctry; and *Nigeria Demographic and Health Survey 2003*, www.measuredhs.com/aboutsurveys/search/metadata.cfm?Surv_ID=223&Ctry_ID=30.

12 See A.E. Pettifor et al., “Young People’s Sexual Health in South Africa: HIV Prevalence and Sexual Behaviors from a Nationally Representative Household Survey,” *AIDS* 19(2005): 1525-1534; and N. Luke, “Confronting the ‘Sugar Daddy’ Stereotype: Age and Economic Asymmetries and Risky Sexual Behaviour in Urban Kenya,” *International Family Planning Perspectives* 31(1) (2005):6-14.

13 See J. M. Nkosana, “Intergenerational Sexual Relationships in Urban Botswana” (PhD Thesis, University of Melbourne, Australia, 2006); Miz-Hasab Research Center (MHRC), *A Study on Cross-Generational Sex in Ethiopia With Reference to Addis Ababa and Adama/Nazreth* (Addis Ababa, Ethiopia: MHRC, 2005). Accessed at www.miz-hasab.com on June 1, 2007; E. Bunde and C. Land, “The Influence of Poverty on Intergenerational Sex Among In- and Out-of -School Adolescent Girls in Ethiopia,” (paper presented at XV International AIDS Conference, July 11-16, 2006, abstract no. D12105); accessed on June 1, 2007 at www.iasociety.org/abstract/show.asp?abstract_id=2176042; and K. Longfield et al., (2004) “Relationships Between Older Men and Younger Women: Implications for STIs/HIV in Kenya,” *Studies in Family Planning* 35, no. 2 (2004): 125-134; M. Poulin, “Giving and Getting: Rethinking Sex, Money, and Agency Among Youth in Rural Malawi” (paper presented at the Princeton Institute for International and Regional Studies Graduate Student Conference, April 8-9, 2005, Princeton, NJ, USA); K. Hawkins, F. Mussa, and S. Abuxahama, *Milking the Cow: Young Women’s Constructions of Identity, Gender, Power and Risk in Transactional and Cross-Generational Sexual Relationships*, Maputo, Mozambique (London: Options/PSI, 2005); P.E. Terry et al., “HIV/AIDS Health Literacy in Zimbabwe—Focus Group Findings From University Students,” *Methods of Information in Medicine*. 44, no. 2 (2005): 288-92; and: H. Chinake et al., “Intergenerational Sex Among Adolescents in Zimbabwe” (paper presented at XIV International AIDS Conference, July 7-12, 2002, abstract no. MoOrE111670).

14 A. Weissman et al., “Cross-Generational Relationships: Using a ‘Continuum of Volition’ in HIV Prevention Work Among Young People,” *Gender & Development* 14, no. 1 (2006): 81-94.

control of decisionmaking. The determinants for the different levels of volition for engaging in cross-generational sex are likely to require different approaches to reducing the risky behavior and ideas for programmatic interventions are proposed.¹⁵ These proposed interventions are still to be evaluated in practice.

Programmatic Interventions to Reduce Cross-Generational Sex

Unfortunately, there is a notable lack of empirical evidence on what is effective in reducing transactional sex and cross-generational sex. The author found no large-scale evaluations that identify best practice interventions. Only the Shaping the Health of Adolescents in Zimbabwe (SHAZ!) project¹⁶ and a comprehensive sexual and reproductive health program for adolescents in Kenya¹⁷ have been set up as research interventions; both have wider adolescent sexual health goals. There is, nonetheless, much to be learned from SHAZ! and the programs that do exist including those for which cross-generational sex is one of a number of related issues addressed.

A number of broad programmatic approaches have been tried including 1) creating youth livelihood opportunities;¹⁸ 2) mobilizing and empowering youth to adopt healthy lifestyles and avoid what is known in Uganda as “Something for Something Love” ;¹⁹ 3) advocacy²⁰ and what Population Services International has termed “social advocacy” — general awareness raising and mobilizing public opinion to change a situation or societal norm; 4) social marketing and edutainment;²¹ 5) health education and youth rights;²² 6) addressing power asymmetries, inequity,

15 A. Weissman et al., “Reframing and Addressing Cross-Generational Relationships in Malawi,” *Exchange on HIV/AIDS, Sexuality and Gender* 1, no. 1 (2006): 10-11.

16 The SHAZ! Project website is www.wghi.org/research/shaz.htm.

17 Institute of Tropical Medicine, Antwerp, “The Impact of a Comprehensive Sexual and Reproductive Health Programme for Adolescents in Kenya,” accessed online June 1, 2007, at www.itg.be/itg/Departments/generalpage.asp?wpid=119&miid=48. While this intervention does not specifically address cross-generational sex, it is looking at what interventions work in resisting pressures that enhance risk behaviors.

18 L. Masayangika and A. Kufakunoga, “Retaining Out-of-School Peer Educators by Meeting Livelihood Challenges in Sangabuye, Tanzania” (paper presented at XVI International AIDS Conference, Aug. 13-18, 2006, abstract no. THPE0404); and V. Kamowa, “Selling Sex for Three Sweet Potatoes: Using Rights-Based Approaches and Participation for Youth Reproductive Health Action,” Abstract for Panel Session A5, Global Health Council Annual Conference 2004, Washington, DC.

19 See the Y.E.A.H. campaign, www.aidsuganda.org/yeah.htm, accessed online June 1, 2007; YouthAIDS website at www.youthaids.org/; T. Rukandema, “Uganda: “Go-Getters” Fight Cross-Generational Sex,” in *PSI News*, 2004, www.psi.org/news/1004c.html, accessed online June 1, 2007; and International HIV/AIDS Alliance, *HIV Prevention*, <http://www.aidsalliance.org/sw7185.asp>, accessed online June, 1, 2007.

20 For example, see A. Judd, *Stopping Cross-Generational Sex and Sexual Violence to Protect Young Women from AIDS in Developing Countries: A Call to Action* (Washington, DC: Population Services International, 2005).

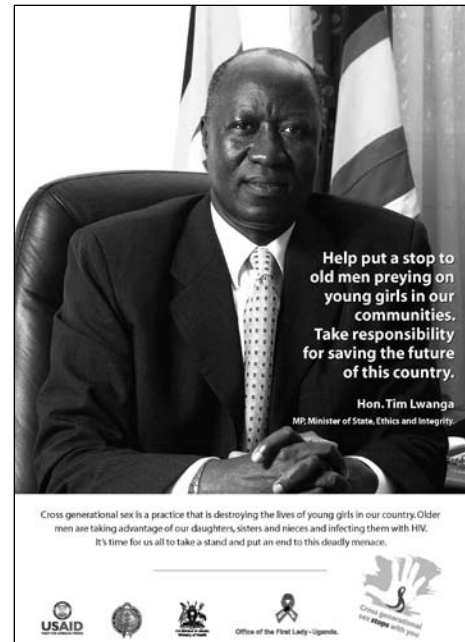
21 For example, the 100% Jeune program is a social marketing and communication initiative in Cameroon that promotes adolescent reproductive health by empowering youth to practice safe sex, by promoting dialogue about adolescent reproductive health in the community, and by making condoms accessible to youth. The website (in French only) can be found at <http://www.reglo.org/>; see also D. Bartel et al., *Community-based Methods to Address Social Inequities in Sexual and Reproductive Health*. A PowerPoint Presentation (Atlanta, GA: CARE USA, 2006).

22 J. Decosas et al., *Circle of Hope: Children’s Rights in a World with AIDS*. (Woking, UK, Plan, 2006); and P. Dupas, “Relative Risks and the Market for Sex: Teenagers, Sugar Daddies and HIV in Kenya,” available at MPRA, Paper 248, University Library of Munich, Germany, revised Aug 2006; accessed online June 1, 2007 at http://mpra.ub.uni-muenchen.de/248/01/MPRA_paper_248.pdf.

and poverty;²³ and, most promisingly, 7) addressing social and gender norms.²⁴ A number of programs addressing social and gender norms, particularly working with men, have been evaluated: Instituto Promundo’s Program H in Brazil, EngenderHealth’s Men as Partners Program in South Africa, Stepping Stones in several countries, and UNDP’s Community Conversations in Ethiopia and Zambia. These now need to be brought to scale, implemented, and evaluated in other countries.

Discussion and Recommendations

Clearly, there is much that is known already about cross-generational sex and the conditions under which it occurs. In reviewing the literature, one finds a range of drivers for girls and young women engaging in cross-generational sex — as Save the Children (SC) conceptualizes it, across a continuum of volition — from voluntarily to violence or threats. Whatever the determinants of young women’s engagement in cross-generational sex, one thing is clear: asymmetries between girls and young women and their male sexual partners in social status, wealth, power, and decisionmaking make these relationships inherently risky for the young women. However, although there is some evidence for how programs can influence male behaviors to reduce gender inequalities and male violence, and increase male involvement in reproductive health,²⁵ there is insufficient evidence that these interventions alone can reduce cross-generational sex or increase condom use in transactional sex between young women and their boyfriends or older sexual partners. More studies and evaluated interventions are needed to provide programmatic guidance on how to effectively address the harmful results (unwanted pregnancy, HIV, and other STIs) of the transaction aspect to sexual relations.



Poster on cross-generational sex from Uganda. Courtesy of PSI.

23 J. Sarn, *CARE’s Health Strategy. Health Matters –A Global Health Newsletter*, January 2004 (Atlanta, GA: CARE USA, 2004).

24 For KANCO project details, see “*Working for Change with Men in Fighting HIV/AIDS in Kenya*,” www.kanco.org/projectdetails.php?ProjectID=16, accessed online June 1, 2007. See also, D. Peacock and A. Levack, “The Men as Partners Program in South Africa: Reaching Men to End Gender-Based Violence and Promote Sexual and Reproductive Health,” *International Journal of Men’s Health* 3, no.3 (2004): 173-188; J. Pulerwitz et al., *Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy* (Washington, DC: Horizons/Population Council, 2006); G. Gordon and A. Welbourne, “*Stepping Stones, Life Skills and Sexual Well-Being: A Desk-Based Review. An Examination of the Effectiveness of this Training Package, Highlighting Male Involvement*,” accessed online June 1, 2007, at www.unicef.org/lifeskills/files/ReviewSteppingStones2001.doc. Information about Community Conversations can be found on the UNDP website at www.et.undp.org/hiv/hiv.htm.

25 See V. White, M. Greene, and E. Murphy, *Influencing Gender Norms: Men and Reproductive Health Program* (Washington, DC: The Synergy Project, 2003) for what is known on how reproductive health programs affect social norms related to gender roles and/or address gender norms directly.

Many authors argue that rather than focusing only on sexual risk taking by young women and older men, programs should concentrate on changing the social acceptability of such relationships. Unfortunately, there are too many unanswered questions and too little concrete evidence to determine what policy and programmatic interventions work to reduce cross-generational sex. Undoubtedly, education helps girls and women achieve greater control over their lives. Keeping girls, particularly orphans and other vulnerable girls, in school by abolishing school fees and subsidizing the cost of uniforms and books is likely to be an important measure in reducing cross-generational sex in sub-Saharan Africa. However, it is critical that schools provide a safe environment for students. Too often gender-based violence in wider society is reflected in schools, and thus, it is important that effective measures are taken to reduce sexual and other abuse in schools. Curricula may need to be revised to educate boys and girls in social competencies including respect for others and, particularly, respect for women and girls.

A recommendation of the UN Secretary General's Task Force is "to deepen public awareness of the inappropriate, abusive and often illegal nature of sexual relationships between older men and teenage girls."²⁶ One potentially powerful approach to garnering wide changes in social norms and relationships might be through use of Stepping Stones or an adaptation of the Stepping Stones process for use in schools, such as the International AIDS Alliance program in Zambia. This is because Stepping Stones provides a safe space for girls, boys, women, and men to identify and discuss their common concerns. Moreover, it also provides the process for bringing the different gender and age peer groups together to share the concerns with each other and their wider community, through a facilitated and skills building process. UNDP's Community Conversations provide an alternative methodology for facilitating communities through a process of problem identification, action, and review. **Both the Stepping Stones process and Community Conversations enable the possibility of reconciliation between those in society wanting change and those resisting change, so that women and men are engaged *together* in the process of transformation of gender roles and relations.**

There is some evidence that use of mass media campaigns coordinated with interpersonal behavior change communication can influence young people's reproductive health behaviors²⁷ as well as men's attitudes to gender equality and men's sexual and reproductive health behaviors.²⁸ However, a systematic review²⁹ of the effectiveness of mass communication programs in changing HIV and AIDS-related behaviors yielded mixed results. Of those interventions that achieved statistically significant results, the significance was only low to moderate.

26 UNAIDS, *Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls, and HIV/AIDS in Southern Africa* (Geneva: Joint United Nations Programme on HIV/AIDS, 2004).

27 PATH, "Encouraging Healthy Sexual and Reproductive Health Behaviours," *Outlook* 22, no.3 (2006): 1-8.

28 J. Pulerwitz et al., *Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy* (Washington, DC: Horizons/Population Council, 2006).

29 J.T. Bertrand et al., "Systematic Review of the Effectiveness of Mass Communication Programs to Change HIV/AIDS-related Behaviors in Developing Countries," *Health Education Research* 21, no. 4 (2006): 567-597.

The continuum of volition framework proposed by SC needs validating by programs in multiple countries and by multiple implementing organizations. Similarly, the ideas for programmatic responses that SC has developed, but not yet evaluated, also need validating as the framework and ideas are likely to be widely useful for planning programs and response to cross-generational sex. Further, while we are beginning to understand why some girls seek out cross-generational relationships, we know too little about how and why girls end these relationships.

Conclusions

This review has revisited cross-generational sex, looking at experience and insights into the issues since *Cross-generational and Transactional Sexual Relations in sub-Saharan Africa* was published in 2002.³⁰ At that time Luke and Kurz proposed a conceptual framework focusing on the power asymmetries between partners. Since 2002, Weissman et al., looking at why young girls enter into cross-generational relationships, have proposed that perhaps not all young women are victims of sexual relations forced on them by older men.³¹ Some young women exert agency over their behaviors and enter the relationships willingly. Weissman et al. suggest reframing cross-generational relations and tailoring programmatic responses. Their framework, *a continuum of volition*, identifies the drivers of young women's cross-generational and transactional sexual behaviors. They call for programmatic interventions that address the specific drivers influencing the young girl—from protective services and raising awareness of the definitions of abuse for girls coerced into sex to counseling and dual protection for girls who willingly engage in sexual relations with older men. Luke and Kurz noted that the adverse consequence of cross-generational and transactional sex are almost all adverse for the younger girl and, thus, admonitions aimed at older men—regarding consequences of unwanted pregnancy, HIV, and other sexually transmitted infections—may have little power.

While we now know more about girls and cross-generational sex—what motivates them to engage in it and how to tailor interventions to these motivations—we are not really any closer to understanding how to impact men and their specific motivations. We do not know how closely engaging in sex with younger partners is linked to a man's concept of masculinity, but in many societies there is tacit acceptance that men engage in cross-generational relationships. There is good empirical evidence that interventions with men, at least in the short-term, can influence attitudes towards gender equality,³² but it is not known whether these interventions can reduce male involvement in cross-generational and transactional sexual relationships, nor whether the attitudinal changes persist long term and translate into changes in social norms. However, there are promising programmatic interventions that work with men and women, younger and older, *together* to identify and address individual and customary behaviors, including cross-generational

30 N. Luke and K. Kurz, *Cross-generational and Transactional Sexual Relations in sub-Saharan Africa: Prevalence of Behaviour and Implications for Negotiating Safer Sexual Practices* (Washington, DC: ICRW/PSI, 2002).

31 A. Weissman et al., "Cross-Generational Relationships: Using a 'Continuum of Volition' in HIV Prevention Work among Young People." *Gender and Development* 14, no. 1 (2006) 81-94.

32 J. Pulerwitz et al., *Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy* (Washington DC: Horizons/The Population Council, 2006).

sex, that increase the spread of HIV.³³ These programs garner social movements for change in norms that reinforce individuals' ability to adopt healthy behaviors.

Thus, in conclusion, there is need for further investment in large-scale programs that address cross-generational sex, including related transactional sex, in the countries most affected. Effective programs are likely to yield changes in social norms as well as address the determinants of individuals' behavior. To generate further knowledge on what works in what situations and best practice guidance, programs need to be well designed and rigorously monitored and evaluated.

33 See especially, *Stepping Stones and Community Conversations*.

I. Introduction

CURRENT INTEREST IN CROSS-GENERATIONAL SEX is largely due to the feminization of the HIV and AIDS epidemic. Young women 15-24 years of age in sub-Saharan Africa are three times more likely to be infected with HIV than young men of the same age,³⁴ four times more likely in Zambia,³⁵ and a staggering five times more likely in Zimbabwe.³⁶ But, in fact, ministries of education and others have had curricula and materials addressing the “sugar daddy” phenomenon

for many years. Concerns of ministries of education initially focused on girls dropping out of school due to unintended pregnancies and on school girls involved in sexual relationships with older (often married) men who persuaded them to have sexual relations by providing small presents and favors such as school books and car rides.³⁷



Story Workshop comic book about school teachers seeking sex with students.

The purpose of this review is to look beyond the quick diagnoses and labels, and examine the literature on cross-generational sex with three objectives in mind: to define the phrase in programmatically relevant terms, to summarize what is known on the behaviors and their prevalence, and to take a look at interventions that have begun to address the behaviors. While the initial intent of this review was to elicit information on cross-generational sex outside of marriage globally, it quickly became clear that most of the work on this topic has been conducted with a focus on Africa and specifically sub-Saharan Africa.

Definition of Cross-Generational Sex

In general, cross-generational sex refers to relationships between older men and younger women, though some cross-generational relationships include older women and younger men. In most cross-generational relationships, young women are usually below age 20 and their male partners at least 10 years older. The UNAIDS general population survey and the DHS AIDS module³⁸ inquire about age-mixing in sexual relationships, which is defined as women aged 15-19 who

34 UNAIDS, *Report on the Global AIDS Epidemic*, Joint United Nations Programme on HIV/AIDS (Geneva: UNAIDS, 2006).

35 UNAIDS, *Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls, and HIV/AIDS in Southern Africa*. Joint United Nations Programme on HIV/AIDS (Geneva: UNAIDS, 2004).

36 UNDP, *Zimbabwe Human Development Report: Redirecting our Responses to HIV and AIDS* (Harare, Zimbabwe: UNDP/Institute Development Studies, 2003).

37 The Ministry of Education in Zimbabwe, Child-to-Child, and NGOs in South Africa all published materials addressing the issues of older men, “sugar daddies,” and school girls in the early 1990s.

38 *HIV/AIDS Survey Indicators Database*, accessed online June 1, 2007 at www.measuredhs.com/hivdata/ind_detl.cfm?ind_id=62&prog_area_id=9.

report sex in the last 12 months with a man 10 years or more older than themselves and with whom they are not married or cohabiting. Published papers³⁹ provide comparative data on higher HIV prevalence in young women who have had sex with a man five years older than themselves and sexually active young women whose partner was less than five years older, as well as on the considerably higher HIV prevalence in those whose partner is 10 years older than themselves.

Furthermore, sexual relationships between a younger man and an older woman, “sugar-mummy,” are mentioned, but not in detail, as being observed in Gaborone, Botswana,⁴⁰ and Yaounde, Cameroon.⁴¹ In Zimbabwe, one study found that, “Among boys, the majority reported at least one sexual experience with a woman at least 10 years older. Unlike the experience of adolescent girls, condom use was common among boys in relationships with older women with the women often initiating use.”⁴²

There is an extensive literature, including peer reviewed research papers on pedophilia: sex between older men and young boys, and also between older men and young girls. This is not a focus of the current review.⁴³ Additionally, cross-generational homosexual relationships may be of concern to those working with youth in the Caribbean and Latin America.⁴⁴ While it is interesting to note that similar issues of power imbalance, disparities in economic and social standing, and vulnerability to STIs and HIV present themselves in cross-generational homosexual relationships, the main focus of this publication is on heterosexual cross-generational relationships.

39 See S. Gregson et al., “Sexual Mixing Patterns and Sex-Differentials in Teenage Exposure to HIV Infection in Rural Zimbabwe,” *The Lancet* 359 (2002): 1896-1903; and R.J. Kelly et al., “Age Differences in Sexual Partners and Risk of HIV-1 Infection in Rural Uganda,” *Journal of Acquired Immune Deficiency Syndrome* 32, no. 4 (2003): 446-451.

40 E.M. Tabane, “The Influence of Cultural Practices of Botswana People in Relation to the Transmission of HIV/AIDS in Botswana” (PhD Thesis, University of Pretoria, South Africa, 2004).

41 D. Meekers and A.E. Calves, “‘Main’ Girlfriends, Girlfriends, Marriage, and Money: The Social Context of HIV Risk Behaviour in sub-Saharan Africa,” *Health Transition Review*, 7 Suppl. (1997): 361-375.

42 A. Trinkl, “UCSF Researchers Find Two-Thirds of Adolescent Zimbabwean Girls in Study Involved with Older Men,” (July 2002); <http://pub.ucsf.edu/newsservices/releases/2003072220/> [Accessed online June 1, 2007]; H. Chinake et al., “Intergenerational Sex Among Adolescents in Zimbabwe” (paper presented at XIV International AIDS Conference, July 7-12, 2002, abstract no. MoOrE111670).

43 Researchers and program planners might find useful a published continuum model for the phenomenon of “intergenerational” sexual contact, defined as behavior between a minor and someone at least five years older. For this, see J. Nelson, “Intergenerational Sexual Contact: A Continuum Model of Participation and Experiences,” *Journal of Sex Education & Therapy* 15, no. 1 (1989): 3-12. Those addressing male sex norms and acceptability of cross-generational sex with younger women and girls might also want to examine research into how adult perpetrators of child sex abuse minimize the extent to which they have transgressed against prohibition on intergenerational sex, in T. Leahy, “Negotiating Stigma: Approaches to Intergenerational Sex” (PhD thesis, University of New South Wales, Australia, 1991). Furthermore, TearFund’s guidelines on children and sexual abuse and exploitation may also be of use in identifying at-risk children; see G. Miles and P. Stephenson, *Children and Sexual Abuse and Exploitation: Children at Risk Guidelines*, Vol. 4 (London: TearFund, 2000).

44 See R. Garcia et al., *Conducta sexual del adolescente dominicano* (Santo Domingo: Instituto de Sexualidad Humana, 1992), cited by E. Antonio de Moya and R Garcia, in “Three Decades of Male Sex Work in Santa Domingo,” in P. Aggleton, ed., *Men Who Sell Sex: International Perspectives on Male Prostitution* (London: UCL Press, 1999).

And finally, in Cambodia,⁴⁵ Thailand,⁴⁶ and Nepal,⁴⁷ and elsewhere in Asia, there are concerns about trafficking young girls and children’s involvement in prostitution. While it is an important issue, trafficking is not the focus of this review.

Methodology

The Interagency Youth Working Group (IYWG) and the Interagency Gender Working Group (IGWG) of the U.S. Agency for International Development (USAID) commissioned this review of programmatic interventions that address cross-generational sexual relationships outside of marriage. The review is intended to provide information on the range of programmatic approaches available to prevent or reduce cross-generational sex—including interventions that focus on changing social norms and that engage men as allies in addressing cross-generational sex—in order to help guide future health activities in this area.

The methodology comprised an analysis of the literature — both published and “gray literature” from nongovernmental organizations (NGOs) — and key informant interviews. The two aspects of the methodology were undertaken concurrently with the literature review identifying key informants and key informants providing further literature. An initial list of potential informants was provided by USAID.

An invited panel of persons with recognized expertise in cross-generational sex, as well as in young people’s sexual and reproductive health, reviewed an earlier draft of this report, and held a half-day meeting to suggest sources of further information and enhancements to the text.

Exploration of the Literature

At the outset, this review began with two important papers: Luke and Kurz’ 2002 paper on cross-generational sexual relations in sub-Saharan Africa,⁴⁸ and White, Greene, and Murphy’s 2003 paper on male involvement.⁴⁹ A search for material on cross-generational sex published since

45 James Welsh and Pin Sisovann, “Svay Pak child-sex trade back in business—again,” *Cambodia Daily*, May 25, 2007, pp. 1 and 2.

46 J. O. Davidson and J. S. Taylor, “Child Prostitution and Sex Tourism: Thailand” (Leicester, UK: University of Leicester, 1994), republished by ECPAT, Bangkok, 1996 and available at www.ecpat.net/eng/ecpat_inter/Publication/Other/English/Pdf_page/ecpat_sex_tourism_thailand.pdf, accessed online June 1, 2007.

