



**The relationship between socioeconomic status and transactional sex
among young women in South Africa**

BY

MATSHIDISO VALERIA SELLO

STUDENT NUMBER: 681670

A Research Report submitted to the School of Social Science, University of the
Witwatersrand in partial fulfilment of the Master of Arts in Demography and Population
Studies

SUPERVISOR: DR NICOLE DE WET

27 November 2017

Table of Contents

Declaration.....	iii
Dedication	iv
Acknowledgements.....	v
List of Tables	vi
List of Figures	vii
Abstract.....	1
Chapter 1: Introduction.....	3
1.1 Background.....	3
1.2 Problem Statement	4
1.3 Justification	7
1.4 Definition of terms	8
1.5 Research question	8
1. 5.1Sub questions	9
1.6 Research objective	9
1.6.1 Specific Objectives	9
Chapter 2.....	10
2.1 Literature Review.....	10
Introduction.....	10
Demographic characteristics	11
Type of residence (rural/ urban) and province.....	12
Socio-economic characteristics.....	13
Beliefs towards transactional sex.....	14
Subjective norms.....	15
Conclusion	16
2.2 Theoretical and conceptual framework.....	17
Chapter 3: Methodology	19
Introduction	19
3.1 Study area.....	19
Study design.....	20
3.2 Study Population.....	21
3.3 Sample size	21
3.4 Questionnaire Design.....	22
3.5 Study variables.....	22

3.5.1 Dependent variable	22
3.5.2 Independent variables	23
Independent variables	23
Demographic variables	23
Socio-economic variables	24
Beliefs towards transactional sex	24
Subjective norms about transactional sex	24
3. 6 Hypothesis.....	26
3.7 Ethical issues.....	26
3.8 Data Analysis	26
Objective one: To determine the level of transactional sex among young females in South Africa	27
Objective two and three: To establish the relationships between NEETs and transactional sex among youth females in South Africa.....	27
Chapter 4: Results	29
4.1 Descriptive statistics of sexually active women in South Africa	29
Figure 5: <i>Percentage distribution of the respondents' age of last sexual partner</i>	32
Socio-economic characteristics.....	32
Chapter 5: Discussion	45
Demographic characteristics	45
Socio-economic characteristics.....	49
Beliefs towards behaviour.....	51
Subjective norms.....	52
Strengths	54
Weaknesses	54
Conclusions.....	55
Recommendations.....	57
Future research.....	58
References.....	59

Declaration

I, Matshidiso Valeria Sello, declare that this research report is my own original work. It is submitted in partial fulfilment of the Master of Arts in Demography and Population Studies degree, in the school of Social Sciences, University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination to this or any other university.

Date: 27 October 2017

Dedication

This work would not have been possible if it were not of God who strengthens me.

To my mother, thank you for holding my hand in everything I do. For encouraging me to work hard, for waking me up in the early hours of the morning and for being there for me in times of difficulty. My academic success would not have been possible without you.

To my dearest daughter: You were my source of strength. You gave me every reason to work hard. You kept me on my toes and looking at you, made me want to fight harder. Being a mother made me fight to reach my fullest potential.

To my late father, how I wish you were here to see me shine. Your words will always manifest in my heart “haosabatli hoya skolong, otlaja masepa athaka tsa hao”.

To my siblings, I know the struggles of black tax that you went through. I will always be grateful for the efforts and sacrifices you have made to put me through good schools.

Acknowledgements

My sincere gratitude goes to Dr Nicole De Wet. This work would not have been possible without you. I am grateful for you being able to fit me in your tight schedule, for making time to see me even when you had many other students you supervised. Thank you for the comments and feedback you made on my work. Thank you for pushing me to achieve my fullest potential. For making me realize that, I can ‘actually do it’. Thank you for stepping out of your supervisory role and listening to my problems. Thank you for your kindness.

I would like to thank the Centre of Excellence and Human Development for funding my studies. I am grateful for the opportunity and support they had given me throughout my studies.

I am grateful to Mr Vesper Chisumpa. Thank you for your willingness to make time and assist. Thank you for your advice, support, comments and guidance.

To Ms Mkhwananzi, thank you for being tough and allowing me to reach my full potential. Thank you for all the references and recommendation letters you have written for me. I appreciate all the effort.

Thank you to Dr Jeremy Gumbo, for being there, giving help when needed and always giving constructive criticism.

To Mwiza Singini, thank you for being there. You were not only a colleague but you became a friend and a brother. Thank you for availing yourself even when you were also loaded with work. I appreciate all efforts made.

Thank you to Dineo Thaele for your continuous support, for reading my work and giving constructive criticism.

List of Tables

Table 1. Variables used and their definitions.....	24
Table 2. Selected demographic characteristics of the sample of sexually active young women in South Africa, 2012.....	29
Table 3. Beliefs and subjective norms towards behaviour.....	33
Table 4. The relationship between socioeconomic status, demographic characteristics and transactional sexual relationships.....	34
Table 5. Multivariate complementary log-log regression model for transactional sex among sexually active young women.....	37
Table 6. Multivariate complementary log- log regression model for transactional sex among sexually active young women.....	41

List of Figures

Figure 1: Theory of planned behaviour.....	18
Figure 2: Map of South Africa.....	20
Figure 3: Percentage distribution of respondents' age by transactional sex.....	31
Figure 4: Percentage distribution of the respondents' age of last sexual partner.....	31
Figure 5: Percentage distribution of respondents' employment Status.....	32
Figure 6: Percentage distribution of respondents' socio-economic status.....	33

Abstract

Introduction: Across Sub-Saharan Africa, studies have shown transactional sex, characterized by the exchange of money or gifts for sex, to be one of the major contributing factors of HIV/AIDS infection. Risky sexual behaviours such as multiple sexual partners, non-condom use and transactional sex are driving forces behind negative health outcomes of young people. Thus, the aim of the study is to determine the association between socio-economic status and transactional sex among young women in South Africa, primarily to investigate whether transactional sex is a survival strategy or not among young women in South Africa.

Methods: Secondary data analysis was done from a cross-sectional study conducted in 2012 by the Third National Communication Survey. This analysis was limited to 4 586 167 (weighted) sexually active females aged 16-24 who reported engaging in transactional sex. STATA version 13 was used to analyse this data. Descriptive statistics was used to analyse data at the univariate level. The Chi-squared test was conducted to test the relationship between the outcome variable and the independent variables. The complementary log-log regression model was used to analyse the data at multivariate level to identify the association between demographic factors (age, race, marital status, type of residence and province), socio-economic characteristics (education status or training status and employment status), beliefs towards behaviour, subjective norms towards behaviour and transactional sex.

Results: Transactional sex was higher among women whose age at first sex was 18-19 (6.34%) compared to women of older ages 20+ years (0.4%). African women were likely to engage more in transactional sex (3.46%), compared to women of other races (2.48%). This study has found that a relationship between women who were not in Education, Employment and Training (NEETS) and transactional sex did not exist (AOR 1.10, 95% CI: 0.62-1.96).

Single women had higher odds of engaging in transactional sex compared to cohabitating women and married women (AOR 1.04, 95% CI: 0.42-2.54).

Conclusion: The findings of this study have shown that although transactional sex is a common behaviour among young women in South Africa, there is no relationship between socio-economic status and transactional sex. Being NEETS has no association with young women engaging in transactional sex, which means that young women were more likely to engage in transactional sexual relationships for reasons other than survival; that is reasons for having fashionable clothes, cars, expensive holidays, and airtime. However, factors such as early age at first sexual encounter, race, and beliefs about behaviour and subjective norms were associated with transactional sex. The fact that some young women believed that they would not be infected with HIV suggests that there is a need to have intervention programmes to educate young people about HIV risk factors. This study is relevant in informing health policies, planning and programme designs of sexual and reproductive health services in South Africa. Transactional sex is a sensitive issue; problems of underreporting may be expected.

Chapter 1: Introduction

1.1 Background

Youth in Sub-Saharan Africa are growing both in number and in importance. In 2015 there were 226 million youth living in Africa (United Nations, 2015). The number of young people in 2012 in sub-Saharan Africa is projected to increase to 436 million by 2025 (Hervish & Clifton, 2012). Historically, fertility rates have always been higher in sub-Saharan Africa compared to other parts of the world. For an example, in Central Africa fertility was low due to a high prevalence of sexually transmitted diseases which can be associated with high rates of infecundability (Cohen, 1993). High fertility and declining mortality rates have led to very young populations in Sub-Saharan Africa (Bongaarts, 2009). According to the World Bank, countries in Africa have high fertility rates, with the highest being Niger (6.89), Somalia (6.08) and Zambia (5.76). The countries with low fertility rates in Africa include Lybia (2.06), Morocco (2.15) and South Africa (2.23). In comparison to Africa, the fertility rates of other regions are generally low. Majority of countries in Asia, have fertility rates ranging from 1.5-2.5, with only a few exceptions having high fertility rates such as Iraq (3.41), Yemen (4.08) and Afghanistan (5.43). Similarly, Europe has low fertility rates, with the highest rates being Turkey and France (2.08) and the lowest rates being Romania (1.32) and Poland (1.33) (World Bank, 2017). The high fertility rates have social and economic implications in the region, one of them being an increasing labour force (Bongaarts, 2009;Adetunji & Bos, 2006)In sub-Saharan region, the labour force is expected to increase by 11 million people per year in the next 10 years and of those, entrance will be young people seeking their first job (Deon Filmer Louise Fox, 2014).

Youth face a number of persistent challenges in education, employment, sexual and reproductive health as well as HIV/AIDS (Atuyambe et al., 2015). Factors perpetuating these

challenges are institutional corruption, weak economies and violence in the various countries (Fox et al., 2016). The UNDP Human development report has identified that 87% of the world's youth live in developing countries and face challenges or limited access to education, training, employment and other resources for broader economic development (Shaba, 2011). In South Africa both the importance of youth as well as the challenges they face are well-documented. The youth between the ages 15-24 in South Africa account for 19% of the total population (Statistics South Africa, 2015). Unemployment is one of the major challenges in South Africa. In 2015, there were 32.9% of young people between the ages 15-24 who were NEETs (Not in Education, Employment and Training). Of those, 35.8% were female (Statistics South Africa, 2015). Aggravating levels of unemployment in the country is the issue of education. In 2015, unemployment was the highest among youth who had not completed secondary education (41, 9%), followed by those with completed secondary education (36.6%) and was the lowest among those with tertiary education (21.2%) (Statistics South Africa, 2015). Generally, the female youth was better educated compared to their male counterparts. When looking at the youth aged 20-24, 64.4% of males had completed primary school compared to 55.1% females. However, more females have completed secondary and higher education, with 53.3% of the females completing secondary education compared to 46.7% of the male youth (Statistics South Africa, 2015).

1.2 Problem Statement

Transactional sex is sexual intercourse in exchange for money, material goods or other support (Zembe, Townsend, Thorson, & Ekström, 2013). Sexual and reproductive health issues are amongst the most prominent and deadly issues in Sub-Saharan Africa. Globally, youth between the ages 15-24 account for 39% of new HIV/AIDS infections and 15% of women living with HIV/AIDS are young women (15-24) (UNAIDS, 2013). Furthermore,

80% of these young women live in Sub-Saharan Africa and are more likely to acquire the disease 5-7 years earlier than the men in the same age group (UNAIDS, 2014). Women are particularly at risk of acquiring HIV/AIDS because of gender inequality and intimate partner violence, lack of access to healthcare services, lack of access to education and lack of recognition and legal restrictions under the law (Avert, 2016). In South Africa, the prevalence of HIV/AIDS was 5.1% among males and 17.4% among females aged 15-24 (Simbayi et al., 2014).

Risky sexual behaviors including non-condom use, having multiple sexual partners and transactional sex have become increasingly common and are driving forces behind negative health outcomes such as poor reproductive outcomes, unplanned pregnancies, unsafe abortions and sexually transmitted infections amongst youth in the country (Cluver, Orkin, Boyes, & Sherr, 2014; Mchunu, Peltzer, Tutshana, & Seutlwadi, 2013; Zembe et al., 2013). When such transactions take place, it is often difficult for the partner receiving money or goods to negotiate safe sex (MacPherson et al., 2012; Choudhry, Östergren, Ambresin, Kyagaba, & Agardh, 2014; Van der Heijden & Swartz, 2014). A characteristic of these relationships is a wealth differential between partners and often an age differential too, with the 'paying' partner being older (Magni et al., 2015; Zembe et al., 2013).

In South Africa, 29.5% of females aged 15-24 reported having partners who were 5 or more years older than them (Simbayi et al., 2014). It must be noted that not all older men are paying partners, however, studies have found that age-disparate relationships form part of relational risk factors of HIV transmission (Chatterji, Murray, London, & Anglewicz, 2005; Ranganathan et al., 2016a; Stoebenau et al., 2013; Wamoyi, Wight, Plummer, Mshana, & Ross, 2010). Previous studies have found poverty to be the driving force behind transactional sexual relationships among youth (Choudhry et al., 2014; MacPherson et al., 2012; Zembe et al., 2013). In one case study amongst university students in Zimbabwe, it was found that

poor students used transactional sex as a means of survival, however, instances of students from well-off families who used transactional sex purely for social status and for maintaining luxurious lifestyles was also found (Masvawure, 2010). Transactional sex increases social status among young women, in that they want to differentiate themselves from poorer people so that they can be able to fit in better with their friends (Dunkle, Wingood, Camp, & DiClemente, 2010; Gondwe, 2016; S. Leclerc-Madlala, 2003).

