

Cross-Generational Sex: Risks and Opportunities

Cross-generational sex has long been a topic of newspaper stories perpetuating caricatures of slick Sugar Daddies luring young girls into risky sexual relationships. But if we look beyond this surface portrayal, understanding cross-generational sex—especially the motivations behind this behavior and the increased risks it engenders—yields important answers at a time when women are shouldering the burdens of HIV, of sexually transmitted infections, and of unintended pregnancies.

The objective of this brief, based on *Addressing Cross-Generational Sex: A Desk Review of Research and Programs*¹ and discussions with experts about the findings of the desk review, is to broaden this understanding.

It will define the term cross-generational sex, look at how many young girls it affects, describe the frameworks that guide current thinking about the behavior, and propose lessons for improving future interventions.

What Is It?

Both the UNAIDS general population survey and the Demographic and Health Surveys (DHS) AIDS modules² use the term age-mixing and define it as:

*Young women ages 15 to 19 who “have had non-marital sex in the last 12 months with a man who is **10 years** or more older than themselves.”*

However, many researchers have expanded the definition to include sexual relationships in which the age difference between the partners is only five years. This revision has arisen because having sexual relations with a man only five years older has been clearly associated with increased risk of HIV in girls.³

The transactional nature of cross-generational sex in which girls receive money or goods in exchange for sex is an important part of the discussion and has important implications for interventions. Although most cross-generational sex is transactional, cross-generational sex is differentiated from commercial sex or prostitution. A review of more than 45 studies of cross-generational sex in sub-Saharan Africa found a transactional component to sexual relations for adolescent girls who were not engaged in trafficking and prostitution.⁴ For girls engaging in cross-generational sex for economic or material gain, livelihood programs are an important approach, as discussed below.

How Widespread Is It?

Most research on cross-generational sex has been conducted in sub-Saharan Africa, where HIV is devastating families and communities, and where 60 percent of those living with HIV are female.⁵ DHS data from Africa over the past six years have shown that a small, but significant proportion of young women are having sex with older men (see Table 1). Among sexually active young women ages 15–17 years in six sub-Saharan African countries, the percent who have recently had sex with men at least 10 years older ranges from less



“Something for Something Love” poster from the Young, Empowered, and Healthy (Y.E.A.H.) project in Uganda (courtesy of the Health Communication Partnership).

Table 1

RECENT DHS SURVEYS ON CROSS-GENERATIONAL SEX

Country, Year of DHS Survey	Percentage of sexually active women aged 15–17 with partner at least 10 years older in past year	Percentage of sexually active women aged 18–19 with partner at least 10 years older in past year
Ghana, 2003	1.7	7.9
Nigeria, 2003	21.3	4.2
Malawi, 2004	0.9	2.4
Tanzania, 2004	4.9	7.8
Lesotho, 2004	7.5	7.0
Uganda, 2004–5	9.4	9.9

SOURCE: DHS Reports from ORC Macro.

than one percent in Malawi to more than 21 percent in Nigeria.⁶ Moreover, in Uganda, 11 percent of young women ages 15 to 24 reported that their first sex partner was 10 or more years older, according to a 2002 DHS report.⁷

Other surveys suggest that the prevalence of cross-generational sex may be even higher. A 2003 national survey of young people in South Africa (ages 15–24) found that nearly 33 percent of the females had a recent sex partner at least five years older. A 2001 urban survey in Kenya of more than a thousand men (whose mean age was 26) found that 70 percent of them were at least five years older than their most recent sex partner and 20 percent of them had been in a sexual relationship where the age difference was 10 years or more.⁸

Consequences

The association between cross-generational sex, unsafe behaviors, and HIV risk makes the phenomenon a priority concern today. Data clearly indicate that in much of Africa, young women bear the brunt of the AIDS epidemic: young women 15 to 24 years old in sub-Saharan Africa are three times more likely to be infected with HIV than young men of the same age,⁹ in Zambia young women are four times more likely,¹⁰ and in Zimbabwe, they are five times more likely.¹¹

Many researchers have found that girls and young women are even less able to negotiate condom use in cross-generational sexual relations.¹² In a Manicaland, Zimbabwe study, for example, the substantial age difference between female and male sexual partners was identified as the major

behavioral determinant of the more rapid rise in HIV prevalence in young women than in men.¹³

Frameworks for Understanding

Why do girls engage in these activities? Is it to satisfy a range of security and economic needs or is it because they have no choice?