47 J. Aengst, “Girl Trafficking in Nepal” (Denver: University of Denver, Human Rights Advocacy Clinic, 2001) accessed online, June 1, 2007, at www.du.edu/intl/humanrights/trafficking.pdf.

48 N. Luke and K. Kurz, *Cross-generational and Transactional Sexual Relations in sub-Saharan Africa: Prevalence of Behaviour and Implications for Negotiating Safer Sexual Practices* (Washington, DC: ICRW/PSI, 2002).

49 V. White, M. Greene, and E. Murphy, *Influencing Gender Norms: Men and Reproductive Health Program* (Washington, DC: The Synergy Project, 2003).

these papers, and the literature on programs and other interventions that have addressed cross-generational sex, was undertaken using Google's search engines and three key words:⁵⁰

- Cross-generational sex
- Intergenerational sex
- Sugar daddy

Key Informant Interviews

As well as producing a wealth of information to review, the literature search identified key people working in the field of cross-generational sex. These key people were added to the list of important respondents to be contacted.

Initially, the author interviewed 10 key informants who had published on cross-generational sex or were known to be working on programs that addressed sexuality, gender and/or masculinities. The discussions were semi-structured, beginning with the key informant's general interest in cross-generational sex, then focusing on specific programmatic experience and approaches, and concluding with the informant's recommendations for future programming based on their experience. The interviews identified documentation around approaches and interventions, and suggestions for other people who might be contacted for specific information, including those working in adolescent reproductive health. Key informants provided helpful descriptions of activities, identified important issues, and discussed ideas on what more is needed to address cross-generational sex in sub-Saharan Africa and particularly across southern Africa, the epicenter of the HIV epidemic. Keeping young women free from HIV infection was a major concern of most of the respondents as an essential step to containing and reversing the HIV epidemic.

Inquiries about programs that address cross-generational sex were published on several listservs with a membership including PVO and project staff. These elicited some new information and confirmation of programs and key informants identified from elsewhere.

50 These three searches identified a number of peer reviewed and other published papers, including PhD theses and news reports. Some authors and researchers concerned with addressing cross-generational sex use the terminology "intergenerational sex," but this is also a code word for sex between men and young boys. The term "sugar daddy" identified the most literature on cross-generational sex, but it, too, is a term that has other current usage, by Internet pornography sites and their clients.

Importantly, some papers that the reviewer knew of were not elicited by the search, and so further searches were run using:

- Age-mixing + sexual relations
- Age disparity + sexual relations
- Age asymmetries + sexual relations

However, these searches produced few additional publications. Therefore, some more general searches were made using:

- Adolescents + gender-based violence
- School drop outs + pregnancy
- School drop outs + abortion
- Young people + abortion
- Young people + sexual initiation

There was also a rather low rate of return using these key words: papers on adolescents, young people, and school drop outs.

II. What Is Known: Behaviors and Prevalence

THE REVIEW OF THE LITERATURE yielded a number of relevant studies of gender relations, gender and sexual norms, and determinants of cross-generation sexual behaviors. As already stated, the original intent of this review was to elicit information on cross-generational sex globally, but most of the work on this topic has been conducted with a focus on Africa and specifically sub-Saharan Africa. One of the few non-African countries where cross-generational sex and the “sugar daddy phenomenon” are described is Jamaica.⁵¹

The literature includes an important discussion of the influences of coercion and consent in cross-generational sexual relations. Understanding the underlying determinants of risk behaviors is important for designing effective interventions.

Coercion or Consent?

Many authors when writing about cross-generational sex⁵² describe a continuum of behaviors — from situations in which the younger partner participates voluntarily to situations of coercion using violence and threats. However, the complexities associated with “voluntary” behaviors are difficult to decipher. Even with apparent agency in their actions, young women and girls may be vulnerable to exploitation in cross-generational relationships given the lack of choices facing those living in poverty or the need to pay school fees and purchase uniforms and school books (see box on Luke and Kurz Conceptual Framework on page 14).

Moreover, adolescent girls may not fully realize the risk of unintended pregnancy, dangers of abortion, or the risks of sexually transmitted infections (STIs). Typical of gender inequity in education, girls and young women are still disadvantaged with respect to understanding key issues about HIV transmission and AIDS. Approximately half of young women (ages 15 to 24) in some regions are unaware that a healthy looking person can be infected with HIV.⁵³ They have less knowledge of how HIV is transmitted and how they might protect themselves from HIV infection

51 S. Stuart, “The Reproductive Health Challenge: Women and AIDS in the Caribbean,” in *The Caribbean AIDS Epidemic*, ed. G. Howe and A. Cobley (Kingston, Jamaica: University of the West Indies Press, 2000); P.A. Bourne, “The Sugar Daddy Phenomenon in Jamaica,” On *Able2Know forum*, <http://www.able2know.com/forums/about44171.htm> posted 02-25-2005, accessed June 1, 2007.

52 See, for example, A. Weissman et al., “Reframing and Addressing Cross-generational Relationships in Malawi,” *Exchange on HIV/AIDS, Sexuality and Gender 1*(March 2006): 10-94; and G.R.Gupta, *Cross-generational and Transactional Sex: A Public Health Crisis and a Moral Dilemma*. A Keynote Address (Washington, DC: ICRW/PSI, 2002).

53 C.B. Lloyd, ed., *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries* (Washington, DC: National Academies Press, 2005).

than males of the same age.⁵⁴ Biological and social factors, such as the increased vulnerability of girls and young women to STIs and HIV, make sexual relations more risky for females than males.⁵⁵

Constructs of gender that encourage female passivity and male aggression and propensities to violence increase the imbalance of power in sexual partnerships between young females and older males.⁵⁶

Luke and Kurz Conceptual Framework *

Developed for studying cross-generational and transactional sex, focusing on power asymmetries between partners, this conceptual framework recognizes that sexual activity is not just an individual attribute. Sexual activity is a behavior negotiated between the partners within a wider socio cultural and economic context. Risk behaviors depend on the power asymmetries between sexual partners, as well as their individual characteristics and the sociocultural and economic distal determinants of behavior. This conceptual framework suggests that African adolescent girls are highly vulnerable to engaging in risky sexual behavior because (1) sexual activity can be exchanged for cash or material things; (2) older men have a preference for adolescent sexual partners—who are perceived to be free from infection with HIV; and (3) with the decline in traditional societal structures, familial control over the behavior of young people has decreased but formal education has not fully replaced the traditional functions leaving a gap in young women’s knowledge of sexual and reproductive matters at a time when she is single and may be experimenting with sexual relations. Peers are the most important source of information on sexuality and reproductive health issues, and this may be inaccurate and misinformed.

* N. Luke and K. Kurz, *Cross-generational and Transactional Sexual Relations in sub-Saharan Africa: Prevalence of Behaviour and Implications for Negotiating Safer Sexual Practices* (Washington, DC: ICRW/PSI, 2002).

In the extensive literature on young people, coercive sex, and gender-based violence generally,⁵⁷ it is acknowledged that boys and young men can also be victims of gender-based violence, although less commonly.⁵⁸ There is consensus that perceptions of gender — particularly of masculinity and what it means to be a “real man”— with associated early socialization and popular role models,

54 UNAIDS, *Report on the Global AIDS Epidemic*, Joint United Nations Programme on HIV/AIDS (Geneva: UNAIDS, 2006).

55 UNAIDS, *Facing the Future Together: Report of the Secretary General’s Task Force on Women, Girls, and HIV/AIDS in Southern Africa*. Joint United Nations Programme on HIV/AIDS (Geneva: UNAIDS, 2004).

56 UNAIDS, *Facing the Future Together*, 2004.

57 B. Finger, “Non-consensual Sex Among Youth: Lessons Learned From Research,” *Sexual Health Exchange* 3, 4 (2004): 12-14; A. Guedes, *Addressing Gender-Based Violence From the Reproductive Health/HIV Sector: A Literature Review and Analysis* (Washington, DC: PRB for the IGWG, 2004); FHI, “Nonconsensual Sex Among Youth,” in *Youthlens #10* (Arlington, VA: FHI, 2004); Population Council, *Forced Sexual Relations Among Young Married Women in Developing Countries* (New Delhi, India: Population Council, 2004); Population Council, *The Adverse Health and Social Outcomes of Sexual Coercion* (New Delhi: Population Council, 2004); A. Erulkar, “The Experience of Sexual Coercion Among Young People in Kenya,” *International Family Planning Perspectives* 30, no.4 (2004): 182-189; S. Bott et al., eds., *Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia* (Geneva: WHO, 2003); A.J. Ajuwon et al., “Perceptions of Sexual Coercion: Learning From Young People in Ibadan, Nigeria,” *Reproductive Health Matters* 9 (2001): 128–136.

58 B. Finger, “Non-consensual Sex Among Youth: Lessons Learned From Research”; see also, Population Council, *Sexual Coercion: Young Men’s Experiences as Victims and Perpetrators* (New Delhi, India: Population Council, 2004).

impact males' propensity for violence against women and girls, and too often females' acceptance of violence from spouses, boyfriends, sexual partners, and others. Gender-based violence and sexual coercion by male teachers and older male students are documented in schools and colleges in southern Africa.⁵⁹ The University of Sussex School of Education in the UK has published a bibliography of papers on schools and gender-based violence on its website.⁶⁰

In contrast, where a girl or young woman appears to voluntarily participate in cross-generational sex, there is frequently an element of transactional sex involving gifts and favors. Some authors argue that as the favors may be relatively small and non-essential — for example, use of a cell phone — and as the girls and young women who accept the favors are not always the poorest in society, these girls and young women who engage in cross-generational sex exercise agency over their actions to obtain money and gifts from older men.⁶¹ The issues of individual choice and decisionmaking, and the behavioral dynamics of girls and men involved in cross-generational sexual relations, have been explored as ways to design appropriate prevention interventions in some adolescent sexual and reproductive health programs.⁶² (See Chapter III for a more detailed discussion of identifying and addressing the underlying determinants of cross-generational relationships.)

The transactional aspect of many cross-generational sexual relationships is seen by the girls and young women involved as quite different from prostitution. They regard prostitution as a single activity between people who do not have a relationship. Whereas, the girls and young women regard receiving gifts and other rewards from older partners as normal practice in an ongoing or established cross-generational relationship.⁶³ A review of over 45 quantitative and qualitative studies of cross-generational and transactional sexual relations in sub-Saharan Africa found that there is a widespread transactional component to sexual relations for adolescent girls who are not engaged in trafficking and prostitution.⁶⁴ Motivation for accepting rewards is complex including needing money for survival, desire for material possessions, and perception of social status conferred.⁶⁵

59 R. Rivers, *Shattered Hopes: Study of Sexual Abuse of Girls* (Botswana: UNICEF 2000); F. Leach et al., *The Abuse of Girls in African Schools*. Education Research Report No. 54 (London: DFID, 2003); and Human Rights Watch, *Scared at School: Sexual Violence Against Girls in South African Schools* (New York: HRW, 2001).

60 www.sussex.ac.uk/education/1-4-25-3-2.html

61 M. Poulin, "Giving and Getting: Rethinking Sex, Money, and Agency Among Youth in Rural Malawi." Paper presented at the Princeton Institute for International and Regional Studies Graduate Student Conference, April 8-9, 2005, Princeton, NJ, USA.

62 A. Weissman et al., "Cross-generational Relationships: Using a 'Continuum of Volition' in HIV-Prevention Work Among Young People," *Gender and Development* 14, no. 1 (2006): 81-94; and K. Hawkins et al., *Milking the Cow: Young Women's Constructions of Identity, Gender, Power and Risk in Transactional and Cross-Generational Sexual Relationships, Maputo, Mozambique* (London: Options/PSI, 2005).

63 A. Weissman et al., "Cross-generational Relationships: Using a 'Continuum of Volition' in HIV-Prevention Work Among Young People," 2006; Miz-Hasab Research Center (MHRC), *A Study on Cross-Generational Sex in Ethiopia With Reference to Addis Ababa and Adama/Nazreth* (Addis Ababa, Ethiopia: MHRC, 2005); and K. Hawkins et al., *Milking the Cow*, 2005.

64 N. Luke, "Age and Economic Asymmetries in the Sexual Relationships of Adolescent Girls in sub-Saharan Africa," *Studies in Family Planning* 34, no. 2 (2003): 67-86.

65 A. Weissman et al., "Cross-generational Relationships: Using a 'Continuum of Volition' in HIV-Prevention Work Among Young People," 2006.

Cross-Generational Sex and Sexual Risk Behaviors

Several studies reveal significant relationships between cross-generational sex, unsafe behaviors, and HIV risk. In Manicaland, Zimbabwe, the substantial age difference between female and male sexual partners has been identified as the major behavioral determinant of the more rapid rise in HIV prevalence in young women than in men.⁶⁶ Theoretical studies have suggested that age mixing in sexual relations is an important determinant of observed epidemiological patterns but the Manicaland study provides clear empirical evidence of association.⁶⁷ The Young Adult Reproductive Health Survey for Zimbabwe found that two out of three young women (ages 17 – 24) reported that their most recent sexual partners were more than five years older and more than half of all young Zimbabwean women say that this was the case for their first sexual experience.⁶⁸

Gender, age, and economic disparities may increase risky sexual behavior and reduce a young woman's ability to negotiate safer sexual behaviors. Many authors report that girls and young women are unable to negotiate condom use in cross-generational sexual relations.⁶⁹

U.S. teens with partners who are six or more years older are nearly four times more likely to become pregnant than teens who date someone within two years of their own age.

It is not surprising then that girls who become pregnant or present with induced abortions have much older partners on average.⁷⁰ This trend holds true in the United States, too, where teens with partners who are six or more years older are nearly four times more likely to become pregnant than teens who date someone within two years of their own age; the majority of teenagers infected with HIV and other sexually transmitted infections are infected by adult males; and teens with older partners report using condoms 20 percent less than teens with peer-aged partners.⁷¹

66 S. Gregson et al., "Sexual Mixing Patterns and Sex-Differentials in Teenage Exposure to HIV Infection in Rural Zimbabwe," *The Lancet* 359 (2002): 1896–903.

67 S. Gregson et al., 2002.

68 Final Report, *Young Adult Reproductive Health and HIV/AIDS Survey 2001-2002*. Ministry of Health and Child Welfare, Zimbabwe/ Zimbabwe National Family Planning Council/ U.S. Centers for Disease Control and Prevention (Harare, Zimbabwe: 2004).

69 UNDP, *Zimbabwe Human Development Report, Redirecting Our Responses to HIV and AIDS* (Harare, Zimbabwe: UNDP/Institute Development Studies, 2003); K. Hawkins et al., *Milking the Cow*, 2005; N. Luke and K. Kurz, 2002; J.M. Nkosana, "Intergenerational Sexual Relationships in Urban Botswana," PhD Thesis, University of Melbourne, Australia, 2006.

70 N. Luke and K. Kurz, 2002.

71 Planned Parenthood, *Looking for Love: Exploring Teen-Adult Relationships* (Cincinnati, OH: Planned Parenthood Cincinnati Region, 1999).

Societal Norms for Sexual Relations

In order to understand the context of cross-generational sex, it is useful to examine certain societal norms, such as age of marriage, polygamy, and views of masculinity. In most societies around the world, females marry older males, and in agrarian polygamous societies there may be large age differences between a man and his younger wives. In Egypt, for example, 65 percent of adolescent brides marry men more than five years older than they are, and 24 percent of adolescent girls marry men 10 or more years older.⁷² Engaging in sexual relations with older partners is the norm for adolescent girls in sub-Saharan Africa.⁷³ In many countries, multiple partnerships are generally accepted for men but not for women, often due to the entrenched social acceptance of polygamy.⁷⁴

Prevailing views of masculinity persist, perpetuating the belief that men need frequent sexual gratification and multiple partners. In such situations, men's sexual networks may include their spouse, casual girl friends, and adolescent girls as non-marital sexual partners.⁷⁵ The networks may also include prostitutes.

While it is true that young people are not initiating sex at an earlier age than in the past in most countries, there has been an increase in the number of young people having premarital sex in the last 20 years. This paradox is primarily the result of delaying age of marriage as a consequence of changes in tradition, and availability of education and formal employment.⁷⁶ Globally, fewer young women report that they have been sexually active before age 18.⁷⁷ Thus, along with delayed sexual debut and delayed marriage, the context of first sexual experience is changing, with a greater likelihood now that sexual debut will be prior to marriage. However, it is not known whether this increases the likelihood of cross-generational sex. Empirical evidence from Zimbabwe⁷⁸ confirms that early coital debut (at age less than 16 years) is a significant predictor of HIV infection—and the younger the girl, the more dramatic the age disparity with her partner is likely to be.⁷⁹

72 WHO/UNFPA/Population Council, *Technical Consultation on Married Adolescents* (Geneva: 2003).

73 N. Luke and K. Kurz, 2002.

74 UNDP, *Zimbabwe Human Development Report, Redirecting Our Responses to HIV and AIDS* (Harare, Zimbabwe: UNDP/Institute Development Studies, 2003).

75 A. Meyer-Weitz, "Determinants of Multi-Partner Behaviour of Male Patients With Sexually Transmitted Diseases in South Africa: Implications for Interventions," *International Journal of Men's Health* 2, no.2 (2003): 149-162; D. Meekers and A.E. Calves, "'Main' Girlfriends, Girlfriends, Marriage, and Money: The Social Context of HIV Risk Behaviour in sub-Saharan Africa," *Health Transition Review*, 7 Suppl. (1997): 361-375.

76 C.B. Lloyd, ed., *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries* (Washington DC: National Academies Press, 2005).

77 C. B. Lloyd, *Growing Up Global*, 2005.

78 A.E. Pettifor et al., "Early Age of First Sex: A Risk Factor for HIV Infection Among Women in Zimbabwe," *AIDS* 18 (2004):1435-1442.

79 UNAIDS, *Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls, and HIV/AIDS in Southern Africa*, 2004.

The Prevalence of Cross-Generational Sex Outside of Marriage

In the last six years, the Demographic and Health Surveys (DHS) have shed light on the prevalence of cross-generational sex outside of marriage in several African countries. The 2000-2001 Uganda DHS asked women ages 15 to 24 the age of their first sexual partner. The data showed that more than 70 percent of young women in Uganda first had sex with a partner who is three or more years older; 11 percent reported that their first sexual partner was 10 or more years older.⁸⁰

The HIV/AIDS-related knowledge, attitudes, and behavior modules of the DHS provide interesting data on women ages 15-19 in six African countries — Ghana, Kenya, Lesotho, Malawi, Nigeria, and Tanzania — who had non-marital sex in the previous 12 months, and the percentage who had non-marital sex with a man at least 10 years older than themselves (see Table 1). The data range from a low in Malawi, where less than one percent of women ages 15-17 have had sex with partners at least 10 years older, to a high of more than 21 percent in Nigerian women in this age group. When the data for women ages 18-19 are examined for cross-generational sex, the range is from two percent in Malawi to nearly eight percent in Ghana.⁸¹

The large difference between the prevalence of cross-generational sexual activities in Nigerian women ages 15-17 and those 18-19 years of age supports evidence from elsewhere that the younger the girl experiencing sex, the older her partner will be. Presumably by age 18, many of these young women have ceased the relationship with the much older partner and have taken a sexual partner closer to their own age.

In Lesotho, an important finding is that there is a strong relationship between wealth index and urban-rural residence and the likelihood of engaging in cross-generational sexual partnerships: women in lower wealth quintiles and in rural areas are more likely than others to engage in this type of partnerships.⁸²

80 ORC Macro, *Reproductive Health of Young Adults in Uganda: A Report Based on the 2000-2001 Uganda Demographic and Health Survey* (Calverton, Maryland: ORC Macro, 2002).

81 See the following DHS reports by ORC Macro:
Kenya Demographic and Health Survey 2003, www.measuredhs.com/pubs/pub_details.cfm?ID=462&srchTp=ctry;
Lesotho Demographic and Health Survey 2004, www.measuredhs.com/pubs/pub_details.cfm?ID=563&ctry;
Malawi Demographic and Health Survey 2004, www.measuredhs.com/pubs/pub_details.cfm?ID=575&srchTp=ctry;
Nigeria Demographic and Health Survey 2003, www.measuredhs.com/aboutsurveys/search/metadata.cfm?Surv_ID=223&Ctry_ID=30; and
Tanzania Demographic and Health Survey 2004, www.measuredhs.com/pubs/pub_details.cfm?ID=566&ctry_id=39&SrchTp.

82 ORC Macro, *Lesotho Demographic and Health Survey 2004* (Calverton, MD: ORC Macro, 2004), accessed at www.measuredhs.com/pubs/pub_details.cfm?ID=563&ctry on June 1, 2007.

Table 1: Summary of Findings of the DHS on Cross-Generational Sex

Country, Year of DHS survey	Percentage of sexually active women aged 15-17 with partner ≥ 10 yrs older in past year	Percentage of sexually active women aged 18-19 with partner ≥ 10 yrs older in past year	Percentage of sexually active women aged 15-19 with partner ≥ 10 yrs older in past year
Ghana, 2003	1.7	7.9	
Nigeria, 2003	21.3	4.2	
Kenya, 2003			4.0
Malawi, 2004	0.9	2.4	
Tanzania, 2004	4.9	7.8	
Lesotho, 2004	7.5	7.0	

Source: DHS Reports from ORC Macro.

Additionally, some non-DHS surveys have shed light on cross-generational sex and HIV prevalence. For example, the South Africa 2003 national household survey found that 32.6 percent of a nationally representative sample of young people (15–24 years of age) living in the nine provinces in South Africa had a most recent sex partner who was five or more years older than themselves. Young women were significantly more likely to be infected with HIV in comparison with their male counterparts, namely 15.5 percent (95% confidence interval 13.7–17.6) among women and 4.8 percent (95% confidence interval 3.9–5.9) among men ($P < 0.01$).⁸³ However, this published analysis does not discuss age mixing with partners 10 or more years older.

A recently reported study of more than a thousand men and their non-marital sexual partnerships undertaken in 2001 in Kenya found that 70 percent of men were five or more years older than at least one of their recent non-marital sexual partners and 20 percent had been involved in a sexual relationship with an age difference of 10 years or more.⁸⁴ The mean age difference between men and recent non-marital sexual partners in this study was 5.5 years. In six percent of the relationships the female partner was the same age or older than the man. However, the study population was a relatively young urban migrant population that may not be representative of the entire Kenyan population.

83 A.E. Pettifor et al., “Young People’s Sexual Health in South Africa: HIV Prevalence and Sexual Behaviors from a Nationally Representative Household Survey,” *AIDS* 19(2005): 1525-1534.

84 N. Luke, “Confronting the ‘Sugar Daddy’ Stereotype: Age and Economic Asymmetries and Risky Sexual Behaviour in Urban Kenya,” *International Family Planning Perspectives* 31(1) (2005): 6-14.

Understanding Cross-Generational Sex

The following research studies from several African countries and Jamaica contribute to understanding the dynamics of cross-generational sex and may be useful to program planners and managers.

Botswana

A study undertaken in urban Botswana explored the prevalence and dynamics of cross-generational sexual relationships.⁸⁵ A quantitative survey was conducted with 600 schoolgirls (ages 18-22 years) in all four public senior secondary schools in Gaborone to establish sexual practices and the prevalence of cross-generational sexual relationships. The results revealed that more than three-quarters of the girls had boyfriends within their peer age group. Fifty-two girls were in current sexual relationships with older men and another 178 had been approached by older men but declined to have sex with them. In-depth qualitative interviews conducted with a sample of 40 school girls from the 230 who were currently in or who had rejected cross-generational relationships, classified the girls into three groups: (1) those who enjoyed good loving, pleasurable relationships with their older boyfriends; (2) those in relationships with older boyfriends characterized by coercion and manipulation; (3) those who resisted approaches from older men. Girls in all groups commonly had multiple sexual partners. Girls in group one reported equal partnerships with their older boyfriend and said that they use their personal and interpersonal power effectively. The girls in group two found negotiation of condom use difficult and some had experienced coerced unprotected sex that had resulted in pregnancy and STIs. The group three girls were self-confident and content, reported positive self-esteem, asserted their power to say “no”, and preferred to have sexual relationships with boys of their peer age. This group of girls perceived cross-generational sex as risky and had professional ambitions, and did not want to compromise their personal academic ambitions by pregnancy or HIV infection. Protective factors were found to be: personal preference, positive self-worth, acceptance of one’s economic circumstances, knowledge of sexual risks, socio-cultural factors such as availability of support and encouragement for their ambitions, school connectedness, and religious belief.