In South Africa and other sub-Saharan African countries, older literature reports that females who were uneducated, unemployed and not in any form of training were more likely to engage in transactional sexual relationships to meet their basic needs such as food and rent (Seidel, 1993; Swart-Kruger & Richter, 1997; S. Leclerc-Madlala, 2003). However, more recent studies are arguing that more young women are engaging in transactional sexual relationships not to meet survival needs, but for materialistic reasons, such as the latest clothing, airtime, expensive hair and holidays (Zembe et al., 2013; Smith, 2015; Choudhry et al., 2014).

Female youth in South Africa face rampant socioeconomic challenges. Recent findings show that transactional sex is no longer merely an economics survival strategy, this study aims to determine whether young females not engaged in education, employment or training (NEETs) are more likely to engage in transactional sexual relationships than their counterparts are. This study thus explores the question of whether or not transactional sex is a survival strategy among female youth in South Africa.

1.3 Justification

Young women aged 15-24 in Sub-Saharan Africa are twice as likely to be living with HIV compared to men of the same age group. Non-condom use, early sexual debut, multiple sexual partners and older partners are factors that have put young women (15-24) in vulnerable positions of contracting HIV/AIDS (Avert, 2017). Young women are important because they play multiple roles in African societies. They are primary care givers to the elderly, some are breadwinners in single parent households and others are caretakers to their own children (Stromquist, 2014; Sumra & Schillaci, 2015). Studies have shown that improving women's health has important benefits as women have the burden of protecting and promoting the health of others (Amollo, 2012; Fraser, 2011). The health and development of female youth is of importance in South Africa and to the rest of the continent, hence the South African government has committed itself to implement the national health insurance (NHI) policy to prioritize women's health.

South Africa is decentralizing HIV services to the primary health care level, by addressing HIV-related goals, family planning, reproductive health, and maternal child health (National Department of Health, 2015). Furthermore, the South African government has developed a preventative agenda to promote condom use, HIV/AIDS testing and treatment for STI's among youth (Mchunu, Peltzer, Tutshana, & Seutlwadi, 2012). Therefore, it is important to explore the women's background and reasons for engaging in transactional sexual relationships as this contributes to the understanding of HIV risk factors. This study is necessary because it will contribute to the national governments attempt to reduce HIV/AIDS by better understanding what is contributing to transactional sex among young females who are NEETS as well as their counterparts.

The health and development of female youth is of importance in South Africa and to the rest of the continent, hence the South African government has committed itself to implement the national health insurance (NHI) policy to prioritize women's health. Implemented training programmes such as learnerships, apprenticeships and entrepreneurship are relevant and will benefit young women in South Africa; so that they can be independent and not rely on other 'means' (transactional sex) for economic security (Shaba, 2011). This study is important because it supports the goal of reducing HIV/AIDS and other STIs by the South African government; it is through identifying whether young females who are NEETs are more likely to engage in transactional sex that we are better able to inform interventions as to who should be targeted.

1.4 Definition of terms

Transactional sex- defined as a sexual relations that usually occurs in exchange of money, alcohol or material or financial goods (Choudhry, Östergren, Ambresin, Kyagaba, & Agardh, 2014; Dunkle et al., 2010; Masvawure, 2010).

Youth- is defined as a transition period from childhood to adulthood and it is any persons between the ages 15-24, without any prejudice to other definitions (United Nations, 2007).

NEETS- Are defined as young people who are neither in education, training and employment (Mascherini, Salvatore, Meierkord, & Jungblut, 2012; Simmons & Thompson, 2011; Yates & Payne, 2006).

1.5 Research question

What is the relationship between socioeconomic status (NEETS) and transactional sex among females aged 15-24 years in South Africa?

1. 5.1Sub questions

- i) What is the level of transactional sex among young females in South Africa?
- ii) What is the relationship between NEETs and transactional sex among young females in South Africa?
- iii) What is the relationship between youth that are not NEETs and transactional sex among young females in South Africa?

1.6 Research objective

The objective of the study was to determine the association between socio-economic status (NEETS) and transactional sex among young women (15-24 years old) in South Africa.

1.6.1 Specific Objectives

- i) To determine the level of transactional sex among young females in South Africa.
- ii) To establish the relationships between NEETs and transactional sex among youth females in South Africa.
- iii) To determine the relationship between youth that is not in NEETs and transactional sex among young females in South Africa.

Chapter 2

2.1 Literature Review

Introduction

In 2013 new HIV infections accounted for 33% globally among youth aged 15-24 and young women were more affected compared to their male counterparts (Choudhry, Ambresin, Nyakato, & Agardh, 2015). Sub-Saharan Africa remains largely affected by the HIV/AIDS epidemic with approximately 23.5 million people living with HIV/AIDS (Magni, Christofides, Johnson, & Weiner, 2015). South Africa has a high HIV/AIDS prevalence with nearly 12.2 % of people of all ages living with the virus (Magni et al., 2015b).

Transactional sex is a fundamentally risky behaviour that contributes to HIV/AIDS infection and it is defined as a sexual relation that usually involves an exchange of money, alcohol or material goods (Zembe et al., 2013; Stephenson, Winter, & Elfstrom, 2013). Transactional sexual relationships, like prostitution are often non-marital, with multiple sexual partners. They are often motivated by economic gain; which may make women more vulnerable to sexually transmitted infections, rape and intimate partner violence (Jewkes & Dunkle, 2012). Despite these similarities, numerous studies have noted the difference between transactional sexual relationships and prostitution, stating that in transactional sexual relationships partners are regarded as 'boyfriends' not 'clients' and as 'girlfriends', not prostitutes. The exchange of gifts or money is part of the broader set of obligations that may not involve predetermined payments (Stoebenau et al., 2011a; Magni, Christofides, Johnson, & Weiner, 2015).

Globally, transactional sexual relationships among young women have been associated with poor reproductive and sexual outcomes, such as unplanned pregnancies, unsafe abortions and sexually transmitted infections (Choudhry et al., 2015). Studies have shown that young women, particularly those aged 15-24 are more vulnerable to the HIV virus and this can be

attributed to their demographic as well as their socio-economic characteristics (Okigbo, McCarraher, Chen, & Pack, 2014). Furthermore, some studies have argued that transactional sexual relationships have been influenced by a number of social, political and economic conditions (Stoebenau et al., 2011).

Demographic characteristics

Among young women, demographic factors found to be associated with transactional sex include age, age at first sex, age of the last sexual partner, race, marital status, type of residence and province. In South Africa transactional sex poses a greater threat among young women, as women are more biologically susceptible to HIV infection compared to men and when sex is exchanged for money and gifts, women may lose the ability to negotiate for safer sex (Jewkes & Dunkle, 2012). Early sexual debut is one of the major contributing factors to the HIV pandemic. Many researchers have differed in their definition of early sexual debut. Other researchers have defined it as having sex before the age of 15, while others argued it to be sex between the ages 13-17. Some researchers have not given specific ages but gave school grade levels (i.e. sex before high school) (Cavazos-Rehg et al., 2009; K. A. Johnson & Tyler, 2007; Mmbaga, Leonard, & Leyna, 2012). Early age at first sexual encounter is more likely to be associated with having multiple sexual partners, lack or inconsistency use of contraceptives and the risk of unplanned pregnancies (Selikow, Ahmed, Flisher, Mathews, & Mukoma, 2009; Fagbamigbe, Adebayo, & Idemudia, 2016). Furthermore, early sexual debut may be associated with low economic status in which young women are often coerced into having sex with older men in order to survive (Ramjee & Daniels, 2013).

Transactional sexual relationships reflect a power imbalance among men and women, whereby young women become involved with older men, thus making it difficult for these young women to negotiate for the timing and nature of sex as well as condom use which

would put them at a higher risk of contracting sexually transmitted infections (Magni et al., 2015). A study conducted in Malawi, Tanzania and Nigeria found that men who reported having transactional sexual relationships were 40 years and above. Married or divorced men in Nigeria were found to engage in transactional sex more compared to men who were never married (Stephenson, Winter, & Elfstrom, 2013). These older men are often referred to as ‘sugar daddies’ and in South Africa these men are referred to as the ‘blessers’ and the women receiving the money or gifts are known to be the ‘blessee’ (Choudhry, Ambresin, Nyakato, & Agardh, 2015; Adams, 2016 and Verass, S, 2016). However, another study conducted in Malawi presents a contrasting view, in which transactional sex, particularly cash transfer, among women in high school encourages these women to reduce their risky sexual behaviour, thus decrease their risk of teenage pregnancy (Ramjee & Daniels, 2013). In addition to this, a study in South Africa has found the men in transactional relationships to be powerful and older, thus the women are at higher risks of being victims of sexual violence (Magni et al., 2015).

Apartheid in South Africa had resulted in racial and social segregation whereby people were structured according to race and gender which had a negative influence on the organization of social life (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009). The inequalities left by the apartheid system have marginalized women and some studies have shown that many African girls were more likely to engage in transactional sex compared to girls of other races in South Africa (Jewkes, Morrell, Sikweyiya, Dunkle, & Penn-Kekana, 2012; Magni et al., 2015).

Type of residence (rural/ urban) and province

In many African countries, poverty is regarded as the driving force of transactional sex and the distinction by place of residence may be a factor that influences this behaviour among

young women. A study done in Uganda has found transactional sex to be highest among women who resided in rural areas (Choudhry et al., 2014b). However, a study done in South Africa has found transactional sex to be the highest among women in urban areas (60.4%) compared to women in rural areas (39.6%) (Magni, Christofides, Johnson, & Weiner, 2015). In South Africa there is limited quantitative data demonstrating the association between transactional sex and HIV among young people in different provinces (Ranganathan et al., 2016).

Socio-economic characteristics

Many countries in sub-Saharan Africa have faced economic challenges in the last two decades. The slow economic growth has influenced the governments' ability to spend on social services, thus further impoverishing African populations (Ramjee & Daniels, 2013). The prevalence of HIV/AIDS is high in sub-Saharan Africa and studies have shown that poverty is one of the major driving forces of the transmission of the virus among women (Stoebenau et al., 2011b; Ramjee & Daniels, 2013). In South Africa, poverty happens both at the individual and societal level, as the poor individuals may engage in transactional sex due to the lack of earnings (Muula, 2008). In addition to that, studies have shown that in conditions of poverty, contracting HIV and AIDS has become the least of people's day-to-day concerns (Choudhry et al., 2015; Ramjee & Daniels, 2013). A study conducted in Zimbabwe among university female students has found that sometimes young women enter into transactional sexual relationships for reasons other than survival (Masvawure, 2010). In South Africa, the consequence of the Apartheid system has resulted in many African women not being educated, which has minimized their earning potentials in job markets, making it difficult for them to send their children to higher learning institutions (Muula, 2008). Without adequate education, many girls in sub-Saharan Africa get married at young ages and not

having access and control over household income leads to these young girls engaging in transactional sexual relationships (Choudhry et al., 2015a). Similarly, other studies have also found that women who were uneducated were more likely to risk engaging in transactional sex because of the financial strains they faced (Fielding-Miller, Dunkle, Cooper, Windle, & Hadley, 2016 ;Magni et al., 2015). In contrast, other studies have found that women who had no education were not the only ones engaging in transactional sexual relationships. A study among University Students in Zimbabwe found that female students coming from lower-middle class families used transactional sex to secure a modern lifestyle, therefore transactional sex may serve as an opportunity for economic independence and social mobility (Stephenson et al., 2013). In comparison to the poor students, transactional sex among those who were from well off families was used as an opportunity to maintain their already privileged class position (Masvawure, 2010).

In sub-Saharan Africa, lack of employment has led to young women engaging in risky sexual behaviour, thus putting themselves at risk of sexually transmitted infections (Okigbo et al., 2014). Some studies have shown that transactional sexual relationships were often motivated by consumption and often very poor young women were regarded as victims to resort to ‘survival sex’ in order to cater for their basic needs (Stoebenau et al., 2011; Masvawure, 2010). A study conducted in South Africa has found that half of the men who engaged in transactional sexual relationships, had reported giving partners cash, whereby 71.5% was mainly used on cosmetics and beauty products (Jewkes et al., 2012). However, transactional sex is not only limited to low income countries as even in the richest countries, people exchange sex for luxury goods and a sense of security (Choudhry et al., 2015).