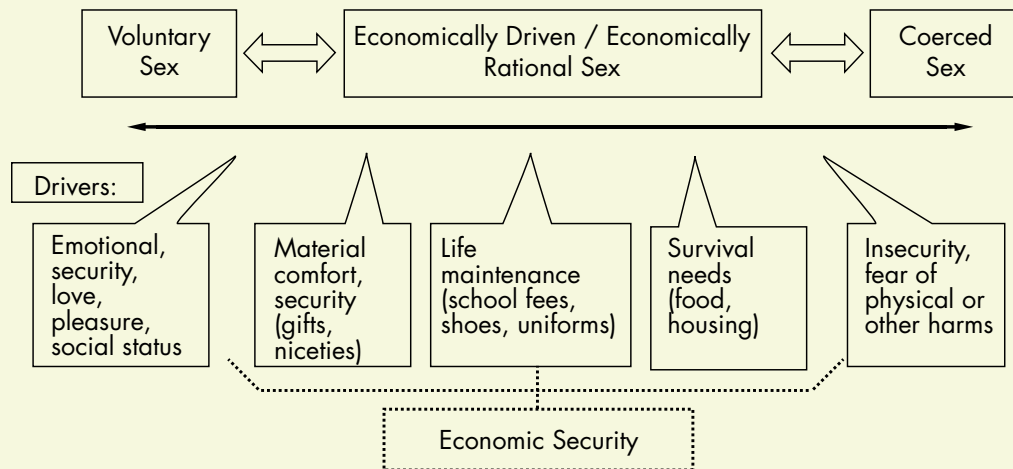
One of the earliest publications on the topic, by Luke and Kurz,¹⁴ presented a conceptual framework that focused on power imbalances between partners. According to their framework, sex is negotiated within a wider socio-cultural and economic context. The degree of risk for younger women depends on these power imbalances as well as the broader context in which sex occurs. Their framework suggests that adolescent girls in sub-Saharan Africa are highly vulnerable to engaging in risky sexual behavior for three interrelated reasons: (1) sex can be exchanged for cash or material things; (2) older men prefer younger adolescent partners, who are perceived to be free from HIV infection; and (3) the decline of traditional societal structures has led to a decrease in family control over the behavior of young people as well as a gap in young women’s knowledge of sexual and reproductive matters. When peers or other unreliable sources fill this knowledge gap, girls often get inaccurate or incomplete information about AIDS, unintended pregnancies, and how to protect themselves.

Luke and Kurz suggested that even when girls or young women appear to be “willing” to engage in cross-generational sex, they really are vulnerable to exploitation due to their poverty. Moreover, even if these girls are not the poorest, they are drawn to the transactional nature of cross-generational sex, receiving gifts, money, or the use of a cell phone in exchange for sex.¹⁵

In recent years, Save the Children Federation, USA has advanced the discussion on cross-generational sex by focusing on the rationale for girls entering into such relations and reframing it along a continuum of volition (willingness) (see Figure 1). At one end of the continuum, girls voluntarily engage in relationships with older men “for emotional reasons” and, at the other end, sex occurs against the girls’ will. Between “voluntary sex” and “coerced sex” is “economically rational sex,” which is based on various rationales, including material benefits, life maintenance, and survival. The girls may engage in sex because either directly or indirectly they see it as improving their social status.¹⁶ The various drivers for cross-generational sexual relationships along the continuum of volition suggest that not all young women can be depicted as vulnerable or passive in such relationships. However, all cross-generational sexual relations are

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.

inherently risky for young women because of the imbalance in power and their lack of control in making decisions.