A second study was undertaken in Botswana using a radio talk show on cross-generational sex, where persons could anonymously phone in to join the broadcast discussion and express their views.⁸⁶ Thirty-eight men and 18 women called in from throughout the country. Of the men who called in, seven said they were in cross-generational sexual relations. While this study was very limited in size, the messages from the callers were of interest. The majority of callers considered that sex without condoms was an important characteristic of cross-generational sex. The women callers considered cross-generational sex to be exploitative, oppressive, and abusive due to older men’s use of their social standing and financial power to entice school girls into relationships. Both the in-depth interviews and the radio phone-in suggested that material and financial gain was the main motivating factor for the girls involved, although the girls were not exchanging sex for survival or “necessities” but for entertainment and luxuries. The radio phone-in suggested that the

85 J. M. Nkosana, “Intergenerational Sexual Relationships in Urban Botswana” (PhD Thesis, University of Melbourne, Australia, 2006).

86 J. M. Nkosana, 2006.

motivating factors for older men to seek young girls as sexual partners were loss of religious beliefs, loss of cultural values, the mistaken belief in self-cleansing when having sex with a virgin, and the perception that older men's sex drives increase when they have sex with girls or young women.

Ethiopia

I A recent qualitative study in Ethiopia was undertaken through 12 focus group discussions, with girls and young women ages 14 to 19 in each, and 40 in-depth interviews with men ages 35 to 50.⁸⁷ The study was designed to understand the motivations for cross-generational sexual relations and the circumstances under which they occur, and to identify potential message themes for a communications campaign. It found that cross-generational sex is widespread in both Addis Ababa and Adama/Nazreth and involves older men who are married with good reputations, successful in professions and trades, and younger women from low-income families and from middle-class families aspiring to a higher lifestyle. The motivations were varied and ranged from transactional sex for survival in the case of street children to sex as a cash exchange for young women who see older men as an opportunity for “business”. As for the motivations of the older men, they included aspiration to be youthful or to “feel young by proxy”; desire to redress sexual opportunities missed as a youth; belief that sex with a virgin increases potency and virility; and belief that sex with virgins and young women does not expose the men to STIs and HIV. Giving and accepting gifts raised the expectation in both the older man and the younger women that they would agree to sexual intercourse.

The sexual networks were shown to be complex. Older men had sexual relations with several younger women as well as their wives; younger women had sexual relations with several older men at the same time or sequentially, while usually having concurrent sexual relations with a boyfriend of their own age. Relations with same-age men were said to be “for love” while relations with older men were for material benefit. Both older men and younger women avoided disclosure of the relationship because they considered it shameful. Both older men and younger women discounted fears of infection with HIV or other STIs in favor of the immediate benefits to them of cross-generational sex.

Given what they learned in this study, the authors recommended interventions for social mobilization addressing women's rights and gender equity; for encouraging greater openness about sex, sexuality, and reproductive health activities; and for economic empowerment of women.

II Save the Children Federation, USA, reported on a study of 191 in- and out-of- school adolescent girls (ages 13-24) in Ethiopia.⁸⁸ In the study, 24 focus group discussions were held in order to explore cross-generational sex motivations, relationship dynamics, perceived risks, and

87 Miz-Hasab Research Center (MHRC), *A Study on Cross-Generational Sex in Ethiopia With Reference to Addis Ababa and Adama/Nazreth* (Addis Ababa, Ethiopia: MHRC, 2005), accessed online June 1, 2007 at www.miz-hasab.com.

88 E. Bunde and C. Land, “The Influence of Poverty on Intergenerational Sex Among In- and Out-of- School Adolescent Girls in Ethiopia,” (paper presented at XV International AIDS Conference, July 11-16, 2006, abstract no. D12105); accessed on June 1, 2007 at http://www.iasociety.org/abstract/show.asp?abstract_id=2176042.

contraceptive and condom negotiation and use. Personal material benefit was the prime motivator for girls to accept a “sugar daddy,” yet the majority of girls said they entered the relationship to help support their families. The sexual partner was typically at least 15 years older, worked as a teacher or civil servant, and lived away from his wife. Poorer families in the community often consented to the cross-generational relationship as a means of temporary income support. Many girls had concurrent same-age boyfriends and were relatively more likely to use oral contraceptive pills with the boyfriend and condoms with the cross-generational partner, although successful condom negotiation was found to be rare. Coercion and forced sex were more common among younger girls and successful condom negotiation was more likely among older girls. Perceived risks from cross-generational sex included HIV and other STIs, and unintended pregnancy that leads to abortion.⁸⁹

Kenya

Population Services International (PSI) undertook a qualitative study into the motivations for cross-generational relationships in Kenya and how condom use is affected by the perceptions of risk of acquiring STIs and HIV.⁹⁰ Eight focus group discussions were conducted with women and 28 interviews held with men in four Kenyan towns. The data suggest that women’s primary incentive for engaging in cross-generational relationships is financial while men seek sexual gratification. Women reported peer pressure on them to find older partners. However, same-aged boyfriends, parents, and wives of the older men disapproved and fear of discovery was high. Risk of HIV and other STIs was perceived as low and couples rarely used condoms. Material gains, sexual gratification, and emotional factors and recognition from peers overrode concerns about STI/HIV risk. Age and economic disparities compromised young women’s ability to negotiate condom use.

Malawi

A qualitative study in Balaka district of Malawi,⁹¹ completed in 2004, conducted 54 in-depth interviews with young people ages 15-24, who had intimate sexual relations *largely among their peers*. It is included here because it provides a useful reference point for comparing the transactional behaviors in similar-age relationships vs. cross-generational sex. This study demonstrates that monetary transactions in sexual relations are standard in the study population and occur for symbolically meaningful and expressive reasons as well as economic purposes. The money exchange in the relationships is complex. Transfer of money means that sex will occur. For girls, money brings material benefits and social status. Girls buy luxury items, bringing them admiration from others. A boy may encourage his girlfriend to purchase such items, as he wants the girl’s friends to admire her. The author argues that young women in rural Malawi have

89 At the time of the study abortion was illegal in Ethiopia.

90 K. Longfield et al. “Relationships Between Older Men and Younger Women: Implications for STIs/HIV in Kenya,” *Studies in Family Planning* 35, no. 2 (2004): 125-134.

91 M. Poulin, “Giving and Getting: Rethinking Sex, Money, and Agency Among Youth in Rural Malawi” (paper presented at the Princeton Institute for International and Regional Studies Graduate Student Conference, April 8-9, 2005, Princeton, NJ, USA).

considerable agency over their sexual behavior. The study is part of the larger Malawi Diffusion and Ideational Change Project and ongoing four-phase panel study conducted in the three main regions of rural Malawi with 145 villages.⁹²

Mozambique

A qualitative study of young women in Maputo, Mozambique, was undertaken by PSI to inform behavior change interventions.⁹³ Twenty young women (ages 16-35) living in and around central Maputo were recruited and trained as peer researchers. Each researcher interviewed three peers with a total of 60 women interviewed in three separate interviews.

The young women, who had multiple sexual partners, were in agreement that the primary motivation for transactional sex is economic — not as a survival strategy meeting basic needs, but as a strategy that empowers them as upwardly mobile young women. These young women argued that their transactional sexual relationships with older men differ from prostitution because their transactions occur as part of an on-going relationship and not as a one-time sexual encounter. The young women do not see themselves as passive or coerced victims of sexual relations with older men but as persons defining their own social identity and making choices. For them, transactional sex is a strategy for challenging and reversing existing imbalances in gender and economic relations, and exerting power. Nonetheless, the cross-generational transactional sexual relations are hidden, as the women fear that discovery would lead to a loss of reputation and being labeled as a prostitute. The young women had high levels of knowledge of the risks of infection with HIV through multiple partners and unprotected sex, but rationalized risk taking by denying the reality of AIDS.

The study raises interesting questions about how girls and young women engaged in cross-generational and transactional sex might view interventions. Would they view them as attempts to reduce their autonomous decisionmaking and power, as reinforcing traditional gender stereotypes whereby females are economically and otherwise disadvantaged by males? The study also makes it clear that the girls and young women seriously underestimate the health and other risks of their behavior. Prevention efforts may reinforce low risk perceptions by concentrating on the risk of HIV and AIDS — distant threats — and not on more immediate risks such as pregnancy, abortion (which is the main means of contraception for these girls), and STIs. The authors postulated that prevention efforts need to include a mass media campaign focused on men that challenges the covert nature of the relationships and the tacit acceptability of cross-generational and transactional sex.

92 See www.malawi.pop.upenn.edu.

93 K. Hawkins et al., *Milking the Cow: Young Women's Constructions of Identity, Gender, Power and Risk in Transactional and Cross-Generational Sexual Relationships, Maputo, Mozambique* (London: Options/PSI, 2005).

South Africa

Hallman's studies of socioeconomic disadvantage and sexual behavior among young people provide some interesting insights into cross-generational and transactional sex in South Africa.⁹⁴ Socioeconomic disadvantage—measured as low household wealth—is associated with younger sexual debut, higher chances that the first experience of sex was nonconsensual, and increased odds that a girl has had transactional sex and experienced physically forced sex. However, wealth status does not have any significant effects on the relative age of a girl's recent partners. Males in wealthier households were significantly more likely to have partners closer to their own age than males in the lowest quintile. Sexual violence is a huge problem in South Africa and Hallman's studies demonstrate that those young women who have experienced nonconsensual sex are significantly less likely to be enrolled in school, have significantly lower educational attainment, and more school delays than boys.

Zimbabwe

I A small qualitative study of university students' health literacy in Zimbabwe provides useful information on condom use in transactional sex; however, because it did not ask about the age of the sexual partners, it does not have specific lessons for cross-generational sex.⁹⁵ The authors conducted eight focus group discussions with 70 students, and key informant interviews with formal and informal opinion leaders. The focus group discussions — four mixed sex, two all female, and two all male — revealed that 1) condom use with regular partners is low, and 2) when female students have partners who are employed, the students find it hard to insist on condom use in the relationship. The researchers did not elaborate on this finding, but it may be related to the larger economic asymmetries between an employed male and young girl compared with an unemployed male and young girl.

II A study presented at the XIV International AIDS conference in Barcelona collected data in eight focus group discussions among 71 male and female adolescents (16-19 years of age) in and out of school from two urban sites in Zimbabwe.⁹⁶ Girls reported that having boyfriends more than five years older was the norm and that two-thirds of their peers were involved with “sugar daddies.” The power of these girls to negotiate safer or no sex was inversely related to the age of the partners. Girls reported that older partners often became violent if the girls suggested using a condom or refused sex. Among the boys, the majority reported at least one sexual experience with a woman at least 10 years older. Unlike the girls' experience, condom use was common among boys in relationships with older women, with the woman often initiating use.

94 K. Hallman, *Socioeconomic Disadvantage and Unsafe Sexual Behaviors Among Young Women and Men in South Africa*. Working Paper 190 (New York, NY: Population Council, 2004); K. Hallman, “Gendered Socioeconomic Conditions and HIV Risk Behaviours Among Young People in South Africa,” *African Journal of AIDS Research* 4, no. 1(2005):37-50; K. Hallman, “Non-Consensual Sex, School Enrollment and Educational Outcomes in South Africa,” *Africa Insight* (Special Issue on Youth in Africa) (forthcoming).

95 P.E. Terry et al., “HIV/AIDS Health Literacy in Zimbabwe—Focus Group Findings From University Students,” *Methods of Information in Medicine* 44, no. 2 (2005): 288-92.

96 H. Chinake et al., “Intergenerational Sex Among Adolescents in Zimbabwe” (paper presented at XIV International AIDS Conference, July 7-12, 2002, abstract no. MoOrE111670).

The high prevalence of cross-generational sex was supported by a longitudinal study from the same research group, also presented at Barcelona.⁹⁷ That study of 1,326 HIV-negative Zimbabwean young women found that 42 percent had a partner who was five to nine years older and 18 percent had a partner at least 10 years older. That study also found that girls having a partner at least 10 years older increased the risk of having never used a male condom. According to the project coordinator, “Seduced into these one-sided sexual relationships by economic need, young women simply have no power to protect themselves against HIV.”⁹⁸

Research Outside of Africa: Jamaica

The only non-Africa research studies included in this desk review are from Jamaica.

I The PLACE (Priorities for Local AIDS Control Efforts) methodology identifies “priority prevention areas” where people seeking sexual partners meet socially, and can be used to conduct interviews about HIV risk behaviors.⁹⁹ The PLACE Jamaica study in 2003¹⁰⁰ identified that 45-50 percent of men studied reported that their youngest partner was five or more years younger than they were. Also, 17 - 22 percent of the men reported that their oldest partner was five or more years older than they were. For women, 41 - 42 percent reported that their oldest partner was five or more years older than they were; and 7-12 percent reported that their youngest partner was five or more years younger than they were.

II A study of taxi drivers was undertaken in Jamaica following reports of teenage schoolgirls exchanging sex for money, school fees, lunches, and/or other needs and wants, and that male taxi drivers are thought to be the sexual partners.¹⁰¹ The study was conducted in five parishes—Hanover, St. Elizabeth, Manchester, Clarendon, and St. Catherine—in 2003 using focus group discussions, in-depth interviews, observations, diagramming, and mapping. The qualitative phase of the study indicated strong sexual relationship linkages between some taxi-drivers and some schoolgirls. The girls perceived taxi drivers as “older men with money” and specifically sought them out. Many girls reportedly needed money because parents were unable to satisfy the demands for books, lunch, and travel costs. Some mothers and/or parents knew about and even encouraged such sexual relationships. There was peer pressure on both the school girls and the taxi drivers to be involved in the relationships, which they each perceived as conferring status. Some young girls and drivers had several concurrent such relationships.

97 A. van der Straten et al., “Early Age of Coital Debut and Intergenerational Sex Are Risk Factors for HIV Among Zimbabwean Women” (paper presented at XIV International AIDS Conference, July 7 – 12, 2002, abstract no. ThOrC1489).

98 UCSF, “Phenomenon of Intergenerational Sex Driving Much of the AIDS Epidemic in Southern Africa” (San Francisco, CA: University of California, 2002); accessed at http://pub.ucsf.edu/today/print.php?news_id=200207123 on June 1, 2007.

99 For more information on the PLACE method, see www.cpc.unc.edu/measure/leadership/place.html.

100 Measure Evaluation, *Place in Jamaica: Monitoring AIDS prevention at the Parish Level, St. James, 2003* (Chapel Hill, NC: Carolina Population Center, University of North Carolina, 2004).

101 C.M. Chambers, *Taxis en Route: A Study of Some of the Behavioural Characteristics of Taxi Drivers in Jamaica* (Kingston, Jamaica: PSEARCH Associates Ltd., 2003).

Factors Influencing Transactional Sex

Up to this point, this review has explored transactional sex primarily as it relates to cross-generational sex. However, because of its clear importance in cross-generational sex, it may be useful to look at the factors that influence transactional sex, such as age, religion, or educational status. Specifically, the POLICY Project has analyzed many of the factors influencing transactional sex in 12 sub-Saharan Africa countries using DHS data.¹⁰² The countries and year of the surveys were Benin (1998), Burkina Faso (1999), Central African Republic (1998), Chad (1997), Guinea (1999), Kenya (1998), Niger (1998), Nigeria (1999), Togo (1998), Zambia (1996), and Zimbabwe (1994). Only data from sexually active persons ages 15-24 were included in the analysis. There are limitations on the available DHS data on transactional sex — for example, it is not elicited whether the respondent gave or received the gifts or money. Additionally, the data set does not provide information on the age of the partner and so it is not possible to deduce the cross-generational aspect of transactional sex from this DHS data. However, the POLICY analysis *assumed* that men gave and women received gifts or money.

POLICY calculated the percentages of men and women who reported having exchanged sex for money or gifts recently.¹⁰³ The percentage varied from less than two percent in Niger to 11 percent in Zambia. Except for Niger, the numbers reporting transactional sex were highest in the 15- to 19-year-old age group. Higher proportions of young men than young girls reported engaging in transactional sex; this ranged from five percent in Guinea to nearly 25 percent in Zambia and, as with women, the highest proportions were found in the younger 15-19 age group. While the analysis confirmed that younger women are at higher risk than older women, the results for men contradicted the expectation that older men are more likely to engage in transactional sex than younger men, although in-school young men were less likely to engage in transactional sex than out-of-school young men. Being of the Muslim religion reduced the risk that young women would engage in transactional sex in eight out of 12 countries and this was statistically significant in the Central Africa Republic, Guinea, and Nigeria. However, in seven of 11 countries, young Muslim men were more likely to be involved in transactional sex, and in Kenya and Togo this was statistically significant. Surprisingly, young women's in-school status did not emerge as a factor in any of the 12 countries. The authors conjectured that if young women use the gifts of money to support their education this might cancel out the protective effect that education has.

The researchers, in discussing their unexpected findings that older men in sub-Saharan Africa were not more likely to engage in transactional sex, suggested that cross-generational and transactional sex are not as closely linked as assumed in much of the qualitative literature. However, as seen in the results of the recent studies on cross-generational sex previously discussed in this review, the situation might be influenced by the norm that most sex outside marriage could be considered

102 M. Chatterji et al., *The Factors Influencing Transactional Sex Among Young Men and Women in 12 sub-Saharan Countries* (Washington, DC: The POLICY Project, 2004).

103 Within the previous 12 months, except in the Central African Republic and Zimbabwe for which it was in the previous four weeks.

transactional. Some authors consider this an extension of the “commercialization” of sexual relations between marital partners whereby the exchange of gifts and cash between individual partners has replaced the traditional bride price [*lobola*] payments between families.¹⁰⁴

Reports in the Mass Media

While scanning news reports is obviously not a scientifically rigorous method of determining cultural norms or reproductive health patterns, it does give valuable insight as to whether cross-generational sex is a topic aired in the media. Significant reduction in the prevalence of cross-generational sex is only likely to occur when there is change in the tacit acceptance of older men having young women sexual partners. One quick proxy indication for changing societal values might be reports in the press on the dangers of cross-generational sex.

In recent years, only a handful of African newspapers have run articles on “sugar daddies” linking them to the AIDS epidemic.¹⁰⁵ For example, *The Sunday Times of South Africa* published a report on sugar daddies and adolescent sexuality, linked to the AIDS epidemic in Zambia, in 1998.¹⁰⁶ *The Mail & Guardian*, also of South Africa, published a supplement edited by a South African public health physician and HIV expert for World AIDS day 2002.¹⁰⁷ In 2004 the *Botswana Daily News* ran an item on cross-generational sex in a report on the Kweneng District AIDS Day.¹⁰⁸ The speaker at a Kweneng District function had drawn upon the Botswana Human Development Report that had highlighted girls’ relationships with older men as an issue fueling the HIV epidemic. In 2004 *Ghana HomePage*, an Internet news site devoted to Ghana, picked up an *Associated Press* report on cross-generational sex that included quotes from Population Services International (PSI).¹⁰⁹ The following year, *Ghana HomePage* featured an article describing the upsurge of the sugar daddy in Ghana.¹¹⁰ This article analyzed the situation as “.... girls are gradually and unwittingly coerced by obligation into the sugar daddy trap by the desire to be seen as grown up, receiving gifts and having fun.”

104 N. Luke and K. Kurz, 2002.

105 These are the news articles which were found by this review. Other news articles might exist but are not reachable by an Internet search.

106 M. Mulenga, “Inside Africa,” *Sunday Times*, 20 September 1998, accessed online at www.suntimes.co.za/1998/09/20/insight/in05.htm.

107 C. Evian, “‘Sugar Daddy Syndrome’ Shortcuts the Route of HIV infection,” *Daily Mail and Guardian*, 2 December 2002, accessed online at www.chico.mweb.co.za/za/archive/2002dec/021202-sugar.html.

108 BOPA, “Intergenerational Sex Exposes Girls to HIV,” *Botswana Daily News*, online 23 November 2004.

109 “‘Sugar Daddies’ Give Teens AIDS,” *Ghana HomePage* 15 July 2004, accessed online at www.ghanaweb.com/GhanaHomePage/NewsArchive/printnews.php?ID=61731.

110 C.N. Ayiku, “Our big men and the ‘sugar babies’,” *Ghana HomePage*, 27 October 2005, accessed online at www.ghanaweb.com/GhanaHomePage/features/artikel.php?ID=92992.

In May 2005, *The World*, a co-production of the BBC World Service, PRI, and WGBH Boston, reported on a Nigerian university taking steps to prevent “intergenerational sex between professors and students.” Officials at the university were quoted as stating that students were not “dressing modestly enough” and that this contributed to sex between students and professors. *The World* also included an opposing view from the Society for Family Health in Abuja that transactional sex rather than attire was to blame for HIV transmission between older and younger generations.¹¹¹

In February 2006, in the *East African Business Week*, there was a brief report of a USAID/ UNICEF/SC-funded awareness campaign in Uganda, the “Something for Something” Love Awareness Campaign, that used a radio drama to get people talking about transactional and cross-generational sex.¹¹²

Yet, a baseline study of the media reporting on HIV and AIDS in Zambia¹¹³ undertaken for one month in 2005 demonstrated that only five percent of all items monitored focused on or mentioned HIV. This was slightly higher than the nine country regional average of only three percent. Although the largest part of the coverage (40 percent) centered on prevention, there was very limited coverage of gender power disparities, cross-generational sex, and gender-based violence as subtopics of prevention. Thus, it would seem from this limited review of the few newspapers and magazines that are available on the Internet, that cross-generational sex is still only considered to be of minor news-worthiness.

111 Kaiser Daily HIV/AIDS Report, May 4, 2005, www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=29792, accessed on June 1, 2007.

112 D. Mugabe, “Youth Say No to ‘Something for Something’ Love,” *East African Business Week*, 06 February 2006, accessed online at www.busiweek.com/index.php?option=com_content&task=view&id=1057&Itemid=35; See page 37 in this publication for more information on this campaign.

113 Media Action Plan, *Zambia HIV and AIDS and Gender Baseline Study* (Lusaka, Zambia: Gender Links, 2006).

III. A Continuum of Volition: Reframing and Addressing Cross-Generational Relationships¹¹⁴

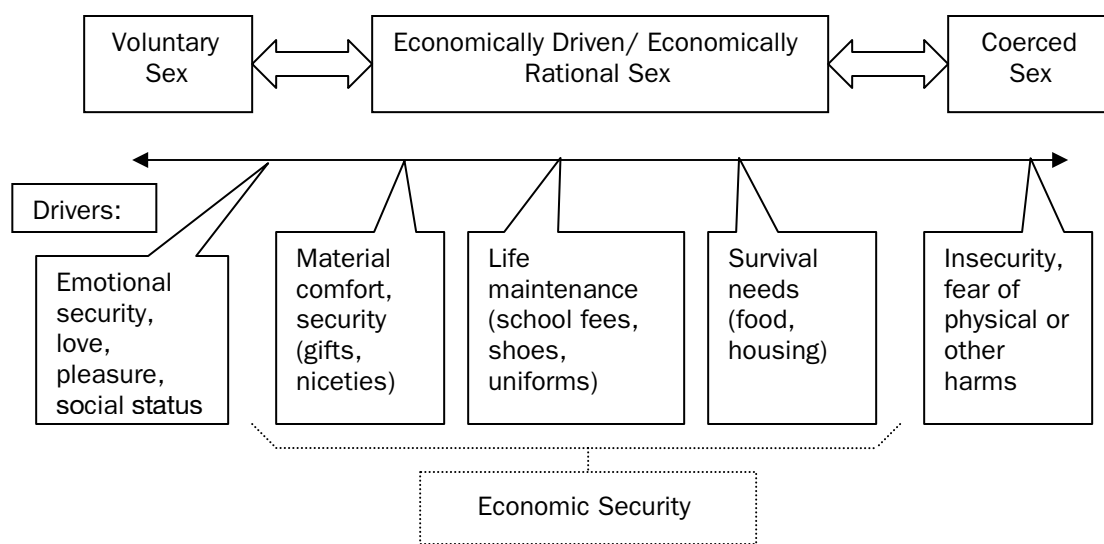
IN ORDER TO UNDERSTAND CROSS-GENERATIONAL SEX and to suggest interventions that address it, it is useful to examine the Save the Children Federation, USA (SC) model that views cross-generational sex along a continuum of volition – initially referred to as a continuum of voluntarism.¹¹⁵ At one end, the model suggests, girls engage in cross-generational relationships with older men voluntarily “for emotional reasons.” At the other end of the continuum is coerced sex, against the girl’s will. In the middle of the continuum, which is neither strictly voluntary nor coerced, is what SC refers to as “economically rational sex.”