Beliefs towards transactional sex

Transactional sexual relationships have adverse health outcomes among young women in South Africa as often they are at risk of contracting sexually transmitted infections, unplanned pregnancies resulting in abortions and single parenthood, which in turn leads to poor developmental outcomes for both the mother and the child (Setswe & Zuma, 2010). Some studies have found that some young people did not believe that they would get HIV/AIDS (Ferreira, Bento, Chaves, & Duarte, 2014). It has been argued that peer education played a role in HIV/AIDS as numerous assumptions reinforce that young people are more likely to listen and believe what they had been told by their trusted peers (Jeanes, 2013).

Subjective norms

Transactional sex increases the risk of HIV and other sexually transmitted diseases such that many young people now consider having multiple sexual partners and having sex with older men for the exchange of money as the norm (Okigbo, McCarragher, Chen, & Pack, 2014). Furthermore, the exchange of money and gifts for sex may show commitment and affection in the relationship. It may be a sign of acknowledgement and respect as well as a display in a form of impressing friends (Choudhry et al., 2015). In a study conducted in Tanzania, young women contended that they negotiated sexual deals to their own advantage and they added that no self-respecting women should ever have sex with a man for free (Wamoyi et al., 2010). From a Western point of view, studies have regarded the exchange of money or goods for sex as prostitution, however in the African context it may be regarded as a cultural practice (Muula, 2008; Jewkes et al., 2012). Peers and family members encourage these transactional sexual relationships, whereby the women are motivated to get more gifts and money from their partners, and those who have received nothing in return of sex may be mocked and regarded as ‘prostitutes’ who have devalued themselves or failed to support their families financially (Fielding-Miller et al., 2016). Studies have shown that young women are

susceptible to socially set norms as they often pay attention to their peers' opinions (Selikow et al., 2009). The problems associated with norms is that they can exert social pressures, particularly among young women who are more likely to fall into peer pressure (Selikow et al., 2009). In South Africa, many young women are looking for blessers (older men with money) and often these young women meet the blessers at clubs (Adams, 2016). Drinking alcohol has been associated with a number of risky sexual behaviours such as transactional sex, inconsistent condom use as well as having unprotected sex (Magni et al., 2015). In South Africa, there are stokfels that are aimed at matching the blessers and the blesse. The growing expectation is that these older men will take these young women home and in the morning the women would be given an allowance known as 'Mavuso' (the Nguni word which means wake up) and the money not be any less than R300 as it is regarded as a compensation to the women (eNCA, 2016).

The national strategic plan on HIV, STDs and TB is aimed at reducing the incidence of HIV/AIDS among women such that antiretroviral treatment will be given to pregnant women at the CD4 count of 350 or less to enhance maternal survival as well as implement the prevention of mother to child HIV transmission (Department of Health, 2010). Furthermore, this policy aims to protect the rights of people infected with HIV/AIDS by ensuring that people eligible for HIV treatment are receiving it (Department of Health, 2010).

Conclusion

Transactional sex is a risky sexual behaviour that contributes to the negative health outcomes of young women in South Africa. It remains a major contributing factor to the HIV/AIDS pandemic. While older literature has argued that poverty is a driving force for transactional sexual relationships, this study seeks to find out whether being NEETS has any impact in young women's decision in engaging in such behaviour. A number of important factors contribute to these young girls behaviour, which includes demographic and socio-economic characteristics. It is important to understand the motivations behind young women's decision in engaging in such behaviour, as often young girls are the most vulnerable. Understanding

this behaviour is important for the planning of programs and government interventions, to who to be targeted, taking into account that the development and health of every young women is of vital importance in South Africa and every African country.

.

2.2 Theoretical and conceptual framework

This study has used the Theory of Planned Behaviour, which adopts a cognitive approach in explaining behaviour. This theory is based on the individual's attitudes and beliefs towards transactional sex and was founded by Icek Ajzen in 1975 (Lange, Kruglanski, & Higgins, 2011). According to this theory, human behaviour is influenced by the beliefs about the outcome of the behaviour. This includes the beliefs about the normative expectations , the motivations to follow these expectations as well as the perceived beliefs about this behaviour (Ajzen, 2015). The theory of planned behaviour developed from the theory of reasoned action, whereby the intention is an outcome of the combination of attitudes towards a particular behaviour (Lange et al., 2011; Michie, Johnston, Francis, Hardeman, & Eccles, 2008; Montano & Kasprzyk, 2015).. The theory of planned behaviour added perceived behavioural control to the individual's intention, which is the perceived ease or difficulty with which the individual will be able to carry out the behaviour (Lange et al., 2011). This study will modify Icek Ajzen's model by replacing the attitudes variable with the beliefs. This is because the beliefs more than the attitudes influence the young females intention to engage in transactional sex (behaviour).

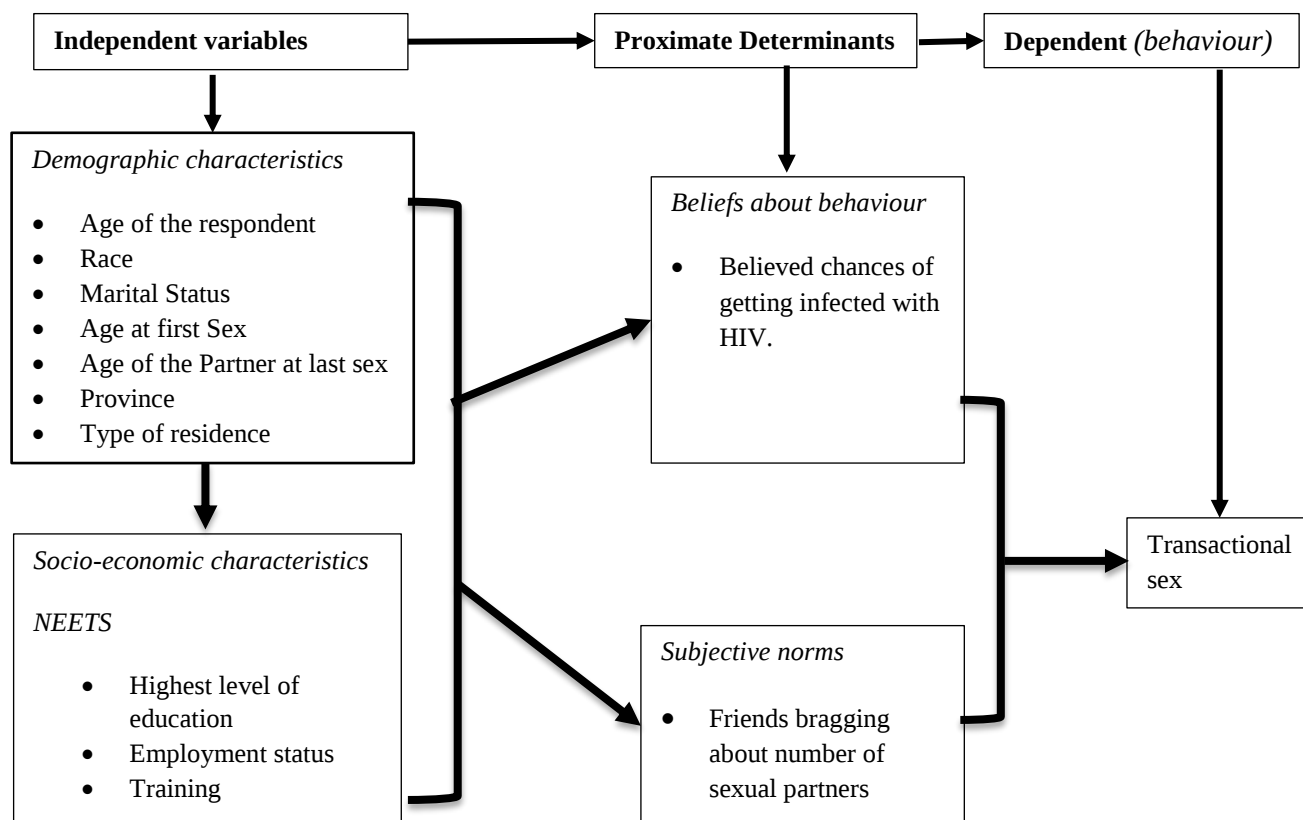


Figure 1. Theory of planned behaviour (Adapted from Munro et al. 2007)

Transactional sex is the outcome variable. This behaviour is influenced by the background characteristics (age of the respondent, race, marital status, age at first sex, age of the partner at last sex, province and type of residence) and socio-economic characteristics NEETs (derived from the variables highest level of education/ training and employment status). These background characteristics may serve as motivational factors for behavioural intention (transactional sex). Furthermore, the background characteristics operate through the beliefs towards behaviour and subjective norms of the respondents to influence behaviour (Transactional sex). The subjective norms refer to whether most people approve or disapprove of the behaviour. This also influences a person's beliefs about whether peers or people of importance think they should engage in that behaviour (Ajzen, 1991). It must be noted that beliefs of individuals shows the information that individuals have about behaviour (transactional sex) (Ajzen, 2015).

Chapter 3: Methodology

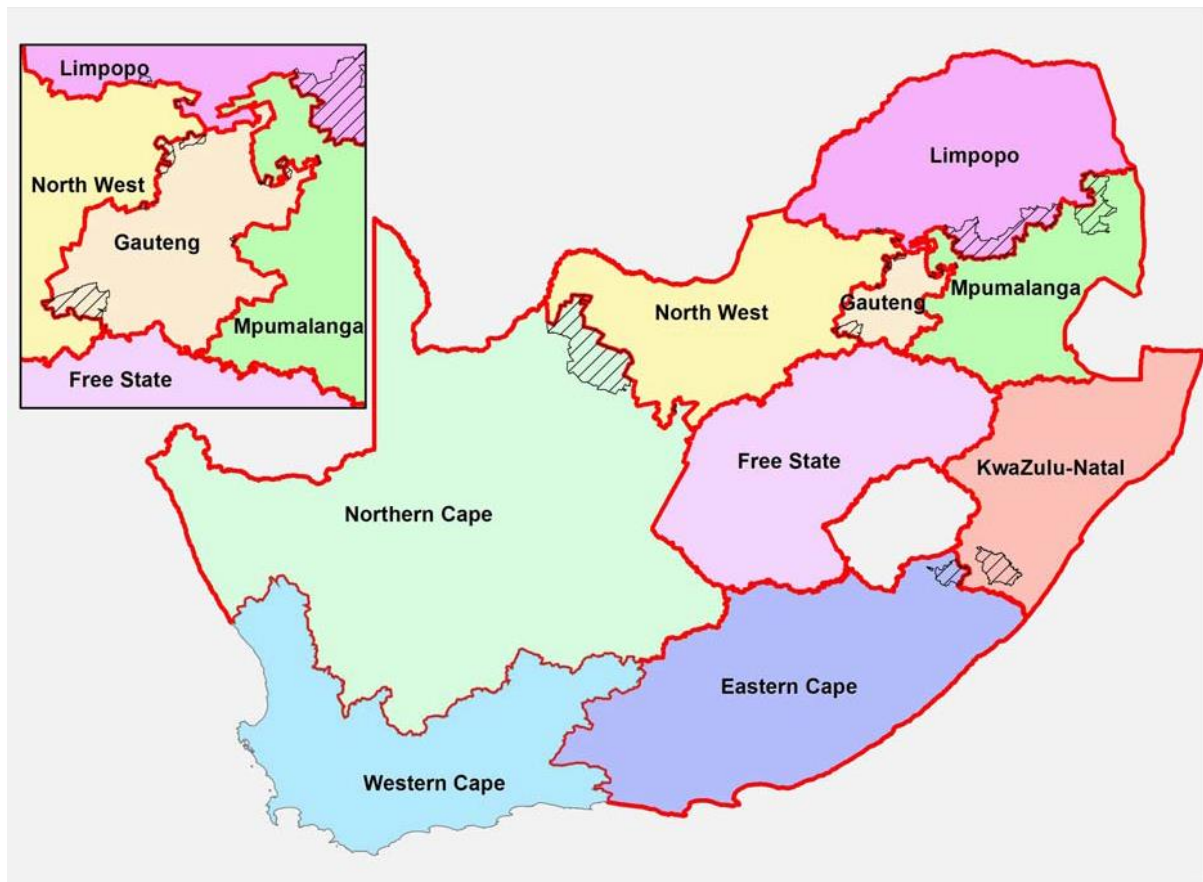
Introduction

Some variables may have the potential to influence transactional sexual relationships. This chapter provides a description of the study setting, data sources, and survey design, sample size and variable definition. Details of the statistical analysis used and ethical issues are discussed.

3.1 Study area

The study area for this research is South Africa. It is located in Southern Africa with neighbouring countries including Lesotho, Mozambique, Zimbabwe, Botswana and Namibia. The population estimated to be living in South Africa in 2016 was 55.91 million people; with Gauteng having the largest population of approximately 13.5 million people (24%), followed by KwaZulu Natal 11.1 million (19.9%) and the Northern Cape having the smallest population 1.19 million (2.1%) (Statistics South Africa, 2016). The country has 11 official languages and is divided into four racial groups, which include Africans, Coloureds, Indians and Whites. South Africa's prevalence of HIV (12.7%) is amongst the highest in the continent (Statistics South Africa, 2016). The HIV prevalence of females aged 20-24 was twice as high as that of men of the same age (Shisana et al., 2014).