Existing Programs and Approaches

The earliest efforts to address cross-generational sex in sub-Saharan Africa were those of Ministries of Education and NGOs that focused on educating students about the “sugar daddy” phenomenon through school-based programs. Since then, several programs have adopted a variety of approaches, although few of these programs have been validated through rigorous evaluations.

Primarily, the existing programs have used the following approaches:¹⁷

- Creating youth livelihood opportunities, including micro-credit initiatives, with income generation and life skills;
- Mobilizing and empowering youth to adopt healthy lifestyles—participatory youth programs that build self-esteem and foster empowerment, but not necessarily with a livelihood component;
- Implementing advocacy programs that raise general awareness about cross-generational sex and mobilize public opinion;
- Creating social marketing and “edutainment” projects, including theater, television and radio spots, and billboards as well as interpersonal communication;
- Implementing health education campaigns that include lessons about youth rights and work with vulnerable populations, such as young people who have been orphaned or made vulnerable by AIDS;

- Addressing power imbalances, inequity, and poverty, including work with abused children in schools or in post-conflict settings;
- Addressing social and gender norms, which also includes work with men specifically.

The last approach—focusing on social and gender norms—is overlooked by many interventions that seek an immediate solution, but its importance should not be underestimated. Gender norms or beliefs in a society that encourage female passivity to violence and coercion or to male aggression increase the imbalance of power in sexual relationships between young females and older males.¹⁸ Perceptions of gender—especially of masculinity and what it means to be a “real man”—promoted through early socialization and popular role models influence males’ propensity for violence against women and girls. These perceptions also influence women’s acceptance of violence and coercion from spouses, boyfriends, sexual partners, and others.¹⁹

Social norms regarding acceptable age of marriage and the practice of polygamy also influence cross-generational sex. In many developing countries, it is common for young girls to marry older males, sometimes with large age differences.²⁰ In some countries, multiple partnerships are accepted for men but not for women.²¹ These views of masculinity perpetuate the belief that men need frequent sexual satisfaction and multiple partners, even if they are outside of marriage and with much younger partners. Cross-generational sex may be a symptom of gender imbalances inherent in those societies.

Promising Practices

To date, no large-scale interventions have been rigorously evaluated for their effect on cross-generational sex specifically. However, important lessons can be learned from two relevant programs: SHAZI! (Shaping the Health of Adolescents in Zimbabwe), and a project of the Institute of Tropical Medicine (ITM)²³ in Nyanza Province, Western Kenya. These two programs have demonstrated that well-developed interventions for young people can reduce a range of risky sexual behaviors, including cross-generational sex. Both combine vocational skills training with a life-skills curriculum focused on HIV and reproductive health education to give participants tools to negotiate the terms of the sexual relationships and decrease unsafe behaviors. An evaluation of SHAZI! is examining cross-generational sex as an important risk behavior, and the results, due in late 2008, are expected to shed light on protective measures for vulnerable young girls.²⁴

Moreover, programs that have promoted community dialogue show promise in addressing gender power imbalances that can lead to cross-generational sex. One such program is *Stepping Stones*, a training package on gender, HIV, communications, and relationships, developed from early research in Uganda and now used globally.²⁵ The *Stepping Stones* methodology encourages community participation in facilitated focus group discussions where young and older women, and young and older men, have an opportunity to discuss gender and relationship issues together with their peers. The program often uses dramas and role-plays to help people communicate about sensitive subjects. The methodology also provides both a process and skills development for reporting back to the wider community on the concerns and solutions identified in the group discussions—concerns that could include cross-generational sexual relationships.

Because *Stepping Stones* engages men and women to work together, it provides a process for reconciling differences and for engaging men as allies in changing social norms regarding gender roles and relations.²⁶ An evaluation of the project has confirmed that this methodology achieves social and individual change,²⁷ especially behavior change that reduces STIs in participants,²⁸ sexual risk taking, and gender-based violence. Some of the significant changes in men's behavior after taking part in *Stepping Stone* include fewer partners, improved condom use, and reduction in transactional sex.