To test the model and the proposal that the drivers for the practice differ along the continuum and require different responses, in the first half of this decade SC conducted focal group discussions with adolescent females, adolescent males, and adult men in Malawi. The discussions were designed to better understand how and why girls and men engage in cross-generational sex, and to identify ways to respond programmatically along the continuum. Strategies were developed to address the needs of girls who engage in the practice willingly, those who do so because of poverty or immediate or future need, and those who are forced into the relationship. Responses to address voluntary cross-generational sex included counseling on dual protection, education on STIs, and referral and promotion of youth-friendly services. For the second group the strategy involved providing alternative income generation and alternative benefits through community praise and support. Strategies for girls who are coerced into cross-generational sex included raising awareness of the definition of abuse, community policing initiatives, and training of health providers. SC’s experience at that time suggested that learning from girls where they are on the continuum is important to ensure the strategies designed meet their specific needs. At the 2004 Global Health Council Annual Conference, SC suggested that all projects listen to and learn from adolescent girls about their perceptions, practices, and solutions.

114 This chapter is based largely on a telephone discussion with Amy Weissman on August 21, 2006, follow-up emails, and a review of literature from the literature search as well as on Save the Children documents.

115 A. Weissman, “Listening to Girls Respond to Cross-Generational Sex” (abstract presented for Panel Session A5, Global Health Council Annual Conference, 2004, Washington, DC), accessed on June 1, 2007, at www.globalhealth.org/forms/conf2004/abstracts/management/abstract_bio.php?id=246.

Figure 1: Reasons/Drivers for Sexual Activity Along a Continuum of Volition



Source: A. Weissman et al., from “Cross-Generational Relationships: Using a ‘Continuum of Volition’ in HIV Prevention Work Among Young People,” 2006. Courtesy of Save the Children.

Examining Assumptions

As cross-generational sex has continued to gain attention within the international community, SC has continued to refine its model for addressing cross-generational sex. SC has raised a number of questions¹¹⁶ including:

- Why do unmarried young women engage in these cross-generational relationships?
- Are these relationships inherently harmful? And what about them is harmful?
- Is there an age at which the age difference ceases to matter or matters less?
- Is it the size of the age difference that is important?
- Is it the age of the girl or young woman (or boy/young man) involved in the practice?
- Is it always wrong? Could there be cases where it might not be wrong?

There are three assumptions that guide the responses to the above questions:

- Young people do not always have the power to use behaviors they know are protective; therefore, a norm where protective practices are allowed must be created;
- Young people are the keepers of the issue definition and solution; learning from young people in each context will ensure effective responses; and
- Public dialogue and peer pressure can create demand for change.¹¹⁷

116 A. Weissman et al., “Cross-Generational Relationships: Using a ‘Continuum of Volition’ in HIV Prevention Work Among Young People,” *Gender & Development* 14, no. 1 (2006): 81-94.

117 A. Weissman et al., “Reframing and Addressing Cross-Generational Relationships in Malawi,” *Exchange on HIV/AIDS, Sexuality and Gender* 1, no. 1 (2006): 10-11.

Viewing the drivers of cross-generational relationships along a “continuum of volition” — from emotional security, financial security, survival security to coercion — suggests that not all young people are vulnerable and/or passive in entering cross-generational sexual relationships. Some empowered youth choose to engage in relationships for “security gains” (emotional or economic). Further along the continuum, “economically rational sex” ranges from sex for “desired material benefits” to sex for survival. At the other end of the continuum are coerced sex and sexual violence, where young women are forced to participate. This end represents huge power asymmetries and lack of regard for women’s and girls’ health and well-being. However, all cross-generational and transactional sex relations are inherently risky for young women because of the disparities in power and lack of control of decisionmaking.

Each driver requires a different response, according to SC. In a voluntary relationship, an appropriate response might be to make that relationship safe. If the young person is forced into a relationship, an appropriate response might be to ensure protection. Working with young women ages 14-17 years in Malawi in the first half of this decade, through a series of eight focus group discussions, SC learned that more than half of unmarried young women had cross-generational relationships that were driven by the desire to have cash or gifts. Although some young women needed the gifts and cash for survival, others were motivated by pleasure, peer pressure or force. All felt that the cross-generational relationships were shameful and immoral and asked for alternatives and support. They also asked for systems to penalize the older men. In this way, SC concluded that these responses validated the continuum and created a planning tool that identified potential programmatic strategies during the focus group discussion.¹¹⁸

Table 2: Program Planning Tool to Understand Effective Options to Address Cross-Generational Relationships

<i>Driving motivation</i> <i>Programmatic Options</i>	Emotional Security	Economically Driven/ Desired Things	Economic and Physical Survival	Coercion (due to insecurity)
Emotional support / praise for refusals	X	X		
Training in alternative income generation	X	X	X	
Life skills education	X	X		X
Parental / elder support and communication	X	X		X
Community protection and reporting system		X		X

Source: A. Weissman et al., “Reframing and Addressing Cross-Generational Relationships in Malawi,” 2006.

118 A. Weissman et al., “Reframing and Addressing Cross-Generational Relationships in Malawi,” 2006.

The young women in the focus groups tested their ideas through Trials of Improved Practice (TIPS),¹¹⁹ a formative research tool developed by The Manoff Group to help program planners select and pretest the interventions/activities that the program will promote. Participants actually test and sometimes modify a menu of possible improved practices prepared on the basis of previous community research. TIPS indicate what behaviors should be included and not included in the program as well as how to best promote them (the best motivation, helpful information, and strategies that will facilitate behavior change.) Each young woman kept a chart on which she awarded herself a “smiley face” every time she resisted the advances of an older man. When reviewing their charts the girls praised each other for their actions in rebutting older men and, thus, supported each other.

The ideas for programmatic responses that have been developed, but not yet tested, include:¹²⁰

For real poverty:

- Income-generation activities for the girls (or their mothers).

For perceived poverty / habit / peer pressure:

- Parental support to delay sex from a young age (counseling cards for individual counseling to parents that would include encouraging them to communicate their own expectations and values to each child one-on-one);
- Life skills education on setting individual goals, valuing oneself, clarifying values about sex;
- Communications to change an implicit norm that is a part of life; and
- Communications, materials, and social support to provide immediate benefits to girls who refuse offers from men (putting a sticker onto a card, and/or telling a youth club leader or religious leader for positive feedback).

For pressure to marry:

- Income-generation activities for girls (or their mothers); and
- Work with elders to consider options for the girls other than early marriage.

For a girl’s belief that she cannot refuse:

- Life skills in saying “no” and refusing men (when, how); and
- Enhanced community protection (including swift and public sanctions against teachers who have relations with their students).

119 www.changeproject.org/tools/xchangetools/tx_tips.htm.

120 This desk review found no other programs in which the continuum of volition framework has yet been used nor anyplace where the specific suggestions for programmatic response have yet been evaluated by SC or other organizations. However, the Dutch NGO StopAIDS Now! has expressed interest in applying the continuum of volition approach to its sexual health programs in Southern Africa. (Information from personal communication with Jennifer Bushee, Policy Officer, Project Women, Girls, HIV and AIDS, StopAIDS Now!)

IV. Programmatic Interventions to Reduce Cross-Generational Sex

IN THE 1980S AND 90S, the education sector in some sub-Saharan African countries was concerned about school-related gender-based violence, school girl pregnancies, and drop outs from school — situations that were too common and, in part, attributed to “sugar daddies” preying upon school girls and also to abuse of power by teachers and older male students. Educational materials and “comic” book descriptions of the dangers of falling for sugar daddies were available in southern Africa more than a decade ago. The health sector, however, has been slower to take note and take action.¹²¹

Despite an extensive literature search and wide consensus among informants on the importance of addressing cross-generational sex, the author found no large-scale evaluated programs that identify best practice interventions. Only two interventions have been identified that are set up as research interventions: the Shaping the Health of Adolescents in Zimbabwe (SHAZ!) project¹²² in Zimbabwe, and a comprehensive sexual and reproductive health program for adolescents in Kenya, by the Institute of Tropical Medicine, Antwerp.¹²³ SHAZ! has a focus on orphans, and both interventions have broad adolescent sexual health goals. Most programs address cross-generational sex as only one of several aspects of adolescent sexual and reproductive health, or, more recently, as an issue relevant to male sexuality and gender inequality. However, substantive evaluations of programmatic interventions that address cross-generational sexual relations are not common. Program investments addressing cross-generational sex are often secondary to the investments for achieving the program’s main purpose, and there are no discrete, measurable interventions with specific cross-generational sex outcomes.

121 As recently as 1998, a special issue of *Studies in Family Planning* on adolescent reproductive behavior in developing countries made no mention of cross-generational sex or the age of sexual partners (*Studies in Family Planning* 29, no. 2 (1998): 99-253, “Adolescent Reproductive Behaviour in the Developing World”). Nor was cross-generational sex a specific topic at the September 2003 YouthNet meeting “New Findings from Intervention Research: Youth Reproductive Health and HIV Prevention,” although several participants asked questions or made comments related to cross-generational sex and the transmission of HIV to school girls. Similarly, a 2005 review of 10 published evaluations of successful holistic programs that prevent teen pregnancy, HIV, and STIs in developing countries did not touch upon cross-generational sex, although eight of the programs reviewed were from sub-Saharan Africa (see M.L.S. Alford et al., *Science & Success in Developing Countries: Holistic Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2005). There is a brief mention in 1999 in *Studies in Family Planning* (see B.S. Mensch et al., “The Changing Nature of Adolescence in the Kassena-Nankana District of Northern Ghana.” *Studies in Family Planning* 30, no.2 (1999): 95-111) in a study of adolescence in a remote district of northern Ghana about the emergence of “sugar daddies” and prostitution, both attributed to rising levels of poverty .

122 The SHAZ! Project website is at www.wghi.org/research/shaz.htm

123 The Institute of Tropical Medicine, Antwerp is studying the impact of a comprehensive sexual and reproductive health program for adolescents in Kenya. For details, see page 35 herein.

Programs that Address Cross-Generational Sex

However, there is much to be learned from the programs that do exist. This section will look at these programs by approach, specifically through such approaches as 1) creating youth livelihood opportunities; 2) mobilizing and empowering youth to adopt healthy lifestyles; 3) advocacy and what Population Services International has termed “social advocacy” — general awareness raising and mobilizing public opinion to change a situation or social norm; 4) social marketing and edutainment; 5) health education and youth rights; 6) addressing power asymmetries, inequity, and poverty; and 7) addressing social and gender norms, including working with men. All the relevant programs identified through the literature search and key informant interviews are included in this review.

Creating Youth Livelihood Opportunities

Many of the interventions found link reduction of cross-generational and transactional sex with livelihood skills and opportunities. Most are not rigorously evaluated, although an intervention with youth peer educators, linked to an income-generation and micro-credit initiative in Tanzania, reported a reduction in STIs diagnosed in youth who participated.¹²⁴ Also, it is anticipated that the SHAZ! (Shaping the Health of Adolescents in Zimbabwe) Project, described below, will provide evidence on the effectiveness of economic and life-skills interventions in preventing unprotected sex among young female orphans.

The SHAZ! Project. The aim of the SHAZ! (Shaping the Health of Adolescents in Zimbabwe) Project is to “determine whether an innovative economic and life-skills intervention designed to increase control over sexual interactions prevents the adverse consequences of unprotected sex among out-of-school female orphans aged 16-19 in Zimbabwe.”¹²⁵ In other words, can education about reproductive health and life skills plus vocational training reduce the vulnerability of young orphan girls? The NIH-funded intervention,¹²⁶ which builds on formative research begun in 2002 and a small micro-credit pilot study conducted from March 2004 to February 2005, is being evaluated for its effect on the acquisition of HIV and other STIs as well as unintended pregnancy.

In the SHAZ! intervention, begun in February 2006, half of the volunteers take part in an entire training package that consists of a vocational training program (integrated with practical business education, mentorship, and peer support groups with linkages to micro-finance) plus a life-skills education curriculum that delivers HIV/reproductive health education through the use of role plays, drawing exercises, and other techniques, to help participants negotiate the terms of their sexual relationships. The other half receives just the life-skills class. This intervention, which is

124 L. Masanyika and A. Kufakunoga, “Retaining Out-of-School Peer Educators by Meeting Livelihood Challenges in Sangabuye, Tanzania” (paper presented at XVI International AIDS Conference, Aug. 13-18, 2006, abstract no. THPE0404)

125 Information about SHAZ! is taken from the Women’s Global Health Imperative (WGHI) website (www.wghi.org/research/shaz.htm) as well as from personal communications with Megan Dunbar, project director, and Nancy Padian, principal investigator and director of WGHI.

126 SHAZ! is funded by \$5 million in grants from the U.S. National Institute of Child Health and Human Development. WGHI runs this project through the UZ-UCSF Collaborative Research Programme in Women’s Health in Zimbabwe.

embedded within a rigorous randomized evaluation framework, involves approximately 350 girls or young women. When completed by the end of 2008 (one year intervention plus one year post-intervention follow-up for each participant), it is hoped that this study will shed light on what measures will prove more protective of vulnerable young girls by measuring the incidence in each group of STIs/HIV/AIDS and pregnancy.¹²⁷

In the SHAZ! formative work, cross-generational sex was one of the sexual risk behaviors examined at length, according to Megan Dunbar, project director and co-investigator. Researchers found that it was far more common for girls to have relationships with men less than 10 years their senior, with five to six years being most common. In the on-going intervention, cross-generational sex is dealt with during the life skills sessions. “We talk about how older men are more risky as they are statistically more likely to be infected with HIV,” according to Dunbar. “We talk about how it is harder to negotiate safer sex based on the power imbalances due to age, economic status, etc.” In the evaluation tools used in SHAZ!, researchers ask about the first time participants had sex, and about all current relationships including sexual and non-sexual romantic relationships. Information is gathered on the age and sexual behavior of these partners, including transactional sex, and a scale is used that assesses relationship control and perception of power within these relationships.

“Thus, we are able to characterize the types of relationships these girls are having and we will be able to assess relationship control as it relates to age gaps—as well as if the intervention reduced risk within such relationships over the course of the intervention,” Dunbar said. Researchers are about halfway through the intervention evaluation so the first cohort of participants are completing their training programs and accessing their micro-grants. (If the girls in the combined intervention arm complete 80 percent of the course and pass all the exams, they are then able to access a small start-up grant that can be used for further training, to purchase capital equipment for business development or to pool with other participants to form cooperatives.)

While nothing has yet been published on this ground-breaking study, Dunbar did make some early predictions. “In preliminary analyses, it looks as though larger age gaps are NOT associated with HIV infection at baseline, but transactional sex is. So, my hunch is that at least in our population, it’s the transactional nature of older-partner relationships that shifts the power balance toward higher risk.”¹²⁸

Institute of Tropical Medicine in Nyanza Province, Western Kenya.¹²⁹ The Institute of Tropical Medicine, Antwerp, working through a local partner, has implemented a research intervention whose goal is to reduce HIV infection through a decrease in unsafe sexual behavior in young people. This multi-component program includes life-skills training as well as livelihood opportunities, reproductive health education, and health services. Unfortunately, the available

127 See also, M. Chase, “African Girls Taught to Say No to ‘Sugar Daddies’,” *Wall Street Journal*, Feb. 25, 2004.

128 From personal communication with Megan Dunbar. For further information see www.wghi.org/research/shaz.htm

129 See www.itg.be/itg/Departments/generalpage.asp?wpid=119&miid=48 and www.itg.be/itgtool_v2/Projecten/Project.asp?PNr=85291.

information does not specifically mention that cross-generational sex has been addressed.¹³⁰ The effects of the program will be assessed by a comparison between a baseline survey among youth in the general population and a follow-up survey. The project, funded by the Center for Disease Control (CDC), began in August 2002.

Plan International. In Tanzania, Plan's programs are in areas where most at-risk youth are out of school.¹³¹ Many adolescent girls have older sexual partners, putting them at risk of unwanted pregnancy, HIV infection, and other STIs.¹³² Plan's strategy is to train and support youth peer educators, who are linked to an income-generation and micro-credit initiative.¹³³ The objectives include promotion of behavior change among youth for prevention of HIV and other STIs and unplanned pregnancy; protection of youth against sexual abuse and gender-based inequality; enhanced collaboration between parents and youth for behavior change around youth sexual and reproductive health issues; and enhanced life skills that will assist youth to resist coercion by peers or older persons into sexual relations.¹³⁴ Peer educators receive skills training and the means to start commercial vegetable farming, as well as helping to establish a savings and credit association. Youth demand for condoms and attendance at health centers has increased in response to peer education. Health centers reported an initial spike in the numbers of youth diagnosed with STIs, followed by a steady decline in STIs in youth. One indicator of the sustainability of this program is that the capital available in the peer educators savings and credit association had increased from \$35 to \$218 by the end of 2005.¹³⁵

Hope for African Children Initiative. The Hope for African Children Initiative (HACI) supports youth affected by HIV/AIDS, focusing on prevention, improving service delivery, and general welfare of youth through broader linkages to livelihood opportunities.¹³⁶ CARE International is the lead organization for HACI in Malawi. CARE takes a rights-based approach to its work attaining HACI goals, based on principles of youth rights, and issues of equity and participation.

130 In 2001, the STD/HIV Research and Intervention Unit of the Institute of Tropical Medicine conducted a youth needs assessment in Nyanza Province, Western Kenya, the region most affected by the HIV epidemic. Among adults in the capital Kisumu, the prevalence of HIV infection was 25 percent. This assessment highlighted the inadequate responses of government and community to youth's most pressing needs. Based on the proposals that young people themselves brought up and on the current knowledge of what works, a multi-component program was designed. It aimed to provide appropriate sexuality and reproductive health education, training in life skills, personal counseling, and tailored health services to young people (ages 10 to 20 years) in two districts in Nyanza Province. It also offered opportunities in vocational training and livelihood skills, and support income-generating activities. The intervention planned that a network of youth peer educators would conduct outreach activities in the communities and refer young people to the youth center and the youth friendly clinic. The first youth center opened in March 2003 in Asembo sub-district. The baseline survey was undertaken March-April 2003 and in 2005 the evaluation of the Families Matter curriculum, designed to promote effective parent-child communication about sexuality, was completed. In December 2005 a first participatory stakeholder evaluation was conducted.

131 See www.plan-international.org/action/hiv/children/plandelelegates#peereducators.

132 Plan International, "Retaining Out-of-School Peer Educators by Meeting Livelihood Challenges in Sangabuye– Mwanza, Tanzania," concept note, Dar es Salaam, Tanzania (no date).

133 L. Masayanyika and A. Kufakunoga, "Retaining Out-of-School Peer Educators by Meeting Livelihood Challenges in Sangabuye, Tanzania" (paper presented at XVI International AIDS Conference, Aug. 13-18, 2006, abstract no. THPE0404).

134 Plan International, concept note on Tanzania.

135 L. Masayanyika and A. Kufakunoga, abstract no. THPE0404, 2006.

136 V. Kamowa, "Selling Sex for Three Sweet Potatoes: Using Rights-Based Approaches and Participation for Youth Reproductive Health Action" (Abstract for Panel Session A5, Global Health Council Annual Conference 2004, Washington, DC).

In Malawi, CARE undertook participatory learning and action (PLA) exercises with youth and adult stakeholders to understand and mobilize both youth and adults in rural communities. The PLA exercise identified the following issues:

- Limited opportunities to access information about sex, sexuality, reproductive health and HIV/AIDS;
- Early initiation of sex resulting in early pregnancies and associated risks;
- A health service delivery system that is not youth friendly – and unable to cater to youth needs;
- Cultural and religious beliefs and practices that hinder open discussion of sexual and reproductive health issues; and
- Limited livelihood opportunities for youth.

CARE concluded that youth should be given the opportunity to take a role in addressing the issues and, thus, a participatory learning approach is vital to understanding the complex nature of youth reproductive health issue. Participatory, rights-based approaches promote dialogue and community and health service participation, action, and monitoring. Youth-friendly training for health service providers equips providers to improve the quality of youth reproductive health services and linking local artisans promotes sharing of livelihood skills, where skills are constantly lost to AIDS.

Mobilizing and Empowering Vulnerable Youth to Adopt Healthy Lifestyles

Many authors describe interventions that link efforts to reduce cross-generational sex and youth involvement in transactional sex with participatory youth programs (without a livelihoods component) that build self esteem and foster empowerment.

Young Empowered and Healthy Initiative: Addressing “Something for Something Love” is a communications initiative of the Uganda AIDS Commission.¹³⁷ The aim of Young Empowered and Healthy (Y.E.A.H.) is to help young people (ages 15-24 years) in Uganda by raising awareness and taking action against “Something for Something Love,” using discussions and community actions. “Something for Something Love” is defined as sex given in exchange for favors, money or material goods. Y.E.A.H. points out that with this kind of relationship, the two people may both be willing or one of them may feel they are being forced. In contrast, Y.E.A.H. defines prostitution as giving sexual services for money under clear terms and conditions understood by both the prostitute and client and agreed to in advance. Y.E.A.H. suggests that most people consider prostitution bad and yet do not realize that “Something for Something Love” can be far more risky because of the power asymmetries exacerbated by giving and accepting favors. The “Something for Something Love” communications campaign seeks to raise awareness and inform youth, parents, and others about the risks of “Something for Something Love” including transactional sex between a girl and her (similar age) boyfriend or between a girl and older men, including teachers and “uncles”.¹³⁸

137 Y.E.A.H. receives financial and technical support from USAID/Uganda.

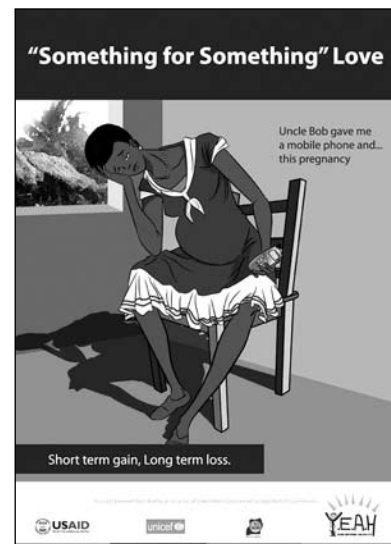
138 Y.E.A.H., “A Guide for Mobilising Communities to Act Against ‘Something for Something Love’” (Kampala: Uganda AIDS Commission, 2005). See also, www.aidsuganda.org/yeah.htm.

The campaign has published posters that appeal to young girls and older men—both warning of the dangers of “Something for Something Love” and promoting the strong family and moral values of a “real man” in Uganda. It has also produced a guide aimed at youth leaders for facilitating a series of meetings that raise community awareness and plan action within the community. Y.E.A.H. bases the concepts of what it means to be a real man in Uganda on earlier formative research undertaken with focus groups.¹³⁹ The conceptual framework as described in the 2005 strategy design workshop emphasizes the need to address the following behaviors:

- Early sexual activity
- Unprotected sex
- Serial faithfulness
- Multiple partners
- Inter-generational sex (cross-generational sex)

There are no published evaluation reports on the “Something for Something Love” campaign.

YouthAIDS, a PSI initiative, is working in more than 60 countries around the world to help stop the spread of HIV among young people. YouthAIDS and PSI place particular emphasis on at-risk young people and engage young people themselves to design and implement its youth programs. This approach stresses self-empowerment and healthy decisionmaking among youth, including the use of effective health products and services such as HIV counseling and testing. Programs supported by YouthAIDS focus on meeting the needs and educating at-risk youth groups through a variety of methods, including the use of music and television, peer education, and community mobilization.¹⁴⁰ The “Go-Getters” clubs¹⁴¹ are part of a pilot program for young women in Uganda that aims to build self-esteem and improve their perception of risk in cross-generational sex. Established in three universities, the clubs work with local businesses that provide skill-building internships, and with faith-based groups to train their members as peer educators.



“Something for Something” Love poster depicting a sad and pregnant young girl. Courtesy of the Y.E.A.H. project.

139 Y.E.A.H., “Sexual and Reproductive Health Strategy Design Workshop 2005” (Kampala: Uganda AIDS Commission, Kampala), accessed online June 1, 2007 at www.aidsuganda.org/YEAH-UAC%20DATA%20-%20LINK/YEAH%20Strategy2.pdf.

140 See YouthAIDS on the PSI website, at http://projects.psi.org/site/PageServer?pagename=home_homepageindex.

141 T. Rukandema, “Uganda: ‘Go-Getters’ Fight Cross-Generational Sex,” in PSI News, 2004, www.psi.org/news/1004c.html, accessed online June 1, 2007.