Figure 2. Map of South Africa



Source (Statistic South Africa, 2011)

Study design

This study uses secondary data. Data used was from the third National Communication Survey (NCS), which was a national representative study, conducted across all nine provinces in South Africa. The NCS was conducted by the Centre for Communication Impact (CCI), formerly known as Johns Hopkins Health and Education in South Africa (JHEESA). The first National HIV and AIDS Communication Survey was conducted in 2006, which primarily aimed to investigate the key drivers of the epidemic of HIV and the impact that the communication programs have had on the epidemic (Schierhout, Delate, & Ridgard, 2008). The second and third national communication survey were conducted in 2009 and 2012 respectively (Johnson, S et al., 2010, 2013). A multistage, cluster sampling approach was used to draw a sample of 400 primary sampling units (PSU) (Johnson et al., 2013). In

addition to that, the country was stratified into nine provinces and within each province the PSU was sampled on the probability proportional to size, whereby size is the number of individuals in each sub place (Johnson et al., 2013). Moreover, a systematic sampling approach was used to select households to be interviewed at sub place and individuals interviewed had to stay in the household permanently or at least spend four nights in the household annually (Johnson et al., 2013). This study was cross-sectional as data was collected at one point in time and was collected between February and May 2012 (Johnson et al, 2013). The NCS was designed to examine the impact that the HIV communication programs have on people's knowledge, their views on HIV and how their lifestyle has been impacted.

3.2 Study Population

The third National Communication Survey included participants across all nine provinces and was designed to be representative of the 16-55 year olds across all population groups (Johnson et al., 2013). However, the study population for this study is all females aged 16- 24 of all races, who are sexually active in South Africa.

3.3 Sample size

A total of 10 034 participants were interviewed in the National Communication Survey. However, the sample size for this study is (n=1 922) 4 586 167(weighted sample) sexually active females who are between the ages of 16- 24 years old and reported engaging in sexual intercourse. A weighted sample was used in order to be representative of the overall population of South Africa, accounting for sex, age, population group, urban/rural residence, and province. Moreover, weights were validated using the 2007 community survey by Statistics South Africa (Johnson et al., 2013).

3.4 Questionnaire Design

The structured questionnaire was used as a data collection instrument for NCS 2012. The questionnaire was structured in order to measure the main characteristics of respondents which might influence the accessibility to HIV communication, exposure to various HIV campaigns, risky behaviours, care and support behaviours (Johnson et al., 2013). The questionnaire included the socio-demographic variables (age, employment status and level of education), social capital and social norms with respect to HIV and AIDS. Moreover, the questionnaire included the nature and extent of multiple sexual partnerships. This included the length of those relationships, condom use as well as the role of alcohol in relation to sex and HIV (Johnson et al., 2013). The questionnaire was translated from English to the other official South Africa languages and was piloted in Gauteng, Kwa Zulu Natal and the Eastern Cape to ensure that the response categories were correctly understood by researchers and respondents (Johnson et al., 2013) .

3.5 Study variables

3.5.1 Dependent variable

The dependent variable for this study is transactional sex and it has been defined as sex in exchange of money or gifts. This variable has two outcomes, yes or no. The dependent variable was measured through the question “Have you received money or gifts from this person in order to have sex with them”.

Table 1. Definition of dependent variable

Variable	Variable definition
Outcome variable Transactional sex	Have you received money or gifts from this person in order to have sex with them?

	No (0)
	Yes (1)

3.5.2 Independent variables

The independent variables were tested in relation to the outcome variable of transactional sex.

The table below summarizes the variables used in the study and their definitions.

Independent variables

Demographic variables

The demographic characteristics measured were the respondents' age, age at first sex, age of last sexual partner, race, marital status, type of residence and province. The respondents' age and age of the last sexual partner were measured at the time of the survey in years. The respondents' age were regrouped into two age groups; those aged 16-19 and 20-24. Similarly, the age of the last sexual partner was regrouped into three age groups; those aged 16-19, 20-24 and 25+. The variable 'race' has been re-categorized into two, African and other. 'Race' in South Africa is a highly contested term because of the country's historical and political background. However, the other race categories (Coloureds, Indians and Whites) have been merged because of their small sample sizes. For marital status, those who were divorced/widowed, single and not married/ living together were recoded as "single". Those who were not married but living with sexual partner were recorded as "cohabitating". Those who were married, currently living with/without a spouse were recoded as "married". For type of residence, those who lived in urban formal, urban informal and peri-urban were recoded as 'urban' and those who lived in tribal settlements and farms were recoded as 'rural'. For province, all provinces were left as they were for descriptive statistics however; Northern Cape was dropped in the multivariate analysis because of the small sample size.

Socio-economic variables

The socio-economic variable NEETS was derived from the employment status variable. The ones who were unemployed looking for work/ not looking for remained in the unemployed category, those who were employed full time/part time were categorized as employed. Those who were in school or in tertiary institutions were coded as being “students”. Those living on grants were recorded as “others”. The final variable NEETS was taken from the employment status variable and the level of education variable. Those who were unemployed had no schooling and those with less than matric education were coded as “In NEETS” and those employed, in education or training (in school or higher learning institutions) and others were coded as “Not in NEETS”.

Beliefs towards transactional sex

The variable believed chances of getting infected with HIV was recoded; those who said they already knew their HIV positive status and those who refused to answer were put together. Those who believed that they were ‘probably going to get infected’ and those who believed they were ‘definitely going to get infected’ were combined and named “going to get infected”. Those who believed that they were “definitely not going to get infected” and those who believed they were “probably not going to get infected” were combined and named “not going to get infected”

Subjective norms about transactional sex

The variable friends brag about the number of sexual partners was recoded. Those who somewhat agree and those who strongly agree were combined to create the category ‘agree’ and those who ‘somewhat disagreed’ and those who ‘strongly disagreed’ were combined and renamed ‘disagree’.

Table 1. Variables used and their definitions

Variable	Variable definition
Demographic factors	
Age of the respondent	16-19 (0) 20- 24 (1)
Age of last sexual partner	≤16-19 (0) 20-24 (1) 25+ (2)
Age at first sex	0-15 (1) 16-17 (2) 18-19 (3) 20+ (4)
Race of the respondent	Other (0) African (1)
Marital Status	Married (0) Cohabiting (1) Single (2)
Province	Western Cape (0) Eastern Cape (1) Free State (2) Gauteng (3) KwaZulu-Natal (4) Limpopo (5) Mpumalanga (6) North West (7) Northern Cape(8)
Type of residence	Urban (1) Rural (2)
Socio-economic variables	
Not in education, employment or training (NEETs) Derived from the employment status variable. Positive responses to (1) unemployment, (2) not in school (education) and (3) not in university/college (training) are combined to derive this variable.	Are you NEETS (Not in education, employment or training) No (0) Yes (1)

Beliefs towards transactional sex	
Believed chances of getting infected with HIV	What do you think your chances are of getting infected with HIV? Refused to answer/ Know HIV status already (0) I am going to get infected with HIV (1) I am not going to get infected (2)
Subjective norms towards transactional sex	
Friends bragging about number of sexual partners	Most of my friends brag about how many people they are having sex with. Disagree (0) Agree (1)

3. 6 Hypothesis

- H_0 – Youths that are NEETs are not likely to engage in transactional sex.
- H_1 – youths that are NEETs are more likely to engage in transactional sex.

3.7 Ethical issues

Ethical issues have been addressed by the designers of the NCS survey, such that they received ethical approval from the University of Witwatersrand's Human Research Ethics Committee and from the Institutional board of the John Hopkins University, School of public health. Field workers read information and consent forms to selected individuals. If they were willing to participate, they signed an informed consent form.

3.8 Data Analysis

Data was analysed in three levels of univariate, bivariate and multivariate analysis. Univariate analysis of descriptive statistics was used to describe the background characteristics of

respondents using percentage distribution. Bivariate and multivariate analysis was used to achieve objective two and three. The statistical tests were conducted at 5% level of significance and 95% confidence interval. The data was weighted in order to obtain results representative of the South African Population. The data was analysed using STATA version 13.

Objective one: To determine the level of transactional sex among young females in South Africa

To meet objective one, a univariate analysis was done to describe the sample. This was achieved using tables to show the frequency distribution of the study variables. The descriptive of study variables were also shown using graphs.

Objective two and three: To establish the relationships between NEETs and transactional sex among youth females in South Africa.

The bivariate analysis of the chi-square of the association test was used to examine if there is an association between NEETS and transactional sex. A cross tabulation chi square was used to show the differences in demographic and socio-economic factors among respondents. Furthermore, a three-way contingency table was used to examine the difference in transactional sex by the age of the respondent and other selected characteristics. The chi square test of independence is an appropriate bivariate test given that the variables are categorical. This test was used to determine whether the first variable is related or independent of the second variable (Steinberg, 2011).

The formula used for this test is:

$$\sum [(f_o - f_e)^2 / f_e]$$

Where:

f_o = the observed frequency in the cell

f_e = the expected frequency in the cell (Salkind, 2011).

Objective two and three was met using the complementary log-log regression model producing odds ratios in order to measure the association between the outcome variable (transactional sex) and the explanatory variables. This analysis tests the probability of all independent variables statistically. This model was used because transactional sex as the outcome variable was less than 10%, therefore making it a rare event (Penman & Johnson, 2009). The regression models were developed using the forward stepwise regression complementary log-log approach. Model one included the demographic characteristics of the respondents. Model two included the demographic and socio-economic variables. Model three included the demographic, socio-economic and beliefs towards transactional sex. Model four was an all-inclusive regression model, which included all the variables of analysis.

The formula for this test is:

$$Pr(Y = 1|X) = 1 - \exp\{-\exp(X\beta)\}$$

Where:

$Pr(Y = 1|X)$ Shows the probability of engaging in transactional sex.

$\exp$ is the exponential term.

(X) Shows the covariates in the model.

(β) is the coefficient term of X in the model.

(Penman & Johnson, 2009)

Chapter 4: Results

This study seeks to investigate the relationship between socio-economic status and transactional sex- receiving money/gifts in exchange of sex- among young women (16-24) in South Africa, in 2012. This section shows how transactional sex is associated with other factors (demographic, socio-economic and behavioural factors). A univariate, bivariate and multivariate analysis was done to show how this behaviour (transactional sex) is influenced by other variables.

4.1 Descriptive statistics of sexually active women in South Africa

Table 2. Selected demographic characteristics of the sample of sexually active young women in South Africa, 2012

Variables	Total sample weighted	
	N= 4 586 167	%
Age of the respondent		
16-19	1 832 009	39.95
20-24	2 754 158	60.05
Age at first sex		
0-15	433 290	9.45
16-17	1 273 883	27.78
18-19	995 861	21.71
20+	1 883 133	41.06
Race of the respondent		
African	3 589 177	78.26
Other	996 990	21.74
Marital status		
Married	248 718	5.42
Cohabiting	419 690	9.15
Single	3 917 759	85.43
Province		
Western Cape	524 994	11.45
Eastern Cape	562 759	12.27
Free State	268 988	5.87
Gauteng	1 066 965	23.26
KwaZulu Natal	957 219	20.87
Limpopo	463 716	10.11

Mpumalanga	338 695	7.39
North West	303 364	6.61
Northern Cape	99 467	2.17
Type of residence		
Rural	1 023 906	22.33
Urban	3 562 261	77.67

Table 2 depicts the main characteristics of the respondents (N=4 586 167 weighted) who were between the ages 16-24 and are sexually active. The majority of respondents were between the ages 20-24 (60.05%). The majority of respondents had their first sexual encounter at the age 20+ years (41.06%), followed by those between the ages 16-17 years. A substantial number of respondents were African (78.26%) and the majority were single (85.43%). Only a few number of respondents were married (5.42%). Of those interviewed, many resided in Gauteng (23.26), KwaZulu Natal (20.87%) and Eastern Cape (12.27%) and only a few resided in Northern Cape (2.17%) and Free State (5.87%). The majority of respondents resided in the urban areas (77.67%) compared to rural areas (22.33%).