Community Conversations, another promising program, is an innovative process for addressing the factors fueling the HIV epidemic. Mandated by the Ethiopian Ministry of Health to mobilize communities to respond to AIDS, the program fosters dialogue within communities to stimulate local responses. Some of the results that have been reported

after *Community Conversations* are discussions about taboo issues; new leaders and partnerships; frank conversations about sexuality, HIV, and traditions; increased visits to HIV Voluntary Counseling and Testing centers; discontinuation of some customary practices (such as female genital mutilation/cutting, multiple sexual partners, widow inheritance, and bride sharing); and sanctions against the perpetrators of cross-generational sex.²⁹

Lessons for the Future

Based on the desk review on cross-generational sex, as well as discussions with experts since its publication, key recommendations emerge for strengthening programs, research, and policies on this behavior, including:

- **Youth need to be involved in all aspects of programs.** Young people should be included in designing, monitoring, and evaluating interventions to reduce cross-generational sex.
- **Messages and interventions aimed at youth need to be carefully crafted.** Messages for youth should focus on preventing immediate events, such as unintended pregnancy and the dangers of abortion and STIs, because youth often discount the risk of HIV infection when its consequences

USING THE CONTINUUM OF VOLITION²²

Save the Children has applied the continuum of volition in its work in Malawi. In focus groups discussions there in 2003, young women (ages 14–17) revealed that more than half of their unmarried female peers engaged in cross-generational relationships and that they were motivated by cash or gifts. Although for some it was a matter of survival, it was believed that others acted out of pleasure, peer pressure, or force. All the young women in the focus groups 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.

Save the Children concluded that these responses validated the continuum of volition and created a planning tool to identify potential strategies. Local staff worked with young women and communities to develop various strategies that would address the wide range of needs—from girls who engage in the practice “willingly” to those who are forced into the relationship. Strategies to address voluntary cross-generational sex included counseling on dual protection (using condoms for protection against both pregnancy and STIs/HIV), education on STIs, and referral and promotion of youth-friendly services. Strategies for those in the second group—classified as being “economically driven” or engaging in “economically rational sex”—included providing alternative income opportunities through community praise and support. Strategies for those in the third group (“coerced”) included raising awareness of abuse, community policing initiatives, and training of health providers.

No research has been carried out yet to determine that strategies designed within this continuum framework actually decrease the prevalence of cross-generational sex.

are far in the future. Also, information and skill building projects that target youth need to counter inequitable beliefs on femininity and masculinity.

- **Community-based approaches are key.**

Programs to change societal norms and individual behaviors need to draw on theories for social and individual behavior change and develop approaches that both facilitate wide-ranging community discussion on human rights, and advocate for change with local decisionmakers and other influential leaders.

Programs should draw upon the lessons and methods of *Stepping Stones* and *Community Conversations* that work in communities across gender and age differences and have been shown to be effective in changing high risk behaviors.

- **Rigorous scientific data are still needed.**

There is a notable lack of empirical evidence on what is most effective in impacting cross-generational sex and reducing its consequences. Researchers need to undertake and policymakers need to encourage and fund research on this topic that is rigorously monitored and evaluated, across multiple sites and several countries, and sensitive to country context. Moreover, specific research is needed that:

- Evaluates and confirms whether interventions that keep girls in school—schools that are made safer by reducing school-related gender-based violence or eliminating school fees—impact their participation in cross-generational sex;
- Evaluates whether, in fact, livelihood skills and employment opportunities provided widely to girls and young women reduce their vulnerability to cross-generational sex;
- Evaluates the effectiveness of comprehensive behavior change approaches (mass media, one-on-one or small group behavior change communication, social change methodologies) in reducing cross-generational sex and increasing safer sex behaviors, including condom use;
- Assesses whether interventions that focus on working with men and even redefining masculinities reduce men's participation in cross-generational sex relationships; and
- Tests through intervention outcome research the promising continuum of volition developed by Weissman for Save the Children.