The **International AIDS Alliance** believes that a comprehensive and integrated approach that addresses the underlying causes of people’s vulnerability and risk of HIV infection is the most effective way to minimize HIV transmission.¹⁴² In Eastern Province, Zambia, where cross-generational sex is a key driver of the epidemic, the Alliance works to empower young people to reduce their risk behaviors. At the same time, it promotes responsibilities in older people so that communities will not turn a blind eye to older men involved in cross-generational sex, addressing the unequal power relationship between young and older people and males and females.¹⁴³ Early forced marriage to older men; rape and sexual abuse by older men and women; and pressure from older men and women to have sex in exchange for goods and favors are common. The program works with communities and primary/junior secondary schools to create “whole school sites” with the aim of preventing unwanted pregnancies, HIV, and other STIs. The key stakeholders—teachers, traditional counselors, health workers, parents, community leaders, and young people—are engaged in a participatory process using interactive tools (participatory learning and action) in a Stepping Stones–like methodology and self-selected gender and age peer groups. Topics addressed include:

- Young people’s rights, including the right to refuse early forced marriage;
- Gender roles and gender inequality, stigma, and discrimination;
- Sexuality, how to manage sexual feelings safely and safer sexual practices; information on HIV and STIs, reproductive health, and contraception for the sexually active;
- Caring relationships and communication, assertiveness, and negotiation skills and virtues, such as caring, trust, and courage; and
- The relationship between material needs and sexual behavior—young people reflect on the benefits and costs of cross-generational sex as an economic strategy and what options they have available to them to progress in their lives safely and happily.

Key stakeholders work together to create safer and more caring environments, linking implementation of statutory and customary law and rights, community strategies for preventing and dealing with abuse and collective empowerment of young people to protect themselves.

The Alliance has also developed a new Gender and Sexuality Toolkit in Zambia, which has interactive activities to help younger and older men and women reflect on how gender relations and sexual culture affects well-being, including HIV transmission. This also generates discussions about cross-generational issues.¹⁴⁴

142 International HIV/AIDS Alliance, *HIV Prevention*, <http://www.aidsalliance.org/sw7185.asp>, accessed online June 1, 2007.

143 From a discussion with Gill Gordon, Senior Program Officer for Prevention, International AIDS Alliance, Brighton, UK.

144 The toolkit is available at www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=257.

Advocacy and “Social Advocacy”

Population Services International has focused much of its efforts on raising awareness about the dangers of cross-generational sex and on advocacy for increased funding for programs that address the practice.¹⁴⁵ In 2005, as part of the organization’s advocacy work, PSI’s YouthAIDS Global Ambassador, and member of the Board of Directors, Ashley Judd, testified to the U.S. Senate Foreign Relations Committee on the need to address both cross-generational sex and sexual violence.¹⁴⁶

PSI uses the term “social advocacy” to include general awareness raising and mobilizing public opinion to change a situation or societal norm. In 2003 PSI wrote an opinion piece for the *Washington Times* on cross-generational sex and the AIDS epidemic in Africa,¹⁴⁷ that also urged the President’s Emergency Plan For AIDS Relief to emphasize prevention through addressing cross-generational sex as a central component of its AIDS efforts. PSI also supports advocacy and social advocacy in its program countries. PSI-generated news items on “sugar daddies” and infection with HIV have been reported through the Associated Press¹⁴⁸ and through IRIN news¹⁴⁹ and have raised awareness of the problems of cross-generational sex. In an issue of *Profiles*,¹⁵⁰ PSI advocated for a comprehensive approach to meeting the needs of vulnerable women and girls with interventions tailored to their needs and circumstances. One example described fighting cross-generational sex in Uganda.¹⁵¹

PSI argues that cross-generational sex is fundamentally a contextual problem and must be dealt with as such.¹⁵² Changing the context means expanding behavior change communications to embrace *social advocacy* for change in societal norms rather than only focusing on changing young girls’ or older men’s behaviors in cross-generational relationships. This is rooted in social change theory as well as individual behavior change theory. PSI argues that social advocacy — aimed widely at communities and not just targeted at the most vulnerable — will create a social movement for changing the acceptance of cross-generational sex. Social advocacy should go beyond cross-generational sex, and seek normative change in attitudes toward sexual violence, gender inequality, and related issues. PSI suggests that spawning a social advocacy movement to change the context of sexual relations will require broad partnerships — and the public health community and donors can play a role in this by:

145 Based on a telephone discussion with John Berman, Senior Director, AIDSMark, September 21, 2006; email exchanges with PSI staff; review of literature from the literature search; and materials provided by PSI.

146 A. Judd, *Stopping Cross-Generational Sex and Sexual Violence to Protect Young Women from AIDS in Developing Countries: A Call to Action* (Washington, DC: Population Services International, 2005).

147 E.C. Green and J. Berman, “Liaisons Fueling AIDS in Africa,” *The Washington Times*, Dec. 26, 2003.

148 “Africa: Focus on the ‘Sugar Daddy’ Phenomenon,” *IRIN/PLUSNEWS*, July 24, 2003, Johannesburg, South Africa.

149 Associated Press, “‘Sugar Daddies’ Give Teens AIDS,” *CBS News*, July 14, 2004, Bangkok, Thailand.

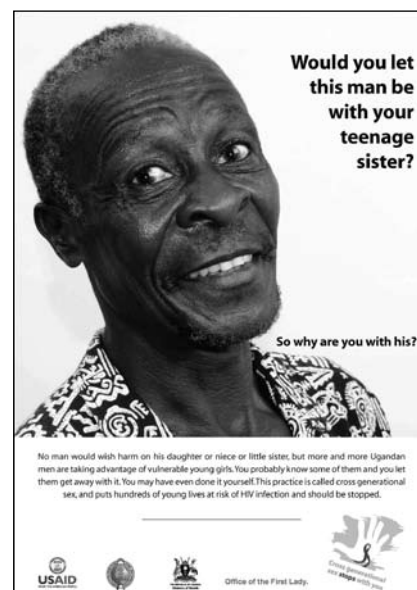
150 PSI Profiles, “Reaching Vulnerable Girls and Women Through a Balanced and Targeted Approach” (Washington, DC: PSI, 2005).

151 Funded by the President’s Emergency Plan through USAID.

152 J. Berman, “Social Advocacy for AIDS Prevention” (a PowerPoint presentation to the Council on Foreign Relations, 2004).

- Helping to organize/inspire/facilitate a broad societal response;
- Developing mass media interventions to support partners' social advocacy efforts;
- Developing/implementing individual behavior change communication programs that target, principally, young women and help them to understand their risks, rights, and choices; and
- Implementing traditional monitoring and evaluation programs to assess results and progress.

Panos London aims to ensure that the perspectives of the people whose lives are most affected by development (mainly the poor and marginalized) are included within decisionmaking and that decisions are subject to their scrutiny and debate. For World AIDS Day 2004, Panos developed a media toolkit addressing the needs of adolescents.¹⁵³ This highlighted key interventions needed to prevent HIV infections in young women, including addressing and exposing the complexities of cross-generational sex, and developing empowerment strategies for young women. The toolkit provides an overview of the issues and for each an example of a media report and guidance on what the media can do, grounded in questions related to what is happening in the journalist's own country. Four supporting references are hyperlinked to websites providing further information. Helping journalists to understand that HIV/AIDS is not only a medical issue, and specifically to be aware of the dangers of cross-generational sex and the determinants of this behavior, is an important step in what PSI has called "social advocacy."



Poster from Uganda on cross-generational sex. Courtesy of PSI.

Both Panos and PSI believe in the power of the mass media to shape public opinion about social issues such as cross-generational sex, although PSI uses the term "social advocacy" to connote the active harnessing of the power of the media.

Social Marketing and "Edutainment"

A number of interventions using the media, including theater, television and radio spots, and billboards as well as interpersonal communication to address cross-generational sex have been described, but not yet rigorously evaluated.

PSI/Kenya. Recognizing that little had been done to date to address cross-generational sex, and to improve their own programmatic response to cross-generational sex, PSI/ Kenya conducted in-depth formative research with both young women and older men.¹⁵⁴ From this, PSI developed a two-prong programmatic strategy to reduce societal acceptance of cross-generational sex: first,

153 Toolkit, *Adolescents* (London: Panos, 2004). See www.panos.org.uk.

154 J. Berman, "Pilot Intervention to Address Cross-Generational Sex in Kenya," (Abstract for Panel Session A5, Global Health Council Annual Conference 2004, Washington, DC) .

using the mass media to change the social norm; and, second, through interpersonal activities with young women to reduce peer pressure for cross-generational sex, improve self-esteem of girls, increase young women’s understanding of the risks of sex with older men, and encourage healthier lifestyles generally. The mass media strategy was sustained for one year, but financial constraints limited the interpersonal strategy, which never achieved scale. PSI concluded that reducing the prevalence of cross-generational sex in Kenya, and the infection of young women with HIV by older men, requires a large-scale and sustained programmatic intervention. PSI now includes “reduce cross-generational sex” under the goals of a number of their social marketing activities and proposed projects.¹⁵⁵



A poster produced by 100% Jeune warns of the dangers of having sex with Sugar Daddies. Courtesy of PSI.

100% Jeune. In Cameroon, as part of the *100% Jeune* program,¹⁵⁶ a serial radio drama, “Solange: Let’s Talk about Sex,” tackled difficult issues such as cross-generational sex, HIV testing, and parent-child relationships, in 18 segments aired on public and private radio stations.¹⁵⁷ PSI’s local partner in Cameroon launched a new campaign addressing cross-generational sex in 2005 with funding from GTZ and USAID, in collaboration with Family Health International and others. A number of materials are available including:

- A report and PowerPoint presentation on the baseline study (in French);¹⁵⁸
- Posters in English and French (“No to ‘Sugar Daddies’ to HIV & AIDS” or “Non aux sponsors au VIH/SIDA”), some segmented to appeal to parents and some segmented to appeal to “sugar daddies”;
- Short, 45-second radio spots in French and English, segmented to inform parents and segmented to appeal to girls and young women; and
- TV spots and news reports on the program from both French media and English media.

Plan Kenya. Plan has focused on adolescent sexual and reproductive health in its country programs for many years as part of its “Growing Up Healthy” life cycle programming. In 2000, Plan Kenya collaborated with Ipas and the Center for Adolescent Studies in Nairobi in an innovative effort to reduce teenage pregnancy and abortion. This program in part used interactive drama — with trained facilitators to lead discussions on the drama content with the audience — that involved a school girl seduced into a relationship with an older man by gifts and promises of marriage. The drama ended with the schoolgirl’s death as the result of a botched back street abortion, deserted by her “sugar daddy.” The drama explored the girl’s relationships with her

155 www.psi.org/our_programs/fbo2.html, accessed online June 1, 2007.

156 The 100% Jeune program is a social marketing and communication initiative in Cameroon that promotes adolescent reproductive health by empowering youth to practice safe sex, by promoting dialogue about adolescent reproductive health in the community, and by making condoms accessible to youth. The website (in French only) can be found at <http://www.reglo.org/>.

157 J. Neukom and L. Ashford, *Changing Youth Behavior through Social Marketing* (Washington, DC: Population Reference Bureau and Population Services International, 2003).

158 F.T. Ndonko et al., *Argent, sexe et mensonges: Etude sur la Sexualité Transgénérationnelle au Cameroun* (Yaounde, Cameroon: Cameroon Social Marketing Association, 2005).

father and mother as well as her own values.¹⁵⁹ It has recently been made into a video, “The Great Betrayal,” filmed by the Pacific Institute for Women’s Health.¹⁶⁰

CARE/USA. In the U.S., CARE addresses the problem of abduction and rape of girls and young women by older men through its use of interactive forum theater. The drama presents an abduction and following this a discussion in which the audience explores how it might change the situation. This methodology engages community members in discussion about power dynamics, power differentials, responsibility and rights, and allows audience volunteers to practice challenging the norm.¹⁶¹ There is early evidence of small changes in social dynamics, of what is considered “normal”. Personal changes include increased realization that concepts like “gender” can and do change; and personal transformations (open communication and empowerment) do occur within relationships. External changes include increased public discussion on taboo topics and increased tolerance for behavior that defies harmful norms.¹⁶²

Health Education and Youth Rights

“**Circle of Hope.**” Based on work with children and youth orphaned or made vulnerable by AIDS, Plan International has conceived a framework called “Circle of Hope: Children’s Rights in a World with AIDS.”¹⁶³ At the center of the circle are the boys and girls whose needs, rights, and entitlements govern Plan’s response to AIDS. The framework ensures programs are appropriate to the social, cultural, political, economic and epidemiological contexts of children in communities and countries impacted by AIDS with a rights-based approach in which children, families, and communities are active participants in their own development. Strategies include reducing gender inequalities, promoting youth-friendly health services, ending child marriage and abolishing child trafficking. Importantly, addressing cross-generational sex is one aspect in each of these strategies. The Circle of Hope is used as a conceptual framework when Plan and its partners design and evaluate programs, thus ensuring that protecting young girls against exploitation by older men is addressed in all such youth programs.

Specific examples of current Plan programming¹⁶⁴ that protect youth from transactional (often cross-generational) sex include provision of support to education and vocational training (fees, uniforms, books) for orphans and other vulnerable children in Zimbabwe.¹⁶⁵ The program provided education support to 5,578 orphans and vulnerable children and youth, according to a midterm review.¹⁶⁶ In Ethiopia, a 2004 baseline survey of risky sexual practices among youth

159 Ruth Hope visited Plan Kenya’s program and saw a performance of the drama in May 2002.

160 P.O. Odhiambo, personal communication, 2006.

161 D. Bartel et al., *Community-based Methods to Address Social Inequities in Sexual and Reproductive Health*. A PowerPoint Presentation (Atlanta, GA: CARE USA, 2006).

162 Bartel et al., 2006.

163 J. Decosas et al., *Circle of Hope: Children’s Rights in a World with AIDS*. (Woking, UK: Plan, 2006).

164 Based on email discussion with Penina Ochola Odhiambo, Health Advisor East & Southern Africa, and review of documentation provided by Plan Kenya and Plan Region of East and Southern Africa.

165 Funded by Plan’s Netherlands National Office.

166 Midterm Review, *Circle of Hope Project – Plan Zimbabwe* (Johannesburg, South Africa: Plan Resa, 2006).

informs programming.¹⁶⁷ Youth (ages 15-24) were reached using focus group discussions and key informant interviews. Although the male partners of the young women were on average eight years older, and there were many risk behaviors among the sexually active youth, nearly 79 percent of the youth had not reached sexual debut. Therefore, Plan Ethiopia's approach has been segmented — promoting continued abstinence until marriage for the majority of youth while designing interventions to reduce the risk behaviors of sexually active youth.

The Sugar Daddy Awareness Campaign in Kenya. In Kenya, a quasi-experimental intervention studied the effectiveness of school health education in reducing cross-generational sex, and tested the effects of providing information on relative risks of being infected with HIV.¹⁶⁸ A local NGO conducted a risk-awareness campaign, called the “Sugar Daddy Awareness Campaign,” in 71 schools randomly selected from 328 schools. In the intervention, the teenagers were shown a 10-minute video of the risk of pregnancy associated with sexual partnerships with adult men, followed by an open discussion on cross-generational sex. During the discussion, the NGO representative informed teenagers that compared to relationships between teenage peers, cross-generational sexual relationships—defined as sex between teenage girls and adult men five or more years their senior—pose a higher risk of HIV infection for teenage girls. The representative shared results of studies on the role of cross-generational sex in the spread of HIV and wrote on the black board information on HIV prevalence disaggregated by sex and age in the nearby city of Kisumu—a place familiar to the students. The prevalence data had been published by the World Health Organization and reported in the Kenyan government brochure *AIDS in Kenya*.¹⁶⁹ Teenagers in the remaining 257 schools, the comparison group, did not receive this information. The researchers followed up six to 12 months after the intervention to collect data on the impact of the information on behaviors and outcomes.

The findings, which have not yet been published in a peer reviewed journal, showed a 65 percent decrease in incidence of pregnancies by adult partners among the girls in the intervention group relative to the comparison group, suggesting a reduction in the prevalence of unsafe, cross-generational sex. There was also an increase in self-reported sexual relations among teenagers with their peers, suggesting a substitution effect, but without an increase in pregnancy rates, triangulating self-reports of increased condom use. At the time of reporting, prevalence of HIV infection among the teenagers was not known but the researchers planned to survey the teenagers once they reach 18 years of age.

167 A. Jemal et al., *Sexual Behavior Among the Youth in Bugna District* (Addis Ababa: Plan Ethiopia, 2004).

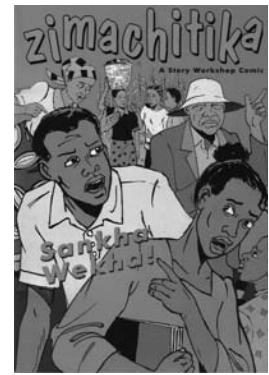
168 P. Dupas, “Relative Risks and the Market for Sex: Teenagers, Sugar Daddies and HIV in Kenya,” available at MPRA, Paper 248, University Library of Munich, Germany, revised Aug 2006; accessed online June 1, 2007 at http://mpra.ub.uni-muenchen.de/248/01/MPRA_paper_248.pdf.

169 G.M. Baltazar et al., eds., *AIDS in Kenya: Background, Projections, Impact, Interventions and Policy, 6th Edition* (Nairobi, Kenya: National AIDS and STDs Control Program/MoH, 2001).

Addressing Power Asymmetries, Inequity, and Poverty¹⁷⁰

CARE International's programming is underpinned by a commitment to addressing inequity and the underlying causes of poverty. CARE's Health Strategy promotes collaborative actions to identify, prevent, and manage risks to health and to address underlying causes of poor health.¹⁷¹

Many of CARE's education programs and sexual and reproductive health programs address the power differentials that are a risk factor for the younger partners in cross-generational sex. CARE's education programs work to build stronger relationships and commitment of parents and teachers for improved quality of educational services, including oversight and accountability for teachers who may be demanding sex in return for grades. In collaboration with UNICEF, WHO, and local ministries of education, CARE has developed guidelines for preventing school-based abuse and for establishing school-based campaigns to prevent abuse in Mozambique. CARE Malawi has developed educational materials in the form of comic books to address the issues of cross-generational power differences in sexual relationships between older adults and adolescents.¹⁷²



Zimachitika comic book, courtesy of CARE Malawi.

Within sexual and reproductive health and HIV prevention programs, activities focus on raising awareness about social norms and personal choice through power and vulnerability mapping and exploring the local norms for women generally, as well as vulnerable groups. CARE's Innovations Projects, funded by its Reproductive Health Trust Fund, which is supported by USAID, are located in the Republic of Georgia, Malawi, Sierra Leone, and Uganda. These projects explore new ways of identifying and addressing the underlying causes of poor sexual and reproductive health, using "social analysis."¹⁷³ Early results are showing promising evidence of change in social norms related to gender vulnerability. For example, CARE has adapted the Auntie Stella materials for use in post-conflict Sierra Leone.¹⁷⁴ Use of these materials facilitates discussion among students and teachers about the power differences between teachers and students, and what to do if a teacher or other adult is pressuring an adolescent to have sex. This curriculum has been adopted as part of the official Ministry of Education curricula for public school in Sierra Leone. CARE also has programs addressing children vulnerable to abuse, including trafficked children and youth, street children, and institutionalized children.

170 Based on a telephone discussion with Doris Bartel, Senior Program Adviser for Sexual and Reproductive Health, and follow-up email correspondence with Bartel and her colleagues.

171 J. Sarn, CARE's Health Strategy. *Health Matters – A Global Health Newsletter*: January 2004 (Atlanta, GA: CARE USA, 2004).

172 For example, see Story Workshop, *Zimachitika*, about a long-running radio soap opera about food security and rural development, accessed online June 1, 2007 at www.storyworkshop.org/our_approach/radio/soap_operas/index.html.

173 CARE, *Social Analysis: Looking for Doorways into Development Challenges* (Atlanta, GA: CARE, 2006). See also L. Palmer, *Addressing the Social Dynamics of Sexual and Reproductive Health: CARE's Explorations with Social Analysis and Community Action* (Atlanta, GA: CARE, 2006).

174 See "Auntie Stella: Teenagers Talk About Sex, Life, and Relationships," at www.auntiestella.org, accessed online June 1, 2007.

Addressing Social and Gender Norms

The importance of addressing gender and sexual norms was raised repeatedly by those interviewed for this review as well as in much of the literature. As cross-generational sex is fueled by disparities in gender, economic, and social status between young women and older men, in societies where men are encouraged to have several (often concurrent) sexual partners, and where older men's practice of taking one or more adolescent girl sexual partners is condoned, it is clearly critical to include changing gender norms and engaging men as partners in reducing cross-generational sex. The following are some examples of programming that attempt to do this. Although the program's main focus may not be reducing cross-generational sex, there is empirical evidence from Program H in Brazil that programs working with men can successfully change gender beliefs and behaviors. In addition, there is evidence from South Africa that by using Stepping Stones, communities can engage in discussion and action for social change around sexual and relationship issues, and work together to support change in individuals' behaviors.

KANCO. Kenya AIDS NGOs Consortium (KANCO) is a national membership network of nongovernmental, community-based and faith-based organizations involved or interested in HIV and AIDS activities in Kenya.¹⁷⁵ KANCO has received funding from Norwegian Church Aid to enhance male involvement in HIV and AIDS prevention care and support. One aspect of the three-year "Working for Change with Men" program, which started in January 2003, was addressing cross-generational sex. In Kenya, there is social approval and lack of sanctions against older men engaging in cross-generational sex as well as perceptions of masculinities that fuel the practice. A major focus of the project was building the capacity of member organizations to engage men in the fight against HIV/AIDS. Monitoring and evaluation was undertaken at process and output levels but information is not available on the interventions that addressed masculinities and cross-generational sex, or evidence of their success.¹⁷⁶

Men as Partners. EngenderHealth pioneered the Men as Partners (MAP) program in South Africa in 1996 in collaboration with Planned Parenthood Association of South Africa (PPASA).¹⁷⁷ The MAP network strives to create a society in which men and women can enjoy equitable, healthy, and happy relationships that contribute to the development of a just and democratic society. MAP works with men to promote gender equality, end domestic and sexual violence, and reduce the spread and impact of HIV/AIDS.

175 For KANCO project details, see "Working for Change with Men in Fighting HIV/AIDS in Kenya," www.kanco.org/projectdetails.php?ProjectID=16, accessed online June 1, 2007.

176 KANCO, "Lessons Learnt in Working for Change with Men in Fighting HIV & AIDS in Kenya" (Nairobi, Kenya: Kenya AIDS NGOs Consortium, 2006).

177 Based on personal communication with Kent Klindera, MAP Senior Technical Advisor on Gender and Youth, EngenderHealth, South Africa.

Initially, the activity consisted of educational workshops with men or men and women, lasting from an hour to a week, with more people reached with messages through the mass media. EngenderHealth with PPASA developed the curriculum for the workshops. However, the focus of activity has expanded to include making strategic partnerships with local organizations that form the MAP network and provide a broad movement for change. MAP evaluations have demonstrated that

- 71 percent of past MAP workshop participants believed that women should have the same rights as men, whereas only 25 percent of men in the control group felt this way;
- 82 percent of the participants thought that it was not normal for men to sometimes beat their wives, whereas only 38 percent of the control group felt that way.¹⁷⁸

And that

- Before participating in a workshop 43 percent of the men disagreed or strongly disagreed with the statement that sometimes when a woman says “no” to sex, she doesn’t really mean it; three months after the workshop 59 percent disagreed or strongly disagreed with this statement.
- Before the workshop, 61 percent of the men disagreed or strongly disagreed with the statement that women who dress sexy want to be raped; three months after the workshop, 82 percent disagreed or strongly disagreed with this statement.¹⁷⁹

Instituto Promundo Program H. Horizons collaborated with Instituto Promundo to undertake a quasi-experimental evaluation of Program H, an integrated gender equality and health promotion initiative for young men in Brazil.¹⁸⁰ One intervention component consisted of interactive group education sessions for young men led by adult male facilitators. The other was a community-wide “lifestyle” social marketing campaign to promote condom use, using gender-equitable messages that also reinforced those promoted in the group education sessions. One arm of the study focused on the group education only, while a second arm provided a combination of both interventions, and a third arm delayed intervention to allow for a control period. At baseline, more than 70 percent of the young men were sexually experienced, with sexual initiation taking place at an average age of 13. Agreement with inequitable gender norms on the Gender-Equitable Men (GEM) Scale was significantly associated with both physical and sexual violence against a partner. A comparison of baseline and six-month post-intervention results gathered at the intervention sites revealed that a significantly smaller proportion of respondents supported inequitable gender norms over time, while a similar change was not found at the control site. These positive changes were maintained at the one-year follow-up in both intervention sites.