Sample characteristics

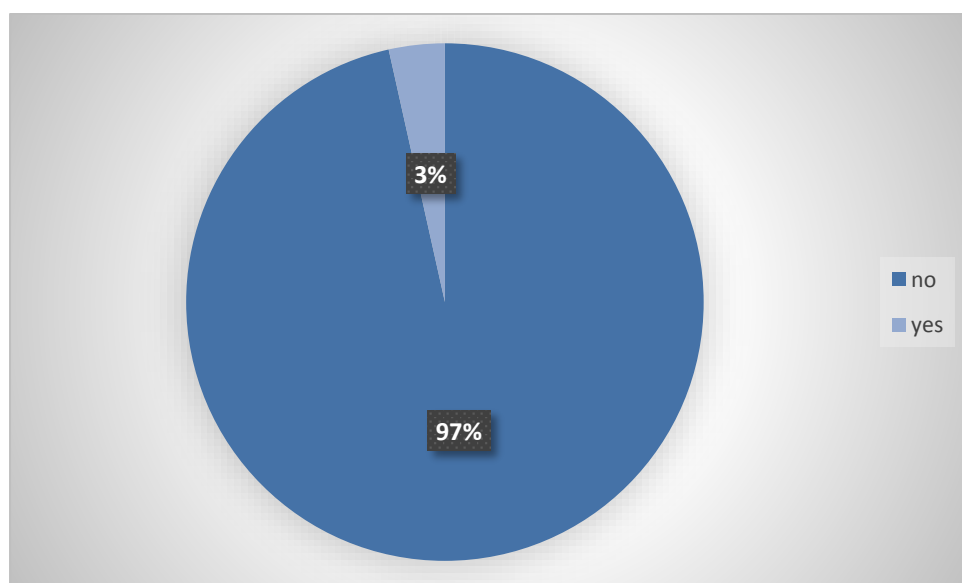


Figure 3: *Percentage distribution of transactional sex among young women in South Africa*

Figure 3 above depicts the percentage distribution of transactional sex among young women.

The majority of respondents reported that they did not engage in transactional sexual relationships (97%). Only a few number of respondents engaged in this behaviour (3%).

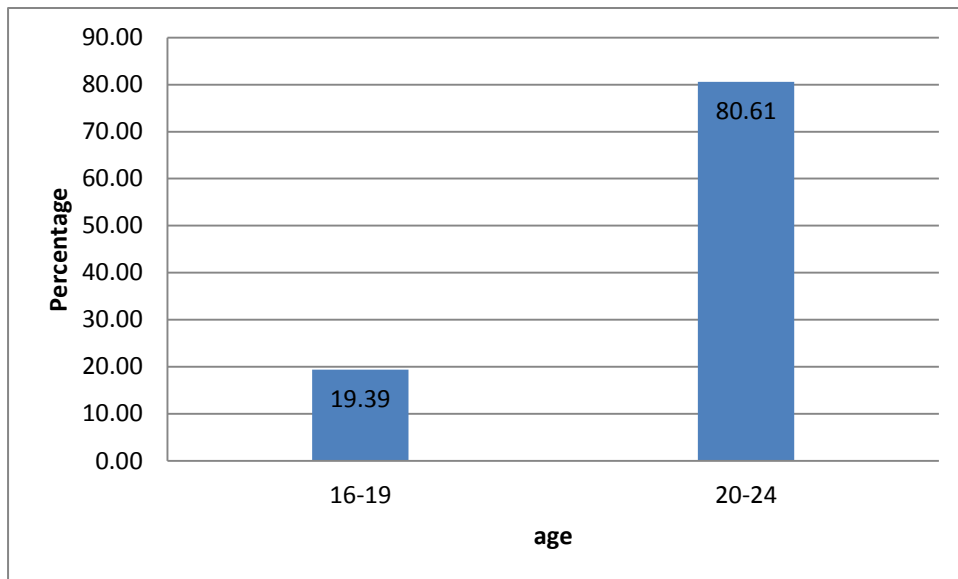


Figure 4: Percentage distribution of respondents age by transactional sex

Figure 4 above depicts the percentage distribution of the respondents' age by transactional sex. The majority of respondents who engaged in transactional sexual relationships were between the ages 20-24 (80.61%). Only a few number of respondents aged 16-19 (19.39%) engaged in transactional sex.

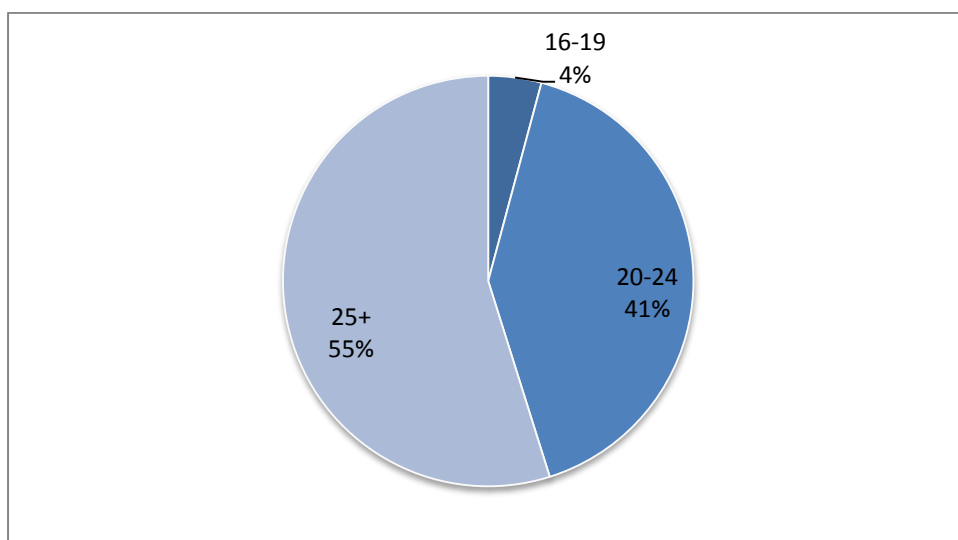


Figure 5: Percentage distribution of the respondents' age of last sexual partner

Figure 5 above depicts the percentage distribution of the respondents' age of sexual partners. The majority (55%) of respondents had sexual partners that were between the age groups 25 and above, followed by those aged 20-24 (41%) and only a few (4%) had sexual partners that were between the ages 16-19.

Socio-economic characteristics

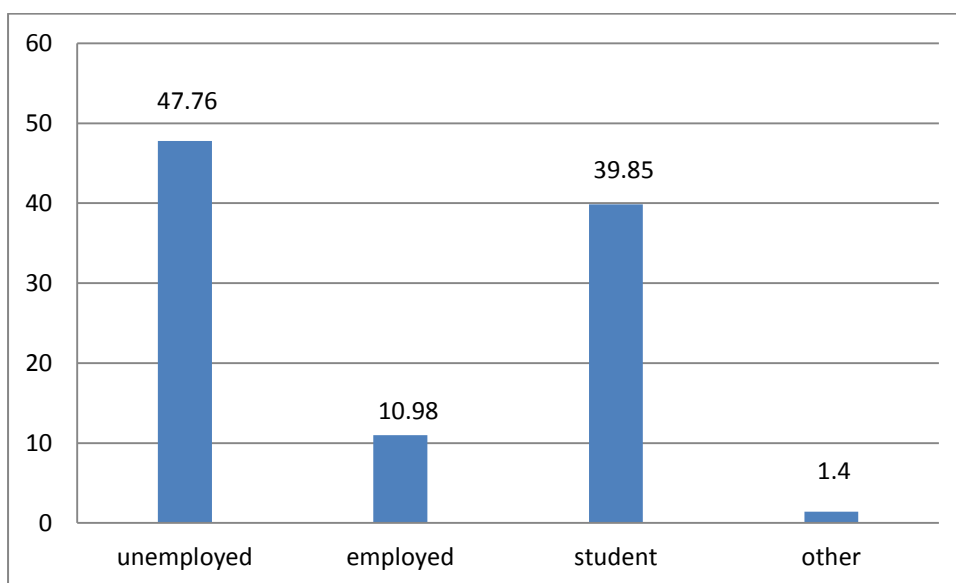


Figure 6: Percentage distribution of respondents' employment Status

Figure 5 above shows that the majority of those interviewed were unemployed (47.76%) and students (39.85%). Only 10.98% were employed and only a few (1.4%) engaged in other activities.

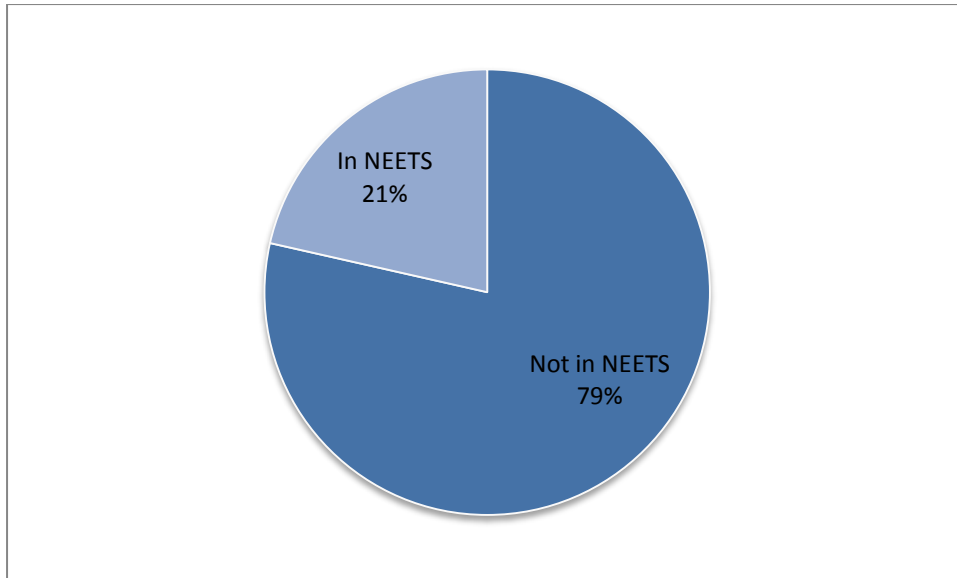


Figure 7: *Percentage distribution of respondents' socio-economic status.*

Figure 6 above depicts the socio-economic status of sexually active young women. A fewer number of respondents were in NEETS (21%) (Not in education, employments or training). The majority of the respondents interviewed were not in NEETS (79%).

Table 3. Beliefs and subjective norms towards transactional sex

Variable	Total sample weighted	
Believed chances of getting infected with HIV	N= 486 167	
already know HIV+/refused to answer	377 869	8.24
I am going to get infected with HIV	862 913	18.82
I am not going to get infected	3 345 385	72.95
Variable		
Friends bragging about number of sexual partners	N=4 578 697	
Disagree	2 837 090	61.96
Agree	1 741 607	38.04

Table 3 above shows that a substantial number of respondents (72.95%) believed that they were not going to get infected with HIV compared to those that believed were going to get infected (18.82%). Only (8.24%) refused to answer or already knew their HIV status. The

majority of respondents (61.96%) disagreed about their friends bragging about the number of sexual partners compared to those who agreed (38.04%).

Table 4. The relationship between socioeconomic status, demographic characteristics and transactional sexual relationships.

Transactional sex				
Variables	No	Yes	Total	p-value
Demographic variables				
Age of the respondent				
16-19	1 803 152	28 857	1 832 009	<0.001
	98.42	1.58	100	
20-24	2 634 213	119 945	2 754 158	
	95.64	4.36	100	
Total	4 437 365	148 802	4 586 167	
	96.76	3.24	100	
Age at first sex				
0-15	409 979	23 311	433 290	<0.001
	94.62	5.38	100	
16-17	1 218 975	54 908	1 273 883	
	95.69	4.31	100	
18-19	932 771	63 090	995 861	
	93.66	6.34	100	
20+	1 875 640	7 493	1 883 133	
	99.6	0.4	100	
Total	4 437 365	148 802	4 586 167	
	96.76	3.24	100	
Age of last sexual partner				
16-19	97 841	7 130	104 971	<0.001
	93.21	6.79	100	
20-24	970 672	57 033	1 027 705	
	94.45	5.55	100	
25+	1,291,121	84 639	1,375,760	
	93.85	6.15	100	
Total	2 359 634	148 802	2 508 436	
	94.07	5.93	100	
Race				
Africans	3 465 098	124 079	3 589 177	<0.001
	96.54	3.46	100	
Other	972 267	24 723	996 990	

	97.52	2.48	100	
Total	4 437 365	148 802	4 586 167	
	96.76	3.24	100	
Marital status				
Married	238 534	10 184	248 718	<0.001
	95.91	4.09	100	
Cohabiting	394 042	25 648	419 690	
	93.89	6.11	100	
Single	3 804 789	112 970	3 917 759	
	97.12	2.88	100	
Total	4 437 365	148 802	4 586 167	
	96.76	3.24	100	
Province				
Western Cape	524 994	0	524 994	<0.001
	100	0	100	
Eastern Cape	561 238	1 521	562 759	
	99.73	0.27	100	
Free State	247 090	21 898	268 988	
	91.86	8.14	100	
Gauteng	1 042 725	24 240	1 066 965	
	97.73	2.27	100	
KZN	945 908	11 311	957 219	
	98.82	1.18	100	
Limpopo	426 465	37 251	463 716	
	91.97	8.03	100	
Mpumalanga	293 029	45 666	338 695	
	86.52	13.48	100	
North West	297 061	6 303	303 364	
	97.92	2.08	100	
Northern Cape	98 855	612	99 467	
	99.38	0.62	100	
Total	4 437 365	148 802	4 586 167	
	96.76	3.24	100	
Type of settlement				
Rural	982 115	41 791	1 023 906	<0.001
	95.92	4.08	100	
Urban	3 455 250	107 011	3 562 261	
	97	3	100	
Total	4 437 365	148 802	4 586 167	
	96.76	3.24	100	
NEETS				
Not in NEETS	3 491 807	109 987	3 601 794	<0.001
	96.95	3.05	100	
In NEETS	945 558	38 815	984 373	

	96.06	3.94	100	
Total	4 437 365	148 802	4 586 167	
	96.76	3.24	100	
Believed chances of getting infected with HIV				
already know HIV+/refused to answer	361 510	16 359	377 869	<0.001
	95.67	4.33	100	
I am going to get infected	824 732	38 181	862 913	
	95.58	4.42	100	
I am not going to get infected	3 251 123	94 262	3 345 385	
	97.18	2.82	100	
Total	4 437 365	148 802	4 586 167	
	96.76	3.24	100	
Friends brag about no of sexual partners				
Disagree	2 774 704	62 386	2 837 090	<0.001
	97.8	2.2	100	
Agree	1 655 191	86 416	1 741 607	
	95.04	4.96	100	
Total	4 429 895	148 802	4 578 697	
	96.75	3.25	100	

A bivariate analysis was done to test if a relationship exists between transactional sex and demographic, socio-economic, beliefs and subjective norms towards behaviour as was shown in table 4 above.