An understanding of cross-generational sex has evolved considerably in the last two decades. By incorporating this knowledge—what is the motivation for young

girls and for men who engage in this behavior, whom do interventions need to reach, and what approaches are most effective in changing the behavior—program planners can develop interventions that work. At the same time, by supporting the necessary research and interventions, policymakers can reduce the health risks inherent in cross-generational sex relationships and build stronger nations that protect and empower their citizens.

Endnotes

¹ Hope, Ruth. *Addressing Cross-Generational Sex: A Desk Review of Research and Programs*, (Washington, DC: PRB, 2007). This publication was the result of an in-depth review of literature from nongovernmental organizations and key informant interviews conducted in 2006 and 2007 and can be found at <http://www.igwg.org/pdf/Addressing-CGSex.pdf>.

² HIV/AIDS Survey Indicators Database, www.measuredhs.com/hivdata/ind_detl.cfm?ind_id=62&prog_area_id=9, accessed on July 1, 2008.

³ See S. Gregson et al., “Sexual Mixing Patterns and Sex-Differentials in Teenage Exposure to HIV Infection in Rural Zimbabwe,” *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): 446–51.

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⁵ UNAIDS Fact Sheet on sub-Saharan Africa, http://data.unaids.org/pub/FactSheet/2008/epi07_fs_regionalsummary_subsafrica_en.pdf, accessed on July 1, 2008.

⁶ See the following Demographic and Health Survey (DHS) reports by ORC Macro (www.measuredhs.com): Kenya DHS Survey 2003; Lesotho DHS Survey 2004; Malawi DHS Survey 2004; Nigeria DHS Survey 2003; Tanzania DHS 2004; and Uganda DHS Survey, 2004–2005.

⁷ 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).

⁸ 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.

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¹⁰ 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).

¹¹ UNDP, *Zimbabwe Human Development Report: Redirecting our Responses to HIV and AIDS* (Harare, Zimbabwe: UDNP/Institute Development Studies, 2003).

¹² UNDP, *Zimbabwe Human Development Report, Redirecting Our Responses to HIV and AIDS*, 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.

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¹³ 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.

¹⁴ 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).

¹⁵ 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.

¹⁶ 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/conference_2007; and A. Weissman et al., "Cross-generational Relationships: Using a 'Continuum of Volition' in HIV-Prevention Work Among Young People," 2006.

¹⁷ More information about the various interventions as well as a matrix of existing interventions by approach can be found in the full report, R. Hope, "Addressing Cross-Generational Sex: A Desk Review of Research and Programs" (Washington, DC: Population Reference Bureau, 2007).

¹⁸ UNAIDS, *Facing the Future Together*, 2004.

¹⁹ 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, "Non-consensual 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.

²⁰ WHO/UNFPA/Population Council, *Technical Consultation on Married Adolescents* (Geneva: 2003); N. Luke and K. Kurz, 2002.

²¹ UNDP, Zimbabwe Human Development Report, *Redirecting Our Responses to HIV and AIDS* (Harare, Zimbabwe: UNDP/Institute Development Studies, 2003).

²² See 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.

²³ See www.itg.be/itg/Departments/generalpage.asp?wpid=119&miid=48.

²⁴ Information about SHAZ! is taken from the Women's Global Health Imperative (www.rti.org/page.cfm?nav=461&objectid=E16DD87E-4123-49A6-AAC68972CD84C057) as well as from personal communications with Megan Dunbar, project director, and Nancy Padian, principal investigator and director of WGHI.

²⁵ 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/>

²⁶ See IGWG, *Involving Men to Address Gender Inequities: Three Case Studies* (Washington, DC: PRB for the Interagency Gender Working Group, 2003).

²⁷ T. Wallace, *Evaluating Stepping Stones: A Review of Existing Evaluations and Ideas for Future M&E* (Johannesburg, South Africa: ActionAid International, 2006).

²⁸ South African Medical Research Council, "Stepping Stones Policy Brief," March 9, 2007, at www.mrc.ac.za/pressreleases/2007/7pres2007.htm

²⁹ Based on discussion with Ato Berhanu Legesse, Community Mobilization Officer, UNDP, Addis Ababa; see also the UNDP website at www.undp.org/community/HIV_CA.htm.

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