178 D. Peacock, “The South African Men as Partners Network: Mobilizing Men for Gender Justice,” PowerPoint presentation at IGWG technical update on gender-based violence, November 30th, 2005, Washington, DC. Accessed online June 1, 2007, at www.igwg.org/eventstrain/presentations/Peacock_Web.ppt. No baseline values presented in the PowerPoint presentation.

179 D. Peacock and A. Levack, “The Men as Partners Program in South Africa: Reaching Men to End Gender-Based Violence and Promote Sexual and Reproductive Health,” *International Journal of Men’s Health* 3, no.3 (2004): 173-188.

180 J. Pulerwitz et al., *Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy* (Washington, DC: Horizons/Population Council, 2006).

Challenging and Changing Gender Attitudes in India.¹⁸¹ A participatory group intervention to promote gender equity, adapted from Instituto Promundo’s Program H, has been piloted with young men from low-income communities in Mumbai, India. The project involved formative work on gender, sexuality and masculinity, and educational activities with young men ages 18-29 years over a six-month period. Almost all the 126 men actively participated in the activities and appreciated having the opportunity to discuss the issues. Evaluation interviews showed that attitudes toward gender and sexuality, as reported behavior in relationships, had often changed. A survey two months later also showed a significant decrease in support for inequitable gender norms, and less sexual harassment of girls and women.

Engaging Men in Gender Equality: Positive Strategies and Approaches. This overview and annotated bibliography,¹⁸² funded by Irish Aid, provides a useful review of the conceptual shift from women in development to gender and development and an emphasis on gender *relations*. There is discussion of vulnerabilities and powerlessness, and reminders that men may be vulnerable and powerless — for example, in situations where there are social hierarchies such as the caste system. Other men may be forced through peer pressure into dominant masculine norms with which they are not comfortable. Some hold this argument to have a strong connection with cross-generational sex, stating, for example, that the term “sugar daddy” should be avoided as it is a derogatory term and a stereotype that could alienate the very men programs might seek to influence. The author goes on to discuss strategies for change, emphasizing that men must be seen as agents for change and participants in reform; potential partners and allies in striving for gender justice. The overview provides case study examples from the literature illustrating the arguments and lessons learned, and then, in part two, an annotated bibliography with links to the actual publications.

Strategies and Tools for Working with Men and Boys.¹⁸³ Based on a three-day workshop held in Delhi, India, in 2004, this publication reviews the theories of gender and socialization, and why some males selectively use violence. Broad strategies are discussed for addressing violence and the methodologies and tools for putting the strategies into action. Interventions are discussed at the personal and structural/institutional levels. A framework is presented for working with men and boys, and examples of action plans for instituting change in the participants countries are reviewed.¹⁸⁴

181 R.K. Verma et al., “Challenging and Changing Gender Attitudes Among Young Men in Mumbai, India,” *Reproductive Health Matters* 14, no. 28 (2006):135-143.

182 E. Esplen, *Engaging Men in Gender Equality: Positive Strategies and Approaches Overview and Annotated Bibliography* (Brighton, UK: Institute of Development Studies, 2006).

183 N. Bandhari, *Strategies and Tools for Working with Men and Boys to End Violence Against Girls, Women and Other Men* (Kathmandu, Nepal and New Delhi, India: Save the Children Sweden and UNIFEM, 2005).

184 The Framework is reproduced in Annex I of this report.

The African Transformation Project¹⁸⁵ “African Transformation” is a participatory tool that enables men and women to examine gender and social norms, including masculinity, and how they affect their well-being; to overcome gender barriers in their own life; and to work on eliminating harmful gender norms and supporting positive ones. It applies a transformational approach to facilitate more gender-equitable societies through a process of exploration and activating change based on women’s and men’s critical examination of how gender norms operate in their own lives, their families, and communities. The Africa Transformation kit comprises a series of nine profiles in audio, video, and written formats, of women, men, and couples from Tanzania, Uganda, and Zambia who overcame gender barriers and challenges in their own lives and thus became role models to others. Their profiles are viewed during community workshops where discussions are led by trained facilitators using a guide.¹⁸⁶ The evaluation of the project has not yet been published, and while it has potential to transform gender perceptions by challenging stereotypes, it is not specifically designed to address cross-generational sex or sexual risk taking.

Stepping Stones. Stepping Stones is a training package on gender, HIV, communication and relationship skills.¹⁸⁷ It is also a life-skills training package, covering such life aspects as why we behave the way we do; how gender, generation, and other issues influence this; and ways in which we can change behavior. The Stepping Stones methodology takes communities through a series of facilitated focus group discussions where young women, older women, young men, and older men have a space and private time with their own self-defined age and gender peers to address gender and relationship issues together. The methodology also provides a process and skills for reporting back to the wider community on the concerns and solutions identified in the focus group discussions. Drama and role-plays are commonly used to help people communicate about subjects that are not normally spoken about openly — with others in the community or within the family. Because the training package engages men and women to work together, it provides a process for reconciliation of differences and for engaging men as allies in the transformation of social norms including gender roles and relations. Stepping Stones promotes gender equity, inter-generational respect, and solidarity with HIV-positive people in a human rights framework and, as such, is an important resource for those seeking to transform gender roles and create a more gender-equitable society.¹⁸⁸

185 See www.m-mc.org/mmc_search.php?sp=&ref_crmb=&ref_id=&step=results&view=detail&detail_id=PL_AFR_302&adv=mat.

186 African Transformation, *The Way Forward: Facilitator’s Guide* (Baltimore, MD: Health Communication Partnership, 2005); accessed online June 1, 2007 at <http://db.jhuccp.org/mmc/media/PLAFR302.PDF>.

187 Based on discussion with Alice Welbourne, author of the original Stepping Stones training package, and information from the Stepping Stones Users’ Group, and the Stepping Stones feedback website: <http://www.steppingstonesfeedback.org/>

188 See IGWG, *Involving Men to Address Gender Inequities: Three Case Studies* (Washington, DC: PRB for the Interagency Gender Working Group, 2003).

In the early days of the use of Stepping Stones in Uganda, Professor Rose Mbowa, Director of the Department of Music, Dance, and Drama at Makerere University and the first principle trainer in Uganda, documented that young women (ages 14-16) in a focal group in Entebbe disclosed sexual abuse/violence. Older men in their community had repeatedly sexually assaulted many of the girls when they went to the market after school to sell food for income. When they made their “community request” (part of the Stepping Stones methodology) these girls requested their parents and their guardians to give them enough funds to meet their needs without having to go to trade in the market where they risked sexual assault.¹⁸⁹

One Stepping Stones review — for male involvement — was funded by USAID’s Interagency Gender Working Group (IGWG).¹⁹⁰ Barker and Ricardo (2006) provide a comparative analysis of different approaches to applying a gender perspective in working with young men in Africa that includes a review of Stepping Stones and Men as Partners in South Africa.¹⁹¹ The authors conclude that both Stepping Stones and Men as Partners are interventions worthy of increased investment to allow them to be used and evaluated more widely. Another recent evaluation of Stepping Stones reviews and synthesizes all the previous evaluations — many of which are not rigorous. It documents a progression from early evaluations that looked at how Stepping Stones was being used (evaluating the implementation process), through impact assessments that attempted to document the changes in the community and in individual behavior that resulted from Stepping Stones having been used; to a random cluster controlled trial of the use of Stepping Stones in South Africa. This evaluation also establishes standards for future field evaluations to strengthen the evidence for the effectiveness of Stepping Stones that will triangulate practitioners’ enthusiasms and assertions about its ability to garner social and individual change.¹⁹²

And most recently, a March 2007 evaluation of Stepping Stones released by the South African Medical Research Council hailed it as the “first ever behavioural intervention study that provides evidence of success in bringing about changes that reduced STIs in study participants.”¹⁹³ While the study did not address cross-generational sex per se, it did address sexual risk taking and gender-based violence. Researchers concluded: “Our findings provided considerable evidence that Stepping Stones is a useful HIV prevention intervention and is successful in changing a range of different men’s behaviours, and thus is deserving of further development and investigation.”¹⁹⁴

189 R. Mbowa, *Rehearsing for Reality: Using Role-Play to Transform Attitudes and Behaviour*. PLA Notes #29, 43-47 (London: IIED, 1997), accessed online June 1, 2007, at www.iied.org/NR/agbioliv/pla_notes/documents/plan_02910.PDF.

190 G. Gordon and A. Welbourne, “Stepping Stones,” *Life Skills and Sexual Well-Being: A Desk-Based Review. An Examination of the Effectiveness of this Training Package, Highlighting Male Involvement*,” accessed online June 1, 2007, at www.unicef.org/lifeskills/files/ReviewSteppingStones2001.doc.

191 G. Barker and C. Ricardo, “Program Approaches Applying a Gender Perspective in Working with Young Men,” in *Young Men and the Construction of Masculinity in sub-Saharan Africa: Implications for HIV/AIDS, Conflict and Violence*, Social Development Papers no. 26 (Washington, DC: World Bank, 2006).

192 T. Wallace, *Evaluating Stepping Stones: A Review of Existing Evaluations and Ideas for Future M&E* (Johannesburg, South Africa: ActionAid International, 2006).

193 South African Medical Research Council, “Stepping Stones Policy Brief,” March 9, 2007, at www.mrc.ac.za/pressreleases/2007/7pres2007.htm

194 See www.mrc.ac.za/policybriefs/steppingstones.pdf.

Community Conversations.¹⁹⁵ Community Conversations is an innovative process for breaking the silence and addressing factors fueling the HIV epidemic. As the name implies, community conversations are used to stimulate community-based responses, by empowering communities to generate insights on the underlying factors fueling the spread of HIV in their community. Following positive results in the pilot phase in Southern Nations, Nationalities and Peoples Region of Ethiopia,¹⁹⁶ use of Community Conversations has been mandated by the Ministry of Health for social mobilization of communities to respond to AIDS. Community Conversations is being up-scaled to more than 200 districts around the country. Since July 2002, use of Community Conversations in Ethiopia has registered tangible results, according to UNDP. Communities have started talking about issues that were previously taboo subjects. New leaders and partnerships are emerging. Men and women, parents and children, community elders and youth openly discuss issues of sexuality, HIV, and customary practices fueling the HIV epidemic. Individuals are taking responsibility for prevention by traveling long distances to utilize VCT centers, and village councils have forbidden the use of shared needles and blades. Communities are discontinuing customary practices that have existed for centuries because they have identified the practices as being harmful in the context of HIV. Examples of customs and practices that are being abandoned include female circumcision, multiple sexual partners, widow inheritance, and bride sharing. A UNDP video produced in Southern Nations in the pilot phase documents how one community has outlawed the practice of abduction and defilement of young girls by older men. The community not only determined that this example of cross-generational sex is harmful, but established sanctions against transgressors. Any man who is found to have abducted a young girl will be banned from membership of the local *idir* (mutual burial society), which in local terms is a serious sanction. Communities are also drawing on their own social capital to provide care and support for children orphaned as a result of AIDS.

195 Based on discussion with Ato Berhanu Legesse, Community Mobilization Officer, UNDP, Addis Ababa; see also the UNDP website at www.et.undp.org/hiv/hiv.htm.

196 One of the nine ethnic divisions of Ethiopia, often abbreviated as SNNPR.



NDITHA poster with message that translates to “My kids are important to me.” Courtesy of Johns Hopkins University Health Communications Partnership.

Nditha.¹⁹⁷ The Nditha! Campaign (“I can”) in Malawi is a multi-media effort combining radio, billboards, posters, and community outreach with a goal of preventing the spread of HIV/AIDS. Funded by USAID, it builds on research findings that, while men have a high degree of knowledge about HIV prevention, they have relatively low efficacy in terms of feeling they can actually do anything about it. Therefore, a program was developed that encourages men to be faithful and to spend quality time with their wife, children, friends and community members. It labels men who do this as “*bamboo wachitsanzo*” or “terrific guy,” one who is respected in his home and community. Among other things, Phase III, which is in design now, will deal specifically with increasing young women’s understanding of the potential dangers of being involved in relationships with older men — even five years older; heightening their risk perception so they can plan and take action (to avoid these situations, end relationships if they are engaged in them, get tested, negotiate to use condoms and so on); and find out more about men who may wish to be in relationships with them before doing so.

Evaluations of Nditha to date have not included the “terrific guy” component¹⁹⁸ and perhaps, in local concepts of masculinity, being a “terrific guy” does not exclude having a younger girlfriend.

197 See www.jhuccp.org/africa/malawi/nditha_campaign.shtml; Editor’s note: there are other programs that work with men to address prevention of HIV and may touch on cross-generational sex. One example from Malawi presented as a poster at the 2006 PEPFAR Implementers Meeting focuses on encouraging men to take responsibility for HIV prevention at family and community level. See www.blsmmeetings.net/implementhiv2006/Posters3.cfm; the program is technically supported by John Hopkins Bloomberg School of Public Health.

198 Personal Communication from Jane W Brown, JHUCCP.

V. Discussion & Recommendations

THERE IS MUCH THAT IS KNOWN ALREADY about cross-generational sex and the conditions under which it occurs. It is well documented that young women, ages 15 to 24, in sub-Saharan Africa are far more likely to be infected with HIV than their peer age group of young men. It is also known that many young women are infected by having sex with older men who are more sexually experienced. In the countries of southern Africa with the highest HIV prevalence rates, having sex with a man five or more years older — which is the norm in these countries — is associated with increased risk of HIV infection. Cross-generational sex, if defined as sex with a person 10 or more years older, is less prevalent but use of condoms decreases and risk of HIV infection rises with increasing age disparity between partners.

In reviewing the literature, one finds a range of drivers for girls and young women engaged in cross-generational sex — as Save the Children calls it, a continuum of volition — from voluntarily to violence or threats. Within this continuum there is often a middle ground, where young women may not be strictly coerced nor are they free from pressures — pressure from their peers to “conform” to norms; from their own desire for higher status perceived to come from material gifts, extra money or use of cell phones; from their need for books or school fees; from obligation to contribute to household income—pressures that often push young women into risky behaviors. Whatever the determinants of young women’s engagement in cross-generational sex, one thing is clear: asymmetries between them and their male sexual partners in social status, wealth, power, and decisionmaking make these relationships inherently risky for the young women.

Further, there is very little doubt that cross-generational sexual relations involve large disparities in economic status, knowledge, sexual experience and power over decisionmaking regarding practice of safer sexual behaviors. Older, sexually experienced men are frequently willing to give extra financial and material rewards for sex without use of condoms although evidence from Kenya¹⁹⁹ suggests that the same men practice safer behaviors in partnerships that do not include both age and economic asymmetries. Younger girls, disadvantaged by prevailing views of gender roles and behaviors, by lower economic power and less education, believe they will lose their older male sexual partner if they ask for safer sex.

Although there is good evidence for how programs can influence male behaviors to reduce gender inequalities, and male violence, there is insufficient evidence that these interventions alone can reduce cross-generational sex — or increase condom use in transactional sex between young women and their boyfriends or older sexual partners. Giving of gifts and favors is the norm in sexual relations — both in and out of marriage — in much of Africa,²⁰⁰ and the acceptance of such gifts greatly increases the power asymmetry between the man and the woman, greatly reducing her

199 N. Luke, “Confronting the ‘Sugar Daddy’ Stereotype,” 2005.

200 N. Luke and K. Kurz, 2002.

ability to negotiate safer sexual practices including refusing sex and use of condoms. More studies and evaluated interventions are needed to provide programmatic guidance on how to effectively address the harmful results of this transactional aspect to sexual relations, and ensure that all sex is safe from unwanted pregnancy, HIV, and STIs.

Gaps in Knowledge

Clearly, many questions remain and more concrete evidence is needed for what policy and programmatic interventions work to reduce cross-generational sex. In the long term, will interventions during adolescence counter the low self-esteem and vulnerability of girls that result from societal norms that discriminate against them financially, educationally, and in access to various other resources? In the short term, how does one ensure that girls in transactional relationships have the ability to negotiate safer sex and use of condoms, without which young women are at risk of unintended pregnancy, HIV infection, and other STIs? While we are beginning to understand why some girls seek out cross-generational relationships, we know little about how and why girls end these relationships. Furthermore, while a number of the existing interventions offer a glimmer of hope for addressing cross-generational sex, can any of these programs be scaled up and even replicated successfully in other countries?

Recommendations

Despite these gaps, the following recommendations can be derived from the information, studies, and interventions that do exist.

Reducing Sexual Risk Taking. According to Douglas Kirby of the National Campaign to Prevent Teen Pregnancy, the first of 10 characteristics of effective sex and HIV-education programs is a “focus on reducing sexual risk-taking behaviors.”²⁰¹ The risk-taking behaviors include cross-generational and transactional sex in sub-Saharan African countries where these are significant contributions to the increasing HIV prevalence in girls and young women. However, many authors argue that the focus must also include changing the social acceptability of such relationships and not just the risk-taking behaviors of the young girls and older men. Thus:

- **Recommendation 1.** When designing messages to reduce sexual risk taking by young people, it is important to recognize that youth easily discount risk of HIV infection with its consequences far in the future. Messages that focus on preventing events closer in time, such as preventing unintended pregnancy and the dangers of abortion and STIs, are more likely to influence behavior in cross-generational sex.²⁰²

201 Available at www.azdhs.gov/phs/owch/pdf/char_eff_prog.pdf ; see also www.unesco.org/hiv/IATT_Education/AIDS-Ed_1-23-03_Kirby.ppt.

202 See K. Hawkins, F. Mussa, and A. Abuxahama, *Milking the Cow*, 2005.

Giving explicit information about the greatly increased risk of HIV infection from sex with a man five or more years older, compared with a male partner of the same age, might also be effective.²⁰³

Education of Girls. Undoubtedly, education helps girls and women achieve greater control over their lives. Girls educated to secondary and tertiary levels are more likely to wait longer before having sex for the first time and are less likely to be coerced into sex; secondary education provides power to make choices that prevent HIV infection. Girls who complete primary education are more than twice as likely to use condoms; girls who complete secondary education are between four and seven times more likely to use condoms, and they are less likely to be infected with HIV.²⁰⁴ For girls and young women, higher levels of education translate into higher earning power in the job market. However, school enrollment and poverty are directly related. School fees and other formal and informal costs reduce the number of children who can stay in school; girls may drop out or they may engage in transactional sex with older men to help pay for their education.²⁰⁵

While schools and teachers are the most trusted source for young people to learn about HIV, and school attendance ensures greater understanding of prevention messages,²⁰⁶ school-based sexual health education is not so successful in addressing perceived susceptibility to risk.²⁰⁷ Further, low enrollment and attendance, limited teacher training, little access to teaching resources, and teaching practices such as corporal punishment,²⁰⁸ as well as male teachers' demand for sexual favors,²⁰⁹ challenge the provision of sexual health education in schools. Research from Tanzania²¹⁰ indicates that while female students generally have stronger literacy and numeracy skills, they have less knowledge about HIV and AIDS than their male peer students. This suggests that there are gender differences in how young people utilize knowledge acquired in school. Therefore, HIV-specific education and skills training may be required to increase the likelihood of prevention behaviors. While the Kenya study mentioned previously²¹¹ found that providing school girls with evidence that older men are more likely to be infected with HIV than boys in the same age group led to a reduction in pregnancies from cross-generational sex, the study needs longer follow up and evaluation in different settings by other researchers.

203 P. Dupas, "Relative Risks and the Market for Sex," 2005; see also, C.W. Dugger (2006) "Cheap Solutions Cut AIDS Toll for Poor Kenyan Youths," *New York Times*, Aug. 6, 2006.

204 J. Hargreaves and T. Boler, *Girl Power: Girls' Education, Sexual Behaviour and AIDS in Africa* (Johannesburg, South Africa: ActionAid International, 2006).

205 UNAIDS, *Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls, and HIV/AIDS in Southern Africa* (Geneva: Joint United Nations Programme on HIV/AIDS, 2004).

206 J. Hargreaves and T. Boler, *Girl Power*, 2006.

207 M.L. Plummer et al., *A Process Evaluation of a School-Based Adolescent Sexual Health Intervention in Rural Tanzania: The MEMA kwa Vijana Programme*, in *Hlth. Ed. Research* doi:10.1093/her/cy1103, published online October 3, 2006, and accessed March 1, 2007 at <http://her.oxfordjournals.org/cgi/content/abstract/cyl103v1>; see also, P. Dupas, *Relative Risks and the Market for Sex*, 2005.

208 M.L. Plummer et al., *Are Schools a Good Setting for Adolescent Sexual Health Promotion in Rural Africa? A Qualitative Assessment from Tanzania*, in *Hlth. Ed. Research* doi:10.1093/her/cy1099, published online October 3, 2006, accessed online March 1, 2007 at <http://her.oxfordjournals.org/cgi/content/abstract/cyl099v1>.

209 F. Leach et al., *An Investigative Study of the Abuse of Girls in African Schools* (London: DFID, 2003).

210 F. Vavrus, "Girls' Schooling in Tanzania: The Key to HIV/AIDS Prevention?" *AIDS Care* 18, no. 8(2006): 863–871.

211 See *The Sugar Daddy Awareness Campaign in Kenya*, at page 44. See also P. Dupas, "Relative Risks and the Market for Sex," 2005; and C.W. Dugger, "Cheap Solutions Cut AIDS Toll for Poor Kenyan Youths," *New York Times*, Aug. 6, 2006.

Keeping girls, particularly orphans and other vulnerable girls, in school by abolishing school fees and subsidizing the cost of uniforms and books is likely to be an important measure to reduce cross-generational sex in sub-Saharan Africa. However, it is critical that schools provide a safe environment for students.²¹²

There is ample documentation of the sexual and other violence that occurs in and around schools and that girls face on the journey to school in Africa.²¹³ Until action is taken at all levels—through the criminal justice system, by central and local government, by schools, and by parents and community leaders—schools will not provide the safe space that they ought to for female students; boys will learn and some will practice abusive behavior towards girls; and there will be teachers who will engage the girls whose education is entrusted to them in cross-generational sex, exposing those girls to the dangers of unwanted pregnancy, abortion, and STIs, including HIV. Curricula may need to be revised to educate boys and girls in social competencies including respect for others, and particularly respect for women and girls. Thus:

- **Recommendation 2.** Evaluations studies are needed to confirm the impact on cross-generational sex of legal, policy, and programmatic measures that (1) keep girls in school and (2) make schools safer by reducing school-related gender-based violence.

A study of factors associated with HIV infection in adolescent girls in Zimbabwe identified that education or having a job were both protective against HIV infection.²¹⁴ Decreased risk of HIV infection was also associated with participation in lectures on sexual health, and perceiving that AIDS is a somewhat serious problem in the community. Gavin et al. concluded that interventions that improve educational and employment opportunities of girls and young women, foster more equitable gender attitudes, and promote knowledge of partners' serostatus before marriage may reduce girls' risk.

Livelihood Interventions. Nonetheless, the jury is still out on whether provision of livelihood opportunities is effective in reducing young women's participation in cross-generational and transactional sex. Although the SHAZ! Project will provide empirical evidence about the effectiveness of linking livelihoods interventions to sexual and reproductive health behavior for orphans, SHAZ! is not designed primarily to provide evidence on reduction of transactional and cross-generational sex in the general population. There is some evidence that access to microcredit can make young women vulnerable to violence if they are successful as entrepreneurs. For example, in Zimbabwe, young women who were successful or had money due to access to loans

212 There is some concern that gender-based violence in schools reflects the gender-based violence that exists in the wider societal setting and that one cannot be addressed without the other.

213 F. Leach et al., *An Investigative Study of the Abuse of Girls in African Schools* (London: DFID, 2003); Human Rights Watch, *Scared at school: Sexual violence against girls in South African schools* (New York: HRW, 2001)

214 L. Gavin et al., "Factors Associated with HIV Infection in Adolescent Females in Zimbabwe," *Journal of Adolescent Health* 39, no. 4 (2006): 596e11-596e18. More than 1,800 females ages 15-19 completed a questionnaire and provided a blood sample for HIV testing. Associations between HIV infection and factors operating at the individual, household, partner and community levels, as well as sexual behavior were explored. Ten percent of the adolescent girls were HIV positive and of these 41 percent reported no sexual risk behaviors.

were harassed by men.²¹⁵ It is also arguable that access to micro-credit can only improve young women's financial security when made available to just a few in the community rather than all young women, thus maintaining a market for sales of the increased production. Therefore:

- **Recommendation 3.** A well-designed intervention study is still needed to specifically evaluate the impact on the prevalence of cross-generational and transactional sex when livelihood skills and employment opportunities are provided to girls and young women in Africa.