In order to establish the relationship between NEETS and transactional sex among young females in South Africa, chi-square tests were done. The results in table 4 show all the variables studied as being significantly associated with transactional sex. Of all the women aged 20-24, only 4.36% engaged in transactional sexual relationships and 95.42% did not. Transactional sexual relationships were the highest among young females who first had their first sexual intercourse between the ages 18-19 (6.35%) and lowest amongst those who were 20 years and above. Of all the respondents' sexual partners who were between the ages 16-19 years, 93.21% did not engage in transactional relationships and only 6.79% engaged in transactional relationships. Similarly, those who were between the ages 25 and above only

had 6.15% engaging in transactional sexual relationships and only 93.85% did not engage in transactional sexual relationships. Of those who were cohabitating, 93.89% were not in transactional sexual relationships and 6.11% engaged in transactional sex. Transactional sexual relationships were the highest among respondents who lived in Mpumalanga (13.48%), followed by Free State (8.14%) and Limpopo (8.03%). Similarly, transactional sex was the lowest in provinces such as the Eastern Cape (0.27%), Northern Cape (0.62%) and KwaZulu Natal (1.18%). Of those who lived in rural areas, 95.92% did not engage in transactional sexual relationships and only (4.08%) did. Similarly, of those who lived in urban areas, 97% did not engage in transactional sex while only 3% engaged in transactional sex. Of those who were in NEETS (Not in education, Employment or Training) 96.06% were not in transactional sexual relationships and only 3.94% were in transactional sexual relationships. Of those who already knew their HIV+ status (and those who refused to answer), 95.65% were not involved in transactional sexual relationships and 4.35% were involved in transactional relationships. Similarly, of those who believed that they were going to get infected with HIV, 95.67% were not in transactional sexual relationships and only 4.33% were involved in transactional sexual relationships. Of those who agreed that their friends were bragging about their number of sexual partners, 95.04% did not engage in transactional sexual relationships and only 4.96% engaged in transactional sexual relationships.

Table 5. Unadjusted multivariate complementary log-log regression model for transactional sex (depicting demographics) among sexually active young women.

Transactional sex	Unadjusted Odds Ratio	P- value	[95 % Confi.	Interval]
Respondents Age				
<i>16-19</i>	<i>RC</i>			
20-24	2.80	0.01	1.26	6.23
Age at first sex				

0-15	RC			
16-17	0.80	0.55	0.38	1.67
18-19	1.18	0.74	0.44	3.21
20+	0.07	0.00	0.02	0.23
Age of last sexual partner				
16-19	RC			
20-24	0.81	0.74	0.23	2.83
25+	0.90	0.83	0.35	2.36
Race				
Other races	RC			
Africans	1.40	0.72	0.22	8.87
Marital status				
Married	RC			
Cohabiting	1.51	0.47	0.49	4.60
Single	0.70	0.46	0.27	1.80
Provinces				
Western Cape	RC			
Eastern Cape	0.44	0.56	0.03	7.16
Free State	13.74	0.02	1.63	115.52
Gauteng	3.72	0.23	0.43	32.13
KZN	1.92	0.58	0.19	19.49
Limpopo	13.55	0.01	1.70	107.67
Mpumalanga	23.43	0.01	2.49	220.72
North West	3.40	0.35	0.27	43.49
Type of settlement				
Urban	RC			
Rural	1.37	0.43	0.63	2.96

*RC- Reference category

Table 5 above shows the unadjusted odds ratio of the all-inclusive complementary log-log regression output. This model shows the demographic variables associated with transactional sexual relationships among young women in South Africa.

The reference category for the women's age is those who are 16-19 years old. Women who were between the ages 20-24 had 2.80 higher odds of engaging in transactional sex compared to women who were between the ages 16-19. This relationship is statistically significant as $p < 0.05$. For age at first sex, the reference category is women who were 0-15 years old. Women whose ages at first sex were 16-19, had 0.80 lower odds of engaging in transactional

sex compared to those whose age at first sex were 0-15 years. Similarly, women who had their first sex at 20 years and above had 0.07 lower odds of engaging in transactional sex compared to women whose age at first sex was 0-15 years. This relationship was statistically significant as $p > 0.05$. However, women whose ages at first sex were 17-18 years had 1.18 higher odds of engaging in transaction sexual relationships compared to those who were 0-15 years old. This relationship is statistically insignificant as $p > 0.05$. The reference category for age of last sexual partner is 16-19 years old. The odds of women engaging in transactional sex were 0.81 lower for women whose last sexual partner was between the ages 20-24 and 0.90 lower for sexual partners who were 20+ years, all compared to those who were 16-19 years old. This relationship is not statistically significant as $p > 0.05$. For race, the reference category is women who are of other races. African young females have 1.41 higher odds of engaging in transactional sexual relationships compared to other races. The relationship was not statistically significant as $p > 0.05$. Women who were cohabitating had 1.51 higher odds of engaging in transactional sexual relationships than women who were single or married. This relationship is statistically insignificant as $p > 0.05$.

When looking at the province variable, young women in Mpumalanga have 23.43 higher odds of engaging in transactional sexual relationships, followed by those in Free State (13.74) and those in Limpopo (13.55); all compared to women in the Western Cape. However, women who live in the Eastern Cape have 0.44 lower odds of engaging in transactional sex compared to women in the Western Cape. This relationship is statistically significant as $p < 0.05$. Women who lived in rural areas had 1.37 higher odds of engaging in transactional sex compared to women from rural areas.

Table 5.1 Unadjusted multivariate complementary log-log regression model for transactional sex (depicting socio-economic status) among sexually active young women.

Transactional sex	Unadjusted Odds Ratio	P- value	[95 % Confi.	Interval]
Socio-economic status				
NEETS				
<i>Not in NEETS</i>	<i>RC</i>			
In NEETS	1.3	0.48	0.63	2.67

**RC- Reference category*

Table 5.1 above shows the unadjusted odds ratio of the all-inclusive complementary log-log regression output. This model shows the socio-economic variables associated with transactional sexual relationships among young women in South Africa.

When looking at the respondents' socio-economic status, young females who were NEETS (not in Education, Employment or Training) had 1.30 higher odds of transactional sex compared to those who were not in NEETS. This relationship is statistically insignificant as $p > 0.05$.

Table 5.1 Unadjusted multivariate complementary log-log regression model for transactional sex (depicting beliefs about transactional sex) among sexually active young women.

Transactional sex	Unadjusted Odds Ratio	P- value	[95 % Confi.	Interval]
Believes towards behaviour				
<i>Already know HIV+ status/ Refused to answer</i>	<i>RC</i>			
I am going to get infected	1.02	0.96	0.44	2.4
I am not going to get infected	0.65	0.26	0.3	1.39
Friends brag about the number of sexual partners				
<i>Agree</i>	<i>RC</i>			
Disagree	2.29	0.02	1.15	4.57

**RC- Reference category*

Table 5.2 shows the subjective norms towards behaviour associated with transactional sexual relationships among young women in South Africa.

The belief towards behaviour is divided in 3 categories. Those who already knew their HIV+ status are the reference category. Those who believed they were not going to get infected with HIV had 0.65 lower odds of engaging in transactional sexual relationships. However, those who believed were going to get infected had 1.02 higher odds of engaging in transactional sexual relationships. The relationship is statistically insignificant as $p>0.05$. Females who agreed that their friends brag about the number of sexual partners had 2.29 higher odds of engaging in transactional sexual relationships compared to those who disagreed. This relationship is statistically significant as $p<0.05$.

Table 6. Multivariate complementary log- log regression model for transactional sex among sexually active young women

Variable				
Transactional sex	Adjusted Odds Ratio	P- value	[95% Conf.	Interval]
Respondents Age				
16-19	<i>RC</i>			
20-24	1.20	0.70	0.47	3.10
Age at first sex				
0-15	<i>RC</i>			
16-17	0.89	0.78	0.40	1.98
18-19	1.40	0.41	0.63	3.14
20+	0.24	0.12	0.04	1.45
Age of last sexual partner				
16-19	<i>RC</i>			
20-24	0.83	0.74	0.27	2.52
25+	1.01	0.99	0.30	3.44
Race				
Other races	<i>RC</i>			
Africans	0.28	0.07	0.07	1.11
Marital status				
Married	<i>RC</i>			
Cohabiting	0.88	0.83	0.28	2.77
Single	1.04	0.94	0.42	2.54
Provinces				
Western Cape	<i>RC</i>			
Eastern Cape	0.53	0.68	0.03	10.84
Free State	28.18	0.01	2.51	317.01
Gauteng	5.69	0.17	0.47	68.42

KZN	3.19	0.38	0.23	43.69
Limpopo	28.78	0.01	2.32	356.98
Mpumalanga	26.73	0.01	2.09	341.23
North West	3.91	0.36	0.21	71.04
Type of settlement				
<i>Urban</i>	<i>RC</i>			
Rural	1.97	0.07	0.94	4.15
Socio-economic status				
NEETS				
<i>Not in NEETS</i>	<i>RC</i>			
In NEETS	1.10	0.74	0.62	1.96
Believes towards behaviour				
<i>Already know HIV+ status/ Refused to answer</i>	<i>RC</i>			
I am going to get infected	0.75	0.54	0.30	1.87
I am not going to get infected	0.72	0.34	0.37	1.42
Friends brag about the number of sexual partners				
<i>Agree</i>	<i>RC</i>			
Disagree	1.95	0.58	1.08	3.49

Table 6 above shows the results of the model of best fit. This model aimed to measure the relationship between transactional sex, demographic variables, socio-economic variables and beliefs and subjective norms towards transactional sex..

The results show those women who were between the ages 20-24; young women whose age at first sex was 18-19, those who were single and those who lived in rural areas had higher odds of transactional sex. However, the multivariate model showed that none of these variables were statistically significant as $p > 0.05$. However, women who lived in Mpumalanga, Limpopo and Free State had higher odds of transactional sex and the relationship was statistically significant.

For the socio-economic status variable, those who were NEETS (Not in education, employment or training) had 1.13 higher odds of engaging in transactional sexual relationships compared to those who were not in NEETS. The relationship was not statistically significant as $p > 0.05$.

For the beliefs towards behaviour variable. Women who believed would not get infected with HIV had 0.72 lower odds of engaging in transactional sexual relationships compared to those who already knew their HIV positive status. Similarly, women who believed they were going to get infected with HIV/AIDS had 0.75 lower odds of engaging in transactional. However, the relationship was statistically not significant as $p > 0.05$.

Those who agreed that their friends bragged about the number of sexual partners had 1.95 higher odds of engaging in transactional sexual relationships compared to those who disagreed, the relationship is statistically insignificant as $p > 0.05$.

Chapter 5: Discussion

The main objective of this study was to determine the association between socio-economic status and transactional sex among young women (15-24 years old) in South Africa. Young women in South Africa face a number of challenges in education, employment and sexual and reproductive health (Atuyambe et al., 2015). South Africa faces a high burden of the HIV epidemic and transactional sex as a relationship dynamic may be linked to young women's vulnerability to contracting HIV/ AIDS (Ranganathan et al., 2016a; Stoebenau et al., 2013). The South African government has made efforts to combat the high prevalence of HIV/AIDS in the country. Despite the efforts made, the prevalence of HIV/AIDS remains high among young women in South Africa (Avert, 2017). Part of the efforts made by the government in reducing the epidemic is dealing with the issues of multiple sexual partnerships and transactional sexual relationships (Stangl & Grossman, 2013; Wouters, Van Rensburg, & Meulemans, 2010). The government has also implemented programs such as skills development in efforts to address issues of unemployment (Wouters et al., 2010). This study hypothesized that young woman who were NEETS (Not in Education, Employment or Training) were more likely to engage in transactional sexual relationships. This study is important because through understanding young people's socio-economic status, we are able to better understand their social behaviours and have interventions in place that meet their needs.

Demographic characteristics

The act of giving or receiving money or gifts in exchange of sex has become a common practice among young people in South Africa and has negative health outcomes (Evans et al., 2016; Ranganathan et al., 2016a; Van der Heijden & Swartz, 2014b). The results of this study depict the distribution of transactional sex as being higher among young women aged 20-24

(60.05%), compared to those between the ages 16-19 (39.95%). These results contrast those of a study conducted in urban and rural areas of Mali, where transactional sexual relationships were higher among females aged 15-19. Reasons attributed to these results being higher is that young women in Mali regarded their relationships as being sporadic rather than leading to marriage, hence making it acceptable to having multiple and transactional sexual partnerships (Chatterji et al., 2005). The bivariate results of this study reported transactional sex to be between 1.58 and 4.36% among young women aged 16-19 and 20-24. The results of this study are not far off to the meta-analysis conducted by Wamoyi and colleagues on six studies that found the prevalence of transactional sex to be from 2.1 to 14% (Stoebenau et al., 2013; Wamoyi et al., 2010). Similarly, another study in rural South Africa has found transactional sex to be 14% among young women. It is evident that the statistics presented on transactional sex are relatively low in South Africa and in other countries. It has been argued that transactional sex is rather a sensitive and a private issue and may result in young women being hesitant in disclosing more information about this behaviour (Ranganathan et al., 2016). A study done Monrovia, Liberia, has found that majority of women (more than 75%) have engaged in transactional sexual relationships (Beber, Gilligan, Guardado, & Karim, 2016). Nevertheless, it must also be noted that the data collection technique was different in that enumerators would verbally ask questions to respondents and the respondents would answer privately on the iPod. The enumerator would not see the respondents answers (Beber et al., 2016). Similarly, a study in Tanzania collected sensitive data like transactional sex using self-completed questionnaires and this has shown to improve the responses given by participants (Wamoyi, Stobeanau, Bobrova, Abramsky, & Watts, 2016).

The unadjusted odds ratio showed that women aged 20-24 had higher odds of engaging in transactional sexual relationships compared to women aged 16-19 years and the relationship

was significant. It is clear that women aged between 20-24 are at most risk of engaging in transactional sex, subsequently they are at a higher risk of contracting HIV/AIDS (Shisana et al., 2014). The South African National HIV Prevalence, Incidence and Behaviour Survey, which is a study done in South Africa found the prevalence of HIV to be three times higher among women aged 15-24 compared to the men of the same age group (Magni et al., 2015b; Shisana et al., 2014). Furthermore, this study has found that young women were more likely to have sexual partners that were older than they were. In fact, more respondents reported having sexual partners that were 25 years of age or older (55%).

Early age at first sex is one of the most important factors that need to be considered when looking at HIV/AIDS. Studies have shown that women who engage in sexual intercourse at younger ages are more likely to engage in risky sexual behaviours (Gómez, Speizer, Reynolds, Murray, & Beauvais, 2008). Overall, this study has found that women who were between the ages 20-24, who also had their first sexual intercourse at a tender age had higher odds of engaging in transactional sexual relationships. Similarly, transactional sex was higher among girls who had their first sexual intercourse at age 18-19 (6.35%) compared to those who were 20-24 (1.97%). A study done in Liberia found early sexual debut among respondents to be associated with a higher prevalence of young women engaging in transactional sex. Moreover, higher rates (66.5%) of transactional sex were reported among young women and it has been argued that they were also likely to have multiple sexual partners (Okigbo, McCarragher, Chen, & Pack, 2014). The risk associated with early sexual debut is that often young women lack the negotiation power for condom use because they are receiving money in exchange of sex, which puts them at a more vulnerable position and higher likelihood of contracting HIV/AIDS (Gómez et al., 2008; Okigbo et al., 2014).

South Africa's racial history, has led to some women engaging in transactional sex for reasons of survival. The legacy of Apartheid had left detrimental effects in the community

and some women are still affected today despite the end of that policy (Westaway, 2012). A study conducted in South Africa has found transactional sex to be highest among African young women (82.8%), followed by coloureds (14.6%), whites (1.8%) and transactional sex was the lowest among Indians (0.08%) (Magni et al., 2015). Similarly, this study has found transactional sex to be higher among African girls (3.46%) compared to girls of other races (2.48%). This could be attributed to the racial history of the country as many African girls are poor and disparities between Africans and Whites are huge (Adato, Carter, & May, 2006; Westaway, 2012). According to Statistics South Africa midyear population estimates, the African people accounted for 80.7% of the total population, followed by coloureds 8.8%, Whites 8.1 % and Indians/Asians (2.5%) (Statistics South Africa, 2016). Therefore, it expected that that transactional sex would be the highest among young African women in South Africa

Marital status is one of the most important variables when looking at transactional sex. This study found that a substantial number of respondents were single (85.43%). It has been argued that the decline in marriages in South Africa was due to an increase in social and economic change, as men are no longer able to afford bride worth (Stoebenau et al., 2013). This study found that women who were cohabitating had a higher chance of engaging in transactional sexual relationships (6.11%) compared to women who were married (4.09%) or single (2.88%). This result is surprising because the expectation is that single women would be more prone to engage in transactional sex. This expectation is supported by another study in South Africa, where 41.2% of those who were single reported the highest percentage of transactional sex, followed by those who were married (21.7%) and those who were in “steady relationships” at (19.4%) (Magni et al., 2015). Furthermore, a study conducted in Kenya found that young and single women had multiple sexual partners because they were often motivated by money and material transfers (Luke, Goldberg, Mberu, & Zulu, 2011).

The results presented show more married women engaging in transactional sexual relationships, which come as a surprise as one would assume that it is not necessary as their husbands would be there to provide for them. However, it has been argued that at household level, women whose husbands migrated in search for jobs at cities are often left alone with the children. As a result, these women resort to engaging in other extra marital affairs seeking additional financial assistance to provide for their children (Stoebenau et al., 2013). This is more prominent in cases where women are uneducated, making it harder for them to find employment (Magni et al., 2015d; Ranganathan et al., 2016a; Stoebenau et al., 2013).

Socio-economic characteristics

Young women in South Africa face persistent challenges in education and employment. This study has found that in South Africa 47.67% of young women aged 16-24 were not in employment. Only 10.98% were in employment, 39.85% in education and 1.4% included others such as those who earn pension or grants. The legacy of apartheid in South Africa has created a number of social inequalities and racial division amongst people in the country. Many African people are still trapped in poverty where many lack basic needs (Adato et al., 2006; Westaway, 2012). Access to both secondary and tertiary education was limited for women in South Africa and this has had negative consequences for other young women in today's context; as some women have to deal with issues around poverty (Zembe et al., 2013b). Women's socio-economic status played a role in their decision to engage in transactional sex. A study done in Agincourt on adolescents aged 13-20, South Africa, found poverty to be one of the driving forces of transactional sex. Such that 59.8% of the respondents had sexual intercourse with men so that they could receive money and 25.6% actually worked to support their families (Ranganathan et al., 2016). One could argue that these adolescents should be in school; however, their responsibility has become worrying

about providing for their families. The adjusted odds ratio of this study show that young women being NEETs has no significant relationship with transactional sex. Similarly, a study conducted in Malawi has found no relationship between unemployment and transactional sex among young women (Kamndaya, Kazembe, Vearey, Kabiru, & Thomas, 2015). Older literature on studies done in countries in sub-Saharan African have also found no association between youths that were in school and transactional sex (Chatterji et al., 2005). However, a study done in Liberia presents a different and a unique case compared to other studies in other countries. Transactional sex was the highest among those who had no or some primary school education (29%) and those who have not completed secondary education (29%) (Okigbo et al., 2014c). It has been argued that lack of education has made young women more vulnerable and at risk of HIV/AIDS. Their lack of skills means lowered chances of getting employment or when they do find work, it is often in lower paid sectors (domestic work or retail stores) (Dunkle et al., 2010; Jewkes et al., 2012). Therefore, transactional sex is used as a means of economic survival where women primarily use it for meeting their households needs (Formson & Hilhorst, 2016; Magni et al., 2015d). Moreover, the prevalence of those who do not receive any income engaging in transactional sexual relationships were 1.8 higher compared to those who received an income (Okigbo et al., 2014). A study done in the United States has also found that transactional sex as a behaviour among young women is associated with the lack of education and an experience in economic hardships, such that young women often have to take care of their dependents (Dunkle et al., 2010). A study in South Africa has found that older men had 4.14 higher odds of engaging in transactional sexual relationships with younger women than when compared to younger men (Maughan-Brown, Evans, & George, 2016). Many studies have reported that young women preferred having relationships with older and rich men compared to men of their same age. This can be supported by a study in Liberia where 32.2% of young women admitted that the

age of their last sexual partner was 10 years or older than they were (Okigbo et al., 2014c). These men in the South African context are referred to as “blessers” and the young women receiving the money and gifts as “blesses” because these men often meet the young women’s survival needs, such as food, clothing, school fees, transport as well as giving them a luxurious lifestyle (Maxmen, 2016; Ranganathan et al., 2016a). A study done in Zimbabwe supports these findings in that young women reported engaging in transactional sex to help pay their tuition, while others are engaging in transactional sexual relationships in efforts of being ‘flashy’ and famous in universities (Masvawure, 2010b; Stoebenau et al., 2013). This then is argued to be a consumerist approach as young women are exercising their agency and are not mere passive victims of men who give them money or gifts in exchange of sex (Formson & Hilhorst, 2016). Furthermore, these women have taken away the ‘perceived power’ that men have and have used transactional sex as a means of gaining resources (Leclerc-Madlala, 2013). Moreover, studies done in sub-Saharan Africa have shown that young women engage in transactional sex for social gain and financial gains. Transactional sexual relationships are young women’s strategic efforts of getting high profile, powerful men, connections in social networks and gaining ‘respect’ from the society (Chatterji et al., 2005).

Beliefs towards behaviour

Older and recent literature has shown that young people are knowledgeable about HIV/AIDS and how it is transmitted, however, their perceived vulnerability and reported condom use is relatively low (MacPhail & Campbell, 2001; Memon, 1990; Pettifor et al., 2005; Rg, M, K, & P, 2014). This study supports the older literature in that these results show the majority of respondents (72.99%) believed that they were not going to get infected with HIV/AIDS. A study done in Botswana has found that sometimes beliefs about HIV/AIDS correlate with

knowledge of how HIV may be transmitted (Rg et al., 2014). This shows that young people are often very naïve. They tend to think that they are immune to HIV/AIDS and that it will never happen to them (Naswa & Marfatia, 2010). While the majority of respondents (61.98%) have disagreed about their friends bragging about the number of sexual partners that they have, there was also a substantial number that agreed that their friends engage in transactional sexual relationships (38.02%). Women who already knew their HIV+ status and those who believed that they were going to get infected with HIV (4.35%) engaged in transactional sexual relationships more compared to those who believed that they were not going to get infected with HIV (2.82%). Moreover, the results of this study showed that the adjusted odds ratio of women engaging in transactional sex were 1.26 higher for women who did not believe that they were not going to get infected with HIV/AIDS compared to those who already knew their HIV+ status and those who believed that they were going to get infected with HIV. It can be noted that this relationship was not statistically significant ($p > .05$). However, a study done in rural South Africa has found that knowing one's HIV status was significantly associated with receiving money or gifts in exchange of sex among young women in South Africa (Magni et al., 2015d).

Subjective norms

This study found that the percentage of those who agreed that their friends bragged about the number of sexual partners they had, were more likely to engage in transactional sexual relationships compared to those who disagreed. This study is supported by another study in South Africa which found that the subjective norms towards transactional sex made young women more vulnerable and reinforced the fact that young women were under-valued; such that the use of transactional sex by men saw women as commodities (Watt et al., 2012). Furthermore, the subjective norms towards women's engagement in transactional sexual

relationships did not only mean that friends bragged about the number of sexual partners, it was rather about the acceptable behaviour among their peers (Li, Li, Wang, & Lau, 2015; Watt et al., 2012).

This study has found the Theory of Planned Behaviour applicable in explaining transactional sexual relationships as behaviour among young women in South Africa. This theory stipulates that the attitudes and subjective norms on perceived behavioural control foresee the respondents' behavioural intention, which then predicts the actual behaviour of the respondent (Ajzen, 1991). While this study did not have the respondents attitude towards behaviour, it had the individuals believes about behaviour, which in turn had an impact in influencing the actual behaviour being transactional sex. For an example, this can be supported by the findings in the study that shows that the odds of transactional sex were higher among young women who did not believe that they were going to get infected with HIV/AIDS.

There are many factors that influence transactional sexual relationships among young women in South Africa. This conceptual framework was adapted from the theory of planned behaviour and was useful in that it showed the relationship between the background characteristics and outcome. The independent variables (demographic and socio-economic characteristics) worked through the proximate variables (beliefs towards behaviour and subjective norms) which affect the outcome variable (transactional sex).

5.6 Strengths and Limitations

The results of this study should be understood in consideration of strengths and weaknesses found.