Societal Norms. “Perhaps the most important challenge... is to deepen public awareness of the inappropriate, abusive and often illegal nature of sexual relationships between older men and teenage girls.”²¹⁶ As many societies in Sub-Saharan Africa tacitly accept cross-generational sex, and condone older men having sex with one or more adolescent girls — often concurrently — it is necessary to change societal norms as well as change individual risky behaviors. In many countries and cultures, we do not know important aspects of gender norms—how do other adults perceive men involved in cross-generational relationships? Although the Nditha campaign in Malawi is promoting a “great guy” as a man who is engaged with his wife and family, and the “Something for Something Love” Campaign in Uganda is promoting the strong family and moral values of a “real man” in Uganda, based on formative research,²¹⁷ we do not know if this approach is effective. Might men in some cultures need to be involved in cross-generational sexual relationships to demonstrate masculinity? Might those who are not, be considered effeminate, or henpecked? It is important to understand the nuances of masculinity, femininity and gender norms when designing interventions to address cross-generational sex. Thus:

- **Recommendation 4.** To change both societal norms and individual behaviors, programs need to draw on theories for social as well as individual behavior change, and develop approaches that (1) facilitate wide-ranging community discussions on issues such as human rights and what that means in terms of access to resources, control over one's own body and behaviors (“agency”), and economic productivity from the household to the national level; and (2) advocate for change with local decisionmakers and other influential leaders that stimulate the formation of social movements for change.²¹⁸

215 H. Epstein, “The Underground Economy of HIV,” *The Virginia Quarterly Review* (Winter 2006): 53-63, cited in *Change, Choice and Power: Young Women, Livelihoods and HIV Prevention. Literature Review and Case Study Analysis* (London: IPPF; New York, NY: UNFPA; Amsterdam: Young Positives; 2007). Epstein cited the example of a woman who purchased clothes in Harare and traded them for maize in her village but on her return journey to market in Harare, the police confiscated her produce.

216 UNAIDS, *Facing the Future Together: Report of the Secretary General's Task Force on Women, Girls, and HIV/AIDS in Southern Africa* (Geneva: Joint United Nations Programme on HIV/AIDS, 2004).

217 See www.blsmettings.net/implementhiv2006/Posters3.cfm and www.aidsuganda.org/yeah.htm.

218 The 1996 U.S. Surgeon General's Report on Physical Activity and Health (Chapter 6 - Understanding and Promoting Physical Activity) provides a succinct review of health behavior theory. It is available online at www.cdc.gov/nccdphp/sgr/chap6.htm. However, most of the theories and models do not address the influence of the social environment on health behavior. In contrast, empowerment models for behavior change and social transformation draw on new social movement theories and collective action and social ecological models.

- To have most impact in the longer term, programs should seek to change the norms for socializing children around gender equality, and not just focus on changing the individual risk behaviors of girls and older men.

One potentially powerful approach to garnering wide changes in social norms and relationships might be through use of Stepping Stones or an adaptation of the Stepping Stones process for use in schools—for example, the International AIDS Alliance program in Zambia. This is because Stepping Stones provides both a safe space for younger women, younger boys, older women, and older men to identify and discuss their common concerns. It also provides the process for older men to identify and discuss their common concerns; and it also provides the process for bringing the different gender and age peer groups together to share the concerns with each other and their wider community, through a facilitated and skills building process. UNDP’s Community Conversations provides an alternative methodology for facilitating communities through a process of problem identification, action, and review. Although the Community Conversations process is focused on HIV and AIDS, the nature of the HIV pandemic ensures that gender issues, imbalances in power, exploitation, and abuse are addressed. **Both the Stepping Stones process and Community Conversations enable the possibility of reconciliation between those in society wanting change and those resisting change, so that women and men are engaged *together* in the process of transformation of gender roles and relations.**

- **Recommendation 5.** Stepping Stones (and its adaptations) and Community Conversations are both promising practices for working with communities, men and women, youth and older people, on addressing cross-generational sex and transactional sex and other harmful customary practices.

Youth and Behavior Change. There is some evidence that use of mass media campaigns when coordinated with interpersonal behavior change communication can influence young people’s reproductive health behaviors²¹⁹ as well as men’s attitudes to gender equity and men’s sexual and reproductive health behaviors.²²⁰ However, a systematic review of the effectiveness of mass communication programs alone to change HIV and AIDS-related behaviors yielded mixed results.²²¹ Of those interventions that achieved statistically significant results, the significance was only low to moderate. Thus:

- **Recommendation 6.** There is need for further **evaluation** of the effectiveness of comprehensive behavior change approaches (whether through the use of mass media to create an enabling environment for individual behavior change or through one-on-one or small group interpersonal behavior change communication or through social change methodologies) to gauge their impact in reducing cross-generational sex as well as increasing condom use.

219 PATH, “Encouraging Healthy Sexual and Reproductive Health Behaviours,” *Outlook* 22, no.3 (2006): 1-8.

220 J. Pulerwitz et al., *Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy* (Washington, DC: Horizons/Population Council, 2006).

221 J.T. Bertrand et al., “Systematic Review of the Effectiveness of Mass Communication Programs to Change HIV/AIDS-related Behaviors in Developing Countries,” *Health. Ed. Research* 21, no. 4 (2006): 567-597.

- **Recommendation 7.** Interpersonal interventions to address youth behavior should specifically include information and skills building to counter prevailing inequitable constructs of femininity and masculinity, as such measures have been proven to be effective in improving sexual and reproductive health behaviors in unmarried as well as married youth.²²²
- **Recommendation 8.** Participation of young people, girls and boys, in designing and in monitoring and evaluating interventions to reduce cross-generational and transactional sex is important. In order for programs to change behavior and to have an impact on the prevalence of unintended pregnancy, infection with HIV and other STIs in the populations most at risk (ages 15-24), it is necessary to “listen to and learn from adolescent girls.”²²³

Well-Designed Interventions. In view of the lack of empirical evidence for what measures *work* to reduce young women’s vulnerability to cross-generational and transactional sexual relations:

- **Recommendation 9.** Well-designed, rigorously monitored and evaluated, comprehensive, large-scale interventions with multiple entry points are urgently needed in order to identify best practices in reducing cross-generational sex.
- **Recommendation 10.** These interventions should originate at different sites in several countries and should be sensitive to the context of each country, since the nuances of cross-generational sex, related transactional sex, and social norms vary from region to region and country to country.

222 R. Pande et al., “Addressing Gender-Based Constraints in Adolescent Sexual and Reproductive Health,” in *Improving the Reproductive Health of Married and Unmarried Youth in India* (Washington, DC: ICRW, 2006).

223 See page 29, III. A Continuum of Volition: Reframing and Addressing Cross-Generational Relationships.

In its first annual report to Congress, the Office of the Global AIDS Coordinator stated that the Emergency Plan “recognizes that social inequalities between women and men, in conjunction with harmful gender-based cultural norms and practices, not only perpetrate women’s vulnerability to HIV, but also continue to fuel the HIV epidemic among both women and men.”²²⁴ Country strategies aim to reduce vulnerability of women and girls. The President’s Emergency Plan for AIDS Relief (PEPFAR) might be a suitable initiative for mobilizing the required expertise and effort to design and implement the needed large-scale intervention projects. While any such intervention should take note of Mayo’s 10 most important characteristics for designing effective interventions to promote health generally (see Annex II),²²⁵ it surely must add an 11th: rigorous monitoring and evaluation, to ensure identification of knowledge on what works in which circumstances. Feeding back information learned from implementation is critical to keeping large-scale projects on track toward achieving their goals.

And finally, the continuum of volition framework proposed by Save the Children described in Chapter III of this review, needs to be validated by programs in more countries and by more implementing organizations. Similarly, the ideas for programmatic responses that SC has developed, but not yet evaluated, also need validating as the framework and ideas are likely to be widely useful for planning programs and responses to cross-generational sex.

224 OGAC, *Engendering Bold Leadership: The President’s Emergency Plan for AIDS Relief* (Washington, DC: Office of the Global AIDS Coordinator, Department of State, 2005).

225 This list is from a paper by E. Mayo, *Social Marketing and Changing Behaviour*, 2006.

VI. Conclusions

THIS REVIEW HAS REVISITED CROSS-GENERATIONAL SEX, looking at experience and insights into the issues since *Cross-generational and Transactional Sexual Relations in sub-Saharan Africa* was published in 2002.²²⁶ At that time Luke and Kurz proposed a conceptual framework focusing on the power asymmetries between partners that recognized that sexual activity is not just an individual attribute but a behavior negotiated between partners in a wider socio-cultural and economic context. Power asymmetries explain young girls' vulnerability to exploitation by older men and their difficulty in negotiating safer behaviors, such as saying “no” and using condoms.

Since 2002, Weissman et al., based on work with young women in Malawi, have proposed that young women may not all be victims of sexual relations forced on them by older men.²²⁷ They believe that some young women exert agency over their behaviors and enter the relationships willingly (although young women are then participants in an asymmetrical relationship, and they may not have fully understood the significance of this when seeking out the relationship). Therefore, the researchers propose that cross-generational relations need to be reframed and programmatic responses re-tailored. Their framework, *a continuum of volition*, identifies the drivers of young women's cross-generational and transactional sexual behaviors. They propose programmatic interventions that address the specific drivers influencing the young girl—from protective services and raising awareness of the definitions of abuse for girls coerced into sex to counseling and dual protection for girls who willingly engage in sexual relations with older men. They term the continuum between coercion and consent—that is, not strictly coerced nor voluntary—“economically rational.” They suggest that interventions should focus on raising self-esteem and generating alternative income opportunities for the girls and/or their families.

Luke and Kurz noted that the adverse consequences of cross-generational and transactional sex are almost all adverse for the younger girl and, thus, there may be little power behind admonitions regarding consequences of unwanted pregnancy, HIV, and other STIs for the older man. Luke and Kurz recommended that to address cross-generational sex it is necessary to:

- Garner policy support for changing the social norms;
- Mount programmatic responses that address power imbalances; and
- Conduct research to investigate the success of the programmatic responses, document the policy process, and fill other important information gaps.

226 N. Luke and K. Kurz, *Cross-generational and Transactional Sexual Relations in sub-Saharan Africa: Prevalence of Behaviour and Implications for Negotiating Safer Sexual Practices* (Washington, DC: ICRW/PSI, 2002).

227 A. Weissman et al., “Cross-Generational Relationships: Using a ‘Continuum of Volition’ in HIV Prevention Work among Young People.” *Gender and Development* 14, no. 1 (2006) 81-94.

While we now understand more about how programmatic interventions might be tailored to specific drivers of girls' involvement, we are not really any closer to understanding how to address directly with men their specific motivational drivers. There is good empirical evidence that interventions with men, at least in the short-term, can influence attitudes to gender equality,²²⁸ but it is not known whether these interventions can reduce male involvement in cross-generational and sexual relationships, nor whether the attitudinal changes persist longer term and translate into changes in social norms. However, there are promising programmatic interventions that work with men and women, younger and older, *together* to identify and address individual and customary behaviors, including cross-generational sex, that increase the spread of HIV.²²⁹ These programs garner social movements for change in norms, which reinforce individuals' ability to adopt healthy behaviors. Currently there are adaptations of these programs for addressing wider aspects of sexual health and safe lifestyles, with schools and community stakeholders.²³⁰

Thus, in conclusion, there is need for further investment in large-scale programs that address cross-generational sex, including related transactional sex, in the countries most affected. Effective programs are likely to garner changes in social norms as well as address the determinants of individuals' behavior. To generate further knowledge on what works in what situations and best practice guidance, programs need to be well designed and rigorously monitored and evaluated.

228 J. Pulerwitz et al., *Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy*. (Washington DC: Horizons/Population Council, 2006).

229 Stepping Stones and Community Conversations.

230 For example, the International AIDS Alliance work in Zambia.

References

- Aengst, Jennifer. *Girl Trafficking in Nepal*. Denver: University of Denver, Human Rights Advocacy Clinic, 2001. Accessed online June 1, 2007 at www.du.edu/intl/humanrights/trafficking.pdf.
- Ajuwon, A.J., I. Akin-Jimoh, B.O. Olley, and O. Akintola. "Perceptions of Sexual Coercion: Learning from Young People in Ibadan, Nigeria." *Reproductive Health Matters* 9 (2001):128–136.
- Akwara, P.A., G.B. Fosu, P. Govindasamy, S. Alayón, and A. Hyslop. *An In-Depth Analysis of the HIV Prevalence in Ghana: Further Analysis of Demographic and Health Surveys Data*. Calverton, MD: ORC Macro, 2005.
- Alford, S., N. Cheetham, and D. Hauser. *Science & Success in Developing Countries: Holistic Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. Washington, DC: Advocates for Youth, 2005.
- Baltazar, G.M. et al., eds. *AIDS in Kenya: Background, Projections, Impact, Interventions and Policy, 6th Edition*. Nairobi, Kenya: National AIDS and STDs Control Program/Minister of Health, 2001.
- Bandhari, N. *Strategies and Tools for Working with Men and Boys to End Violence Against Girls, Women and Other Men*. Kathmandu, Nepal and New Delhi, India: Save the Children and UNIFEM, 2005.
- Barker, G. and C. Ricardo. "Program Approaches Applying a Gender Perspective in Working with Young Men." In *Young Men and the Construction of Masculinity in sub-Saharan Africa: Implications for HIV/AIDS, Conflict and Violence*. Social Development papers no. 26. Washington, DC: World Bank, 2006.
- Bartel, D., J. Rattan, S. Igras, and V. Magar. "Community-based Methods to Address Social Inequities in Sexual and Reproductive Health." A PowerPoint Presentation at the Global Health Council Annual Conference, May 31, 2006. Atlanta, Georgia: CARE USA, 2006.
- Berman, J. "Pilot Intervention to Address Cross-Generational Sex in Kenya." Abstract for Panel Session A5, Global Health Council 31st Annual Conference, Washington, DC, June 1-4, 2004.
- Berman, J., "Social Advocacy for AIDS Prevention." A PowerPoint presentation to the Council on Foreign Relations, Washington, DC, 2004.
- Bertrand, J.T., K. O'Reilly, J. Denison, R. Anhang, and M. Sweat. "Systematic Review of the Effectiveness of Mass Communication Programs to Change HIV/AIDS-Related Behaviors in Developing Countries." *Health Education Research* 21, no. 4 (2006): 567-597.
- Bongaarts, J. and B. Cohen. "Adolescent Reproductive Behaviour in the Developing World." *Studies in Family Planning* 29, no. 2 (1998): 99-253.

- Bott, S., S. Jejeebhoy, I. Shah, and C. Puri, eds. *Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia*. Geneva: WHO, 2003.
- Bourne, P.A. "The Sugar Daddy Phenomenon in Jamaica." *Able2Know Forum*, posted Feb. 25, 2005; accessed online June 1, 2007 at <http://able2know.com/forums/about44171.htm>.
- Bunde, E. and C. Land. "The Influence of Poverty on Intergenerational Sex Among In- and Out-of-School Adolescent Girls in Ethiopia." Paper presented at XV International AIDS Conference, July 11-16, 2006, abstract no. D12105, Toronto, Canada.
- CARE. *Social Analysis: Looking for Doorways into Development Challenges*. Atlanta, GA: CARE, 2006.
- Chambers, Claudia M. *Taxis en Route: A Study of Some of the Behavioural Characteristics of Taxi Drivers in Jamaica*. Kingston, Jamaica: PSEARCH Associates Ltd., 2003.
- Chase, M. "African Girls Taught to Say No to 'Sugar Daddies'." *Wall Street Journal* February 25, 2004.
- Chatterji, M., N. Murray, D. London, and P. Anglewicz. *The Factors Influencing Transactional Sex Among Young Men and Women in 12 sub-Saharan Countries*. Washington, DC: The POLICY Project, 2004.
- Chinake, H., M. Dunbar, A. van der Straten, S. Esim, B. Makunika, A. Vere, and N. Padian. "Intergenerational Sex Among Adolescents in Zimbabwe." Paper presented at XIV International AIDS Conference, July 7-12, 2002, abstract no. MoOrE1116.
- Davidson, J.O. and J.S. Taylor. *Child Prostitution and Sex Tourism: Thailand*. Leicester, UK: University of Leicester, 1994 (republished by ECPAT, Bangkok in 1996). Available at: www.ecpat.net/eng/ecpat_inter/Publication/Other/English/Pdf_page/ecpat_sex_tourism_thailand.pdf.
- Decosas, J., and W. Davies, with G. Williams. *Circle of Hope: Children's Rights in a World with AIDS*. Woking, UK: Plan, 2006.
- Dupas, P. "Relative Risks and the Market for Sex: Teenagers, Sugar Daddies and HIV in Kenya." MPRA Paper 248, University Library of Munich, Germany, revised Aug 2006. Accessed online June 1, 2007 at http://mpra.ub.uni-muenchen.de/248/01/MPRA_paper_248.
- Epstein, H. "The Underground Economy of HIV," *The Virginia Quarterly Review* (Winter 2006): 53-63, cited in *Change, Choice And Power: Young Women, Livelihoods and HIV Prevention. Literature Review and Case Study Analysis*. London: IPPF; New York. NY: UNFPA; Amsterdam: Young Positives, 2007.
- Erulkar, A. "The Experience of Sexual Coercion Among Young People in Kenya." *International Family Planning Perspectives* 30, no. 4 (2004): 182-189.
- Esplen, E. *Engaging Men in Gender Equality: Positive Strategies and Approaches. Overview and Annotated Bibliography*. Brighton, UK: Institute of Development Studies, 2006.

- Finger, B. "Non-Consensual Sex Among Youth: Lessons Learned from Research." *Sexual Health Exchange* 3&4 (2004): 12-14.
- Ganju, D. with S. Jejeebhoy, V. Nidadavolu et al. *The Adverse Health and Social Outcomes of Sexual Coercion*. New Delhi, India: Population Council, 2004.
- Ganju, D. with S. Jejeebhoy, V. Nidadavolu et al. *Forced Sexual Relations Among Young Married Women in Developing Countries*. New Delhi, India: Population Council, 2004.
- Ganju, D. with S. Jejeebhoy, V. Nidadavolu et al. *Sexual Coercion: Young Men's Experiences as Victims and Perpetrators*. New Delhi, India: Population Council, 2004.
- Gavin, L. C. Galavotti, H. Dube, A.D. McNaghten, M. Murwirwa, R. Khan, and M. St. Louis. "Factors Associated with HIV Infection in Adolescent Females in Zimbabwe." *Journal of Adolescent Health* 39, no. 4(2006): 596.e11-18.
- Gender Links. *Media Action Plan: Zambia HIV and AIDS and Gender Baseline Study*. Lusaka, Zambia: Gender Links, 2006.
- Gordon, G. and A. Welbourne. "Stepping Stones," *Life Skills and Sexual Well-Being: A Desk-Based Review. An Examination of the Effectiveness of this Training Package, Highlighting Male Involvement* (New York: UNICEF, 2001). Accessed online at www.unicef.org/lifeskills/files/ReviewSteppingStones2001.doc.
- Green, E.C. and J. Berman. "Liaisons Fueling AIDS in Africa." *The Washington Times*, December 26, 2003.
- Gregson, S. C.A. Nyamukapa, G.P. Garnett, P.R. Mason, T. Zhuwau, M. Carael, S.K. Chandiwana, and R.M. Anderson. "Sexual Mixing Patterns and Sex-Differentials in Teenage Exposure to HIV Infection in Rural Zimbabwe." *The Lancet* 359 (2002): 1896-903.
- Guedes, A. *Addressing Gender-Based Violence From the Reproductive Health/HIV Sector. A Literature Review and Analysis*. Washington, DC: PRB for the IGWG, 2004.
- Gupta, G.R. "Cross-Generational and Transactional Sex: A Public Health Crisis and a Moral Dilemma." Paper presented at *Innovations for Adolescent Girls and HIV/AIDS: Addressing Cross-Generational and Transactional Sexual Relations*. Washington, DC: ICRW/PSI, 2002.
- Hallman, K. "Gendered Socioeconomic Conditions and HIV-Risk Behaviours Among Young People in South Africa." *African Journal of AIDS Research* 4, no. 1 (2005): 37-50.
- Hallman, K. "Non-consensual Sex, School Enrollment and Educational Outcomes in South Africa." *Africa Insight* (Special Issue on Youth in Africa). Forthcoming.
- Hallman, K. *Socioeconomic Disadvantage and Unsafe Sexual Behaviors Among Young Women and Men in South Africa*. Working Paper 190. New York, NY: Population Council, 2004.
- Hargreaves, J. and T. Boler. *Girl Power: The Impact of Girls' Education on HIV and Sexual Behaviour*. Johannesburg, South Africa: ActionAid International, 2006.

- Hawkins, K., F. Mussa, and S. Abuxahama. *Milking the Cow: Young Women's Constructions of Identity, Gender, Power and Risk in Transactional and Cross-Generational Sexual Relationships, Maputo, Mozambique*. London, UK: Options/PSI, 2005.
- Human Rights Watch. *Scared at School: Sexual Violence Against Girls in South African Schools*. New York: Human Rights Watch, 2001.
- Human Rights Watch. *Suffering in Silence: The Links between Human Rights Abuses and HIV Transmission to Girls in Zambia*. New York, NY: Human Rights Watch, 2002.
- Interagency Gender Working Group. *Guide for Incorporating Gender Considerations in USAID's Family Planning and Reproductive Health RFAs and RFPs*. Washington, DC: PRB for the IGWG, 2000.
- International HIV/AIDS Alliance. *HIV Prevention*. Available at www.aidsalliance.org/sw7185.asp.
- Jemal, A. et al. *Sexual Behavior Among the Youth in Bugna District-Plan Ethiopia*. Addis Ababa: Plan Ethiopia, 2004.
- Judd, A. "Stopping Cross-Generational Sex and Sexual Violence to Protect Young Women From AIDS in Developing Countries: A Call to Action." Testimony before the U.S. Senate Foreign Relations Committee, Washington, DC, June 23, 2005.
- Kamowa, V., M. Shah, A. Mololgo, G. Vili, and N. Osborne. "Selling Sex for Three Sweet Potatoes: Using Rights-Based Approaches and Participation for Youth Reproductive Health Action." Abstract for Panel Session A5, Global Health Council Annual Conference, 2004, Washington, DC.
- KANCO. *Lessons Learnt in Working for Change With Men in Fighting HIV & AIDS in Kenya*. Nairobi, Kenya: Kenya AIDS NGOs Consortium, 2006.
- Kelly, R.J., R.H. Gray, N.K. Sewankambo, D. Serwadda, F. Wabwire-Mangen, T. Lutalo, and M.J. Wawer. "Age Differences in Sexual Partners and Risk of HIV-1 Infection in Rural Uganda." *Journal of Acquired Immune Deficiency Syndromes* 32, no.4 (2003): 446-451.
- Leach, F., V. Fiscian, E. Kadzamira, E. Lemani, and P. Machakanja. *An Investigative Study of the Abuse of Girls in African Schools*. London: DFID, 2003.
- Leahy, T. "Negotiating Stigma: Approaches to Intergenerational Sex." PhD Thesis, University of New South Wales, Australia, 1991.
- Lloyd, C.B., ed. *Growing Up Global: The Changing Transitions to Adulthood in Developing Countries*. Washington, DC: National Academies Press, 2005.
- Longfield, K., A. Glick, M. Waithaka, and J. Berman. "Relationships Between Older Men and Younger Women: Implications for STIs/HIV in Kenya." *Studies in Family Planning* 35, no.2 (2004): 125-134.

Luke, N. "Age and Economic Asymmetries in the Sexual Relationships of Adolescent Girls in sub-Saharan Africa." *Studies in Family Planning* 34, no.2 (2003), 67-86.

Luke, N. "Confronting the 'Sugar Daddy' Stereotype: Age and Economic Asymmetries and Risky Sexual Behavior in Urban Kenya." *International Family Planning Perspectives* 31, no.1 (2005): 6-14.

Luke, N. and K. Kurz. *Cross-generational and Transactional Sexual Relations in sub-Saharan Africa: Prevalence of Behavior and Implications for Negotiating Safer Sexual Practices*. Washington, DC: ICRW/PSI, 2002.

Masayanyika, L. and A. Kufakunoga. "Retaining Out-of-School Peer Educators by Meeting Livelihood Challenges in Sangabuye, Tanzania." Paper presented at XVI International AIDS Conference, Aug. 13-18, 2006, abstract no. THPE0404.

Mayo, E. *Social Marketing and Changing Behaviour*. Paper for the British Prime Minister, London, UK. Accessed March 1, 2007 at <http://www.number10.gov.uk/output/Page9910.asp>.

Mbowa, R. *Rehearsing for Reality: Using Role-Play to Transform Attitudes and Behaviour*. PLA Notes #29, 43-47. London: IIED, 1997.

Measure Evaluation. *Place in Jamaica: Monitoring AIDS Prevention at the Parish Level, St. James, 2003*. Chapel Hill, NC: Carolina Population Center, University of North Carolina, 2004.

Meekers, D, and A.E. Calves. "'Main' Girlfriends, Girlfriends, Marriage, and Money: The Social Context of HIV Risk Behaviour in sub-Saharan Africa," *Health Transition Review* 7 Suppl. (1997): 361-375.

Mensch, B.S., D. Bagah, W.H. Clark, and F. Binka. "The Changing Nature of Adolescence in the Kassena-Nankana District of Northern Ghana." *Studies in Family Planning* 30, no.2 (1999): 95-111.

Meyer-Weitz, A. "Determinants of Multi-Partner Behaviour of Male Patients with Sexually Transmitted Diseases in South Africa: Implications for Interventions." *International Journal of Men's Health* 2, no.2 (2003): 149-162.

Miles, G. and P. Stephenson. *Children at Risk Guidelines Volume 4: Children and Sexual Abuse and Exploitation*. London: TearFund, 2000.

Miz-Hasab Research Center. *A Study on Cross-Generational Sex in Ethiopia with Reference to Addis Ababa and Adama/Nazreth*. Addis Ababa, Ethiopia: Miz-Hasab Research Center, 2005.

Ndonko, F.T., et al. *Argent, sexe et mensonges: Etude sur la Sexualité Transgénérationnelle au Cameroun*. Yaounde, Cameroon: Cameroon Social Marketing Association, 2005.

Nelson, J. "Intergenerational Sexual Contact: A Continuum Model of Participation and Experiences." *Journal of Sex Education & Therapy* 15, no.1 (1989): 3-12.

- Neukom, J. and L. Ashford. *Changing Youth Behavior through Social Marketing*. Washington, DC: Population Reference Bureau and Population Services International, 2003.
- Nkosana, J.M. “Intergenerational Sexual Relationships in Urban Botswana.” PhD Thesis, University of Melbourne, Australia, 2006.
- OGAC. *Engendering Bold Leadership*. Washington, DC: Office of the Global AIDS Coordinator, Department of State, 2005.
- ORC Macro. *HIV/AIDS Survey Indicators Database*. Calverton, MD: ORC Macro, 2006.
- ORC Macro. *Kenya 2003 Demographic and Health Survey*. Final Report. Calverton, MD: ORC Macro, 2004.
- ORC Macro. *Lesotho Demographic and Health Survey 2004*. Calverton, MD: ORC Macro 2004.
- ORC Macro. *Malawi Demographic and Health Survey 2004*. Calverton, MD: ORC Macro, 2005.
- ORC Macro. *Nigeria Demographic and Health Survey 2003*. Calverton, MD.: ORC Macro, 2004.
- ORC Macro. *Reproductive Health of Young Adults in Uganda: A Report Based on the 2000-2001*. Calverton, MD: ORC Macro, 2002.
- ORC Macro. *Tanzania Demographic and Health Survey 2004*. Calverton, MD: ORC Macro, 2005.
- ORC Macro. *Uganda Demographic and Health Survey*. Calverton, Maryland, USA: ORC Macro, 2003.
- Palmer, L. *Addressing the Social Dynamics of Sexual and Reproductive Health: CARE’s Explorations with Social Analysis and Community Action*. Atlanta, GA: CARE USA, 2006.
- Pande, R., K. Kurz, S. Walia, K. MacQuarrie, and S. Jain. “Addressing Gender-Based Constraints in Adolescent Sexual and Reproductive Health.” In *Improving the Reproductive Health of Married and Unmarried Youth in India*. Washington, DC: ICRW, 2006.
- Peacock, D. “The South African Men as Partners Network: Mobilizing Men for Gender Justice.” PowerPoint presented at IGWG Technical Update on Gender-Based Violence, November 30, 2005, Washington, DC. Available at www.igwg.org/eventstrain/presentations/Peacock_Web.ppt.
- Peacock, D. and A. Levack. “The Men as Partners Program in South Africa: Reaching Men to End Gender-Based Violence and Promote Sexual and Reproductive Health.” *International Journal of Men’s Health* 3, no.3 (2004): 173-188.

Pettifor A.E., A. van der Straten, M.S. Dunbar, S.C. Shiboski, and N.S. Padian. "Early Age of First Sex: A Risk Factor for HIV Infection Among Women in Zimbabwe." *AIDS* 18 (2004):1435-1442.

Pettifor, A.E., H.V. Rees, I. Kleinschmidt, A.E. Steffenson, C. MacPhail, L. Hlongwa-Madikizela, K. Vermaak, and N.S. Padian. "Young People's Sexual Health in South Africa: HIV Prevalence and Sexual Behaviors from a Nationally Representative Household Survey." *AIDS* 19 (2005): 1525-1534.

Plan International. "Retaining Out-of-School Peer Educators by Meeting Livelihood Challenges in Sangabuye– Mwanza Tanzania." A Concept Note. Dar es Salaam, Tanzania: Plan, n.d..

Plan RESA. *Midterm Review Circle of Hope Project – Plan Zimbabwe*. Johannesburg, South Africa: Plan RESA, 2006.

Planned Parenthood. *Looking for Love: Exploring Teen-Adult Relationships*. Cincinnati, OH: Planned Parenthood, 1999.

Plummer, M.L., D. Wight, A.I.N. Obasi, J. Wamoyi, G. Mshana, J. Todd, B.C. Mazige, M. Makokha, R.J. Hayes, and D.A. Ross. *A Process Evaluation of a School-Based Adolescent Sexual Health Intervention in Rural Tanzania: The MEMA kwa Vijana Programme*. *Health Education Research*, published online October 3, 2006.

Plummer M.L., D. Wight, J. Wamoyi, K. Nyalali, T. Ingall, G. Mshana, Z. S. Shigongo, A.I.N. Obasi, and D.A. Ross. *Are Schools a Good Setting for Adolescent Sexual Health Promotion in Rural Africa? A Qualitative Assessment from Tanzania*. *Health Education Research*, published online October 3, 2006.

Poulin, M. "Giving and Getting: Rethinking Sex, Money, and Agency Among Youth in Rural Malawi." Paper presented at the Princeton Institute for International and Regional Studies, Graduate Student Conference, April 8-9, 2005, Princeton, USA.

PSI Profile. *Reaching Vulnerable Girls and Women Through a Balanced and Targeted Approach*. Washington, DC and London: Population Services International, 2005.

Pulerwitz, J., G. Barker, M. Segundo, and M. Nascimento. *Promoting More Gender-equitable Norms and Behaviors Among Young Men as an HIV/AIDS Prevention Strategy*. Horizons Final Report. Washington, DC: Population Council, 2006.

Rivers, R. *Shattered Hopes: Study of Sexual Abuse of Girls*. Botswana: UNICEF, 2000.

Rukandema, T. *Uganda: "Go-Getters" Fight Cross-Generational Sex*. Kampala, Uganda: Population Services International, 2004.

Sarn, J. "CARE's Health Strategy." *Health Matters* Jan. 2004. Atlanta, GA: CARE USA, 2004.

Shane, B. “Encouraging Healthy Sexual and Reproductive Health Behaviours.” *Outlook* 22, no.3 (2006): 1-8.

SHAZ! Project website: www.wghi.org/research/shaz.htm.

Story Workshop. *Zimachitika*. Blantyre, Malawi: Story Workshop, N.D.

Stuart, S. “The Reproductive Health Challenge: Women and AIDS in the Caribbean.” In G. Howe & A. Cobley, eds. *The Caribbean AIDS Epidemic*. Kingston, Jamaica: University of the West Indies Press, 2000.

Tabane, E.M. “The Influence of Cultural Practices of Batswana People in Relation to the Transmission of HIV/AIDS in Botswana.” PhD Thesis, University of Pretoria, South Africa, 2004.

Terry, P.E., T.B. Masvaure, and L. Gavin. “HIV/AIDS Health Literacy in Zimbabwe—Focus Group Findings from University Students.” *Methods of Information in Medicine* 44, no.2 (2005): 288-92.

Toolkit. *Adolescents*. London: Panos, 2004.

UCSF. *Phenomenon of Intergenerational Sex Driving Much of the AIDS Epidemic in Southern Africa*. San Francisco, CA: University of California, 2002.

UNAIDS. *Facing the Future Together: Report of the Secretary General’s Task Force on Women, Girls, and HIV/AIDS in Southern Africa*. Geneva: Joint United Nations Programme on HIV/AIDS, 2004.

UNAIDS. *Report on the Global AIDS Epidemic*. Geneva: Joint United Nations Programme on HIV/AIDS, 2006.

van der Straten, A. A. Pettifor, M. Dunbar, T. Chipato, and N. Padian. “Early Age of Coital Debut and Intergenerational Sex Are Risk Factors for HIV Among Zimbabwean Women.” *International Conference on AIDS*. July 7 – 12, 2002; 14. (abstract no. ThOrC1489).

Vavrus, F. “Girls’ Schooling in Tanzania: The Key to HIV/AIDS Prevention?” *AIDS Care* 18, no. 8(2006): 863 –871.

Verma, R.K., J. Pulerwitz, V. Mahendra, S. Khandekar, G. Barker, P. Fulpagare, and S.K. Singh. “Challenging and Changing Gender Attitudes Among Young Men in Mumbai, India.” *Reproductive Health Matters* 14, no. 28 (2006):135 -1143.

Wallace, T. *Evaluating Stepping Stones: A Review of Existing Evaluations and Ideas for Future M&E*. Johannesburg, South Africa: ActionAid International, 2006.

Weissman, A. *Listening to Girls to Respond to Cross-Generational Sex*. Abstract for Panel Session A5, Global Health Council Annual Conference, 2004. Washington, DC: Global Health Council, 2004.

Weissman, A., J. Cocker, L. Sherburne, M.B. Power, R. Lovich, and M. Mukaka. "Cross-Generational Relationships: Using a 'Continuum of Volition' in HIV Prevention Work Among Young People." *Gender & Development* 14, no.1 (2006): 81-94.

Weissman, A., J. Cocker, L. Sherburne, M.B. Power, R. Lovich, and M. Mukaka. "Reframing and Addressing Cross-Generational Relationships in Malawi." *Exchange on HIV/AIDS, Sexuality and Gender* 1, no.1 (2006) March: 10-11.

Welsh, J. and P. Sisovann. "Svay Pak Child-Sex Trade Back in Business—Again." *Cambodia Daily*, May 25, 2007.

White, V., M. Greene, and E. Murphy. *Influencing Gender Norms: Men and Reproductive Health Program*. Washington, DC: Synergy Project, 2003.

WHO/UNFPA/Population Council. *Technical Consultation on Married Adolescents*. Geneva: 2003.

Y.E.A.H.. *A Guide for Mobilising Communities to Act Against "Something for Something Love."* Kampala: Uganda AIDS Commission, ND.

Y.E.A.H.. *Sexual and Reproductive Health Strategy Design Workshop 2005*. Kampala: Uganda AIDS Commission, ND.

YouthAIDS. *What We Do*. Available at www.youthaids.org.

Youthlens #10. *Nonconsensual Sex Among Youth*. Arlington, Va.: FHI, 2004.

YouthNet. "New Findings from Intervention Research: Youth Reproductive Health and HIV Prevention." Report of Sept. 9, 2002 meeting. Arlington, VA: FHI, 2003.

Zimbabwe Human Development Report 2003: Redirecting Our Responses to HIV and AIDS. Summary. University of Zimbabwe, 2003.

Zimbabwe Ministry of Health and Child Welfare. *Young Adult Reproductive Health and HIV/AIDS Survey 2001-2002*. Harare, Zimbabwe: Ministry of Health and Child Welfare, Zimbabwe/ Zimbabwe National Family Planning Council/ U.S. Centers for Disease Control and Prevention, 2004.

Annex I: Framework for Addressing and Involving Men & Boys²³¹

The following framework was produced at a three-day workshop held in Delhi, India, in 2004 (for more details see page 48).

Addressing and involving men and boys is not just about transforming men from being destructive, it is also about ending gender-based violence and promoting equality. The following approaches take into account the power that men/boys hold as well as the paradox of that power which affects them:

We need to be **compassionate about how men/boys feel being stereotyped**. We have to understand the past of men/boys who use violence. While we should not be sympathetic with a man/boy who uses violence, we need to be compassionate about him as a human being. We have to create an understanding and at the same time say what he is doing is wrong. This does not mean we equate men's/boys' pain to women's/girls' oppression. There is no symmetry between it as pain for women/girls is caused from subjugation and for men/boys from misplaced definition of power.

When we work with men and boys we have to **steer our ways away from men's/boys' fear**. Masculinity is based on the fear of being "weak." Being weak is equated with being sensitive, having lack of power, which is equated with being a woman/girl. This fear of weakness is constantly churning inside men/boys. Therefore, to prove themselves as a man, they release the fear through different behaviours such as being hostile, angry and pumped up strength. When involving men and boys we need to be aware of this knowledge. If we are going to start a campaign, for instance, do not say – Be more sensitive – as this pushes them in a corner and makes them feel like a woman/girl. Instead saying, "You have the power to change and the power to make life safer for women/girls in the community," will make them more receptive to the message. Play on the idea that men/boys are powerful. We have to lower their resistance and only then we can start a dialogue. This way they don't feel disempowered to give us space.

Though some criticise this approach as reinforcing power structures, it is important to remember that this approach is part of a process and not an end in itself.

231 N. Bandhari, *Strategies and Tools for Working with Men and Boys to End Violence Against Girls, Women and Other Men* (Kathmandu, Nepal and New Delhi, India: Save the Children Sweden and UNIFEM, 2005).

Use the **language of responsibility** with a man/boy and that is when he will listen. Blaming them will only push them away whereas, talking about responsibility for ones own actions and responsibility for speaking out against abuse has a greater chance of reaching more men/boys.

As part of the process we have to **nurture and create groups of men/boys** where a meaningful discussion can take place. We have to **use the voices of men and boys** as other men and boys will respond to them the most, but there are different ways of using these voices. For instance, high profiled men, sport stars, singers etc could be asked to speak out in press conferences, debates, etc. This creates an impact on boys who consider them role models.

Age group is an important criteria in deciding how we approach men and boys. Teenage boys can be approached by addressing the importance of building healthy relationships. With younger boys conflict resolution techniques can be discussed.

Avoid generalisation and stereotypes.

We need to give men and boys a language of emotion.

We need to consistently measure and evaluate our own work, for which we need to have measuring tools built into our programmes.

Annex II:

Ten Most Important Characteristics for Designing Effective Interventions to Promote Health

Ed Mayo, Chief Executive of the National Consumer Council in the UK, suggests that the **ten most important characteristics for designing effective interventions to promote health are:**²³²

1. **Active engagement of individuals and communities:** Engaging communities in the development delivery and evaluation of solutions.
2. **Focusing on behavior:** Tailoring interventions to achieving measurable behavioral goals.
3. **Using a developed ‘segmentation’ approach:** Going beyond traditional demographic or epidemiological approaches
4. **Longer-term multiple interventions:** Using an array of interventions and sustaining effort over time
5. **Using combined approaches:** Using a combination of life course, disease, settings and health topic approaches
6. **Integrating national and local endeavors:** Developing strong coordination between national and local efforts.
7. **Genuine multi-sector working:** Develop interventions and co-delivery through a coordinated effort on the part of the public, for profit, and NGO sector
8. **Theory driven interventions:** Having a clear and consistent model of practice that is informed by research based theory.
9. **Learning culture:** Developing a learning culture that invests in capturing what is learnt from interventions and feeds the learning into the future delivery of the programmed.
10. **Joining up for greatest possible synergies:** Ensuring synergy between intervention strategies and broader policy aims and policy drivers such as performance management frameworks.

232 Mayo, E., *Social Marketing and Changing Behaviour*. Paper for the British Prime Minister, 10 Downing Street, London, 2006. Accessed at www.pm.gov.uk/output/Page9910.asp on June 1, 2007.

Annex III: Persons Interviewed

Telephone interviewees

Sunita Kishor
ORC Macro

Michael Cassell
Senior Prevention Advisor
USAID Office of HIV/AIDS

Shanti Conly
USAID

Lindsey Stewart
LAC/RSD-PHN
USAID

Amy Weissman
Youth Reproductive Health Specialist
Now with SC Vietnam

Kent Klindera
MAP Senior Technical Advisor on Gender and Youth
EngenderHealth, South Africa

Doris Bartell
Senior Program Advisor for Latin America, Europe, and the Middle East
CARE USA

John Berman
Senior Director, AIDSMark
Population Services International

Penina Ochola Odhiambo
Plan RESA Health Advisor
Johannesburg

Margaret E. Greene
Senior Research Scientist, Population and Social Transitions
International Center for Research on Women

Kathleen Kurz
Director of Reproductive Health & Nutrition
International Center for Research on Women

Jennifer Bushee
Policy Officer, Project Women, Girls, HIV and AIDS,
StopAIDS Now! [A Dutch NGO]

Provided information by email

Phil Moses
HIV/AIDS Coordinator CSTS+
ORC Macro

Lisa Sherburne
The Manoff Group

Abiola Tilley-Gyado
WARO, Plan International

Alice Welbourne
Stepping Stones

Nicole Cheetham
Advocates for Youth

Judith Bruce
Population Council

Simon Gregson
Imperial College, London

Timothy Hallett
Imperial College, London

Joseph Valadez
Senior Monitoring and Evaluation Specialist
Malaria Implementation Resources Team
The World Bank

Crystal Dreisbach
Associate Program Officer, Monitoring and Evaluation
Contraceptive and Reproductive Health Technologies Research and Utilization (CRTU) Program
Family Health International

Gill Gordon
Snr Programme Officer for Prevention,
International AIDS Alliance
Brighton, UK

Megan Dunbar
SHAZ! Project

Annex IV: Matrix of Existing Interventions by Approach

Name of Intervention	Country	Organization	Contact Information	Page #
LIVELIHOOD APPROACH				
Hope for African Children Initiative (HACI)	Malawi	CARE International, Plan International, Save the Children, Society for Women and AIDS in Africa, World Conference on Religion and Peace, World Vision	Ulemu Kusupali, P.W. Box 76154, Nairobi, 00508, Kenya; scushiv@sdpn.mw	36
Institute of Tropical Medicine in Nyanza	Kenya	Institute of Tropical Medicine STD/HIV Research and Intervention Unit with Family Health Options Kenya	Scientific person in charge of the project: Anne Buve (abuve@itg.be), Institute of Tropical Medicine; Scientific person in charge of the project: Joachim Osur (josur@fhok.org), Family Health Options, Kenya	35
Plan International	Tanzania	Plan International	P.O. Box 3617, Dar es Salaam, Tanzania	36
Shaz!	Zimbabwe	Women's Global Health Imperative	Women's Global Health Imperative, 50 Beale St., Suite 1200, San Francisco, CA 94105; npadian@globalhealth.ucsf.edu	34
MOBILIZING AND EMPOWERING VULNERABLE YOUNG PEOPLE TO ADOPT HEALTHY LIFESTYLES				
The International HIV/AIDS Alliance	Zambia	The International HIV/AIDS Alliance	Queensberry House, 104-106 Queens Road, Brighton BN1 3XF, United Kingdom	39
Young Empowered and Healthy Initiative: Addressing 'Something for Something Love'	Uganda	Uganda AIDS Commission (and others)	Plot 1-3 Salim Bey Road, Ntinda Nakawa Division; P.O.Box 10779, Kampala- Uganda Tel: +256-772 622036 Fax: +256-41-347447 Email: uac@uac.go.ug Website: http://www.aidsuganda.org/	37
YouthAIDS	Uganda	Population Services International (PSI)	1120 19th St., NW, Suite 600, Washington, DC 20036; youthaidinfo@psi.org	38

Name of Intervention	Country	Organization	Contact Information	Page #
ADVOCACY AND “SOCIAL ADVOCACY”				
	Global	Population Services International (PSI)	1120 19th St., NW, Suite 600, Washington, DC 20036; youthaidinfo@psi.org	40
PANOS AIDS Program	Global	Panos London	Panos London, 9 White Lion St., London N19PD, United Kingdom; info@panos.org.uk	41
SOCIAL MARKETING AND “EDUTAINMENT”				
100% Jeune	Cameroon	PSI/Cameroon	Theresa Gruber-Tapsoba, BP 14025, Mballa II face Dragages, Yaounde, Cameroon	42
Growing Up Healthy	Kenya	Plan Kenya	P.O. Box 25196, Nairobi, Kenya	42
PSI/Kenya	Kenya	PSI/Kenya	Westlands Office Park, Acacia Block, 2nd Floor, Waiyaki Way, Westlands, Nairobi, Kenya	41
		CARE/USA	151 Ellis St. NE, Atlanta, GA 30303; info@care.org	43
HEALTH EDUCATION AND YOUTH RIGHTS				
Circle of Hope	Zambia, Ethiopia	Plan International	Zein El Mahdi, P.O. Box 12677, Addis Ababa, Ethiopia	43
Sugar Daddy Awareness Campaign	Kenya	International Child Support Africa	ICS, Postbus 252, 8070 AG NUNSPEET, The Netherlands	44
ADDRESSING POWER ASYMMETRIES, INEQUITY, AND POVERTY				
CARE International Programs	Georgia, Malawi, Sierra Leone, Uganda	CARE USA	151 Ellis Street NE, Atlanta, GA 30303	45
ADDRESSING SOCIAL AND GENDER NORMS				
Challenging and Changing Gender Attitudes in India	India	The Population Council	Ravi K. Verma, Research Associate Horizons/Pop. Co. New Delhi; Julie Pulerwitz, Research Director Horizons/PATH Washington DC, JPulerwitz@pcdc.org	48
Community Conversations	Ethiopia	Kambatti Mentti Gezzima (KMG)	KMG Administrative Office, P.O.Box 13438, Addis Ababa, Ethiopia; kmg.selfhelp@ethionet.et	51

Name of Intervention	Country	Organization	Contact Information	Page #
Engaging Men in Gender Equality: Positive Strategies and Approaches	Global	Irish Aid	Emily Esplen, Institute of Development Studies, University of Sussex, Brighton BN1 9RE, United Kingdom	48
Men as Partners	South Africa	Engender Health	Private Bag x 30500, Houghton, 2041, 31 Quinn Street, Newtown, Johannesburg	46
Nditha	Malawi	Health Communication Partnership (HCP) and others	Health Communication Partnership (HCP), 111 Market Place, Suite 310, Baltimore, Maryland 21202 Phone: 410-659-6300 Email: hcpinfo@jhuccp.org Website: www.hcpartnership.org	52
Program H	Brazil	Instituto Promundo	Rua México, 31/1502, Centro, Rio de Janeiro, 20031-044, Brazil	47
Stepping Stones	Uganda, South Africa	Stepping Stones	mail@steppingstonesfeedback.org	49
Strategies for Tools for Working with Men and Boys	Global	UNIFEM and Save the Children Sweden	Neha Bhandari, Save the Children Sweden, Regional Program for South and Central Asia, c/o SCUUK OSCAR, Lalitpur, GPO Box: 5850, Kathmandu, Nepal	48
The African Transformation Project	Tanzania, Uganda, Zambia	Health Communication Partnership (HCP), Communication for Development Foundation Uganda (CDFU), IVAD Film Productions	Health Communication Partnership (HCP), 111 Market Place, Suite 310, Baltimore, Maryland 21202 Phone: 410-659-6300 Email: hcpinfo@jhuccp.org Website: www.hcpartnership.org	49
Working for Change with Men	Kenya	Kenya AIDS NGOs Consortium (KANCO)	Chaka Road off Argwings Kodhek Road, P.O. Box 69866 00400, Nairobi-Kenya	46



Interagency
Youth
Working
Group