Strengths

Firstly, this study gave a fitting definition of transactional sex according to the study objectives. Transactional sex was defined as the act of receiving money or gifts in exchange of sex. Moreover, while some studies have noted that men also receive money or gifts in exchange of sex (Choudhry et al., 2014b), the majority of studies showed that a higher proportion of women were likely to be at the receiving end (Magni et al., 2015d; Masvawure, 2010b; Ranganathan et al., 2016a; Stoebenau et al., 2013).

While many studies in South Africa may have looked for relationships between socio-economic variables and socio-demographic variables, this study is unique in that it has been able to construct one variable (NEETs) to get a response that is applicable to get a binary outcome that represents both the socio-economic (employment status) and socio-demographic variables (level of education).

This study has used multi-stage cluster sampling to draw on their population. Furthermore, the results were weighted to ensure that they were representative of the entire youth population of South Africa.

Weaknesses

Firstly, the nature of this dataset was cross-sectional, which meant that data was collected at one point in time. Therefore causality could not be inferred with factors associated with transactional sex. Furthermore, it meant a directional relationship could not be established between transactional sex and socio-demographic factors, socio-economic factors, beliefs towards behaviour or subjective norms.

Furthermore, transactional sex is rather a sensitive issue. This data was collected by fieldworkers using questionnaires. Therefore, there is a higher likelihood of women underreporting on their sexual activity and their number of sexual partners.

While the population sampled was adequate, it was small when using bivariate models in analysing data. This could also be based on the fact that only a fewer number of respondents reported on engaging in transactional sex. The wide confidence intervals found in multivariate models show that the sample sizes were small. Another limitation of this study was in the construction of the main independent variable NEETS. This variable was derived from the employment status and education level variable. When these variables were merged, they did not specify those who were not in training. This study had hypothesized that women who were not in employment were more likely to engage in transactional sex. However, what it did not take into account was the different occupations of women. For example, while a woman who is a cleaner may be employed, she cannot be compared with a woman who is a doctor. Chances may be that a woman who is a cleaner may resort to engaging in transactional sex because they want to gain financial support. This study failed to adequately capture socioeconomic status of young women because the dataset did not collect information of the household socio-economic status or status of parents.

Conclusions

This study has found that there is no relationship between socio-economic status and transactional sex. In the last few years, there has been widespread research in sub-Saharan Africa on HIV/AIDS and transactional sex. This study is one of the few studies in South Africa that has explored how being NEETs may influence young women's decision in engaging in transactional sexual relationships.

Overall, this study has shown transactional sex as a risky sexual behaviour to be prevalent, particularly among women aged 20-24 years. Generally being NEETs has no significant association with transactional sex as a sexual behaviour. Therefore the study hypothesis stated that women who are NEETs are likely to engage in transactional sex has proven to be

incorrect. Based on these findings, it can be argued that young women were more likely to engage in transactional sexual relationships for reasons other than survival; that is reasons for having fashionable clothes, cars, expensive holidays, and airtime. Furthermore, this study has found that the majority of respondents were single (84%). This could also serve as a risk factor for transactional sex and ultimately HIV/AIDs because for many, the lack of economic dependence means they are likely to engage in multiple, transactional sexual partnerships for economic resources. The findings that transactional sex was higher among married women compared to single women was surprising because of the perceived societal norm and expectations that their (married women) husbands were likely to provide for them. This result also suggests that married women were likely to have extramarital affairs to gain income. This finding calls for further research and investigation on the issues of in and out migration of the respondents' husbands and the effects their absence has on the families left behind.

While this study may have focused on young women aged 16-24, this study has given an overview of how different variables have affected the nature of transactional sex as behaviour. The study has shown the distribution of the socio-economic status on variables. Although the NEETs variable is not significantly associated with transactional sex, the distribution of the socio-economic status among young women in South Africa show that many young people are unemployed, are out of school and are not in training institutions.

The findings of the study also revealed that more African young women compared to young women of other races were more likely to be involved in transactional sexual relationships. These findings suggest that young African women require different interventions to help curb the behaviour of transactional sex.

The study has also shown that believes and subjective norms about behaviour are likely to influence transactional sexual relationship. For an example, women who did not believe that

they would get infected with HIV/AIDS had higher odds of engaging in transactional sex compared to women who already knew their HIV+ status. Moreover, women who agreed that their friends bragged about the number of sexual partners had higher odds of engaging in transactional sexual relationships. Therefore, further interventions are needed to address behavioural change among young people.

Recommendations

The overall results found from this study has important implications for further research, policy and HIV prevention interventions aimed for young people in South Africa

The study has highlighted the need to have behavioural change interventions among young people in South Africa. The fact that there are some young people that believed that they were not going to get infected with HIV/AIDS shows a lack of knowledge and ignorance. Currently, efforts made by the government to bring behavioural interventions among young people in the country are the establishments of partnerships between NGO's and government institutions. For an example, the soul city program was designed to educate the public about HIV/AIDS. This was done through mass-media communication, dram performances, debates and campaigns (“‘Edutainment’ in South Africa,” 2009). These programs take account of the risky sexual behaviours that young people in South Africa engage in. furthermore, the National AIDS Strategic Plan (NSP) 201-2022 envisioned to prevent new HIV, STI and TB infections.

The findings of the study have also found transactional sex to be high among women aged 20-24, compared to those aged 16-19. Therefore, more HIV/AIDS awareness/ intervention campaigns should be targeted at these young women. Additionally, these intervention programmes need to address the HIV risks associated with transactional sex.

This study has also found women who had early sexual debut were more likely to engage in transactional sex at an earlier age. Therefore, this study recommends that HIV prevention interventions should address transactional sex in a context where ideas about early adolescence are explored among adolescent youth.

Future research

The results of the study showed that NEETS is not significantly associated with transactional sex. This means that the dynamics of this behaviour have changed from what was traditionally known as survival sex to the consumerist approach. Future research needs to explore the levels of exchange within this consumerist culture among young people. Furthermore, this study has found that there are a substantial number of young people who are not in education, employment and training. Future research needs to investigate what these young people are doing if they are not in education, employment or training.

References

- Adams, S. (2016). Blessers: A new generation of South African sugar daddies. Retrieved July 13, 2016, from <http://www.thesouthafrican.com/blessers-a-new-generation-of-south-african-sugar-daddies/>
- Adato, M., Carter, M. R., & May, J. (2006). Exploring poverty traps and social exclusion in South Africa using qualitative and quantitative data. *The Journal of Development Studies*, 42(2), 226–247.
- Adetunji, J., & Bos, E. R. (2006). Levels and Trends in Mortality in Sub-Saharan Africa: An Overview. In D. T. Jamison, R. G. Feachem, M. W. Makgoba, E. R. Bos, F. K. Baingana, K. J. Hofman, & K. O. Rogo (Eds.), *Disease and Mortality in Sub-Saharan Africa* (2nd ed.). Washington (DC): World Bank. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK2292/>
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
- Ajzen, I. (2015). The theory of planned behaviour is alive and well, and not ready to retire: a commentary on Sniehotta, Priesseu, and Araújo-Soares. *Health Psychology Review*, 9(2), 131–137.
- Amollo, R. (2012). The National Health Insurance policy: What's in it for women's health in South Africa? *Agenda*, 26(2), 111–125.
- Atuyambe, L. M., Kibira, S. P. S., Bukenya, J., Muhumuza, C., Apolot, R. R., & Mulogo, E. (2015). Understanding sexual and reproductive health needs of adolescents: evidence from a formative evaluation in Wakiso district, Uganda. *Reproductive Health*, 12(1). <https://doi.org/10.1186/s12978-015-0026-7>
- Avert. (2017). Young people, HIV and AIDS | AVERT. Retrieved April 9, 2017, from <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/young-people>
- Beber, B., Gilligan, M. J., Guardado, J., & Karim, S. (2016). Peacekeeping, Compliance with International Norms, and Transactional Sex in Monrovia, Liberia. *International Organization*, 1–30.
- Biavaschi, C., Eichhorst, W., Giulietti, C., Kendzia, M. J., Muravyev, A., Pieters, J., ... Zimmermann, K. F. (2012). Youth unemployment and vocational training.
- Bongaarts, J. (2009). Human population growth and the demographic transition. *Philosophical Transactions of the Royal Society of London B: Biological Sciences*, 364(1532), 2985–2990.
- Cavazos-Rehg, P. A., Krauss, M. J., Spitznagel, E. L., Schootman, M., Bucholz, K. K., Peipert, J. F., ... Bierut, L. J. (2009). Age of sexual debut among US adolescents. *Contraception*, 80(2), 158–162.

- Chatterji, M., Murray, N., London, D., & Anglewicz, P. (2005). The factors influencing transactional sex among young men and women in 12 sub-Saharan African countries. *Social Biology*, 52(1–2), 56–72.
- Choudhry, V., Ambresin, A.-E., Nyakato, V. N., & Agardh, A. (2015a). Transactional sex and HIV risks – evidence from a cross-sectional national survey among young people in Uganda. *Global Health Action*, 8. <https://doi.org/10.3402/gha.v8.27249>
- Choudhry, V., Ambresin, A.-E., Nyakato, V. N., & Agardh, A. (2015b). Transactional sex and HIV risks – evidence from a cross-sectional national survey among young people in Uganda. *Global Health Action*, 8. <https://doi.org/10.3402/gha.v8.27249>
- Cluver, L. D., Orkin, F. M., Boyes, M. E., & Sherr, L. (2014). Cash plus care: social protection cumulatively mitigates HIV-risk behaviour among adolescents in South Africa. *AIDS*, 28, S389–S397.
- Cohen, B. (1993). Fertility levels, differentials, and trends. *Demographic Change in Sub-Saharan Africa*, 8–67.
- Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. *The Lancet*, 374(9692), 817–834. [https://doi.org/10.1016/S0140-6736\(09\)60951-X](https://doi.org/10.1016/S0140-6736(09)60951-X)
- Deon Filmer Louise Fox. (2014). *Youth Employment in Sub-Saharan Africa*. The World Bank. <https://doi.org/10.1596/978-1-4648-0107-5>
- Department of Health. (2010). National Department of health strategic plan 2010/11-2012/13. Retrieved from http://www.nationalplanningcycles.org/sites/default/files/country_docs/South%20Africa/south_africa_strategic_health_plan_2010-2013.pdf
- Dunkle, K. L., Wingood, G. M., Camp, C. M., & DiClemente, R. J. (2010). Economically Motivated Relationships and Transactional Sex Among Unmarried African American and White Women: Results from a U.S. National Telephone Survey. *Public Health Reports*, 125(Suppl 4), 90–100.
- “Edutainment” in South Africa: a force for change in health. (2009). *Bulletin of the World Health Organization*, 87(8), 578–579. <https://doi.org/10.2471/BLT.09.050809>
- eNCA. (2016). Checkpoint: #Blessed Part I. Retrieved July 13, 2016, from http://www.enca.com/media/video/checkpoint-blessed-part-i?utm_campaign=Echobox&utm_medium=Social&utm_source=Twitter#link_time=1463063864
- Evans, M., Risher, K., Zungu, N., Shisana, O., Moyo, S., Celentano, D. D., ... Rehle, T. M. (2016). Age-disparate sex and HIV risk for young women from 2002 to 2012 in South Africa. *Young*, 2, 5.
- Fagbamigbe, A. F., Adebayo, S. B., & Idemudia, E. (2016). Marital status and HIV prevalence among women in Nigeria: Ingredients for evidence-based programming. *International Journal of Infectious Diseases*, 48, 57–63. <https://doi.org/10.1016/j.ijid.2016.05.002>

- Ferreira, M., Bento, M., Chaves, C., & Duarte, J. (2014). The Impact of self-concept and Self-esteem in Adolescents' Knowledge about HIV/AIDS. *Procedia - Social and Behavioral Sciences*, 112, 575–582. <https://doi.org/10.1016/j.sbspro.2014.01.1204>
- Fielding-Miller, R., Dunkle, K. L., Cooper, H. L. F., Windle, M., & Hadley, C. (2016). Cultural consensus modeling to measure transactional sex in Swaziland: Scale building and validation. *Social Science & Medicine*, 148, 25–33. <https://doi.org/10.1016/j.socscimed.2015.11.024>
- Formson, C., & Hilhorst, D. (2016). The many faces of transactional sex: women's agency, livelihoods and risk factors in humanitarian contexts: a literature review.
- Fraser, K. (2011). National Health Insurance in South Africa: Implications for Equity.
- Gómez, A. M., Speizer, I. S., Reynolds, H., Murray, N., & Beauvais, H. (2008). Age differences at sexual debut and subsequent reproductive health: Is there a link? *Reproductive Health*, 5, 8. <https://doi.org/10.1186/1742-4755-5-8>
- Gondwe, M. (2016, December 24). Transactional sex | . Retrieved March 7, 2017, from <http://mwntation.com/transactional-sex-2/>
- Hervish, A., & Clifton, D. (2012). Status report: Adolescents and young people in sub-Saharan Africa. Opportunities and challenges. Retrieved from <http://www.popline.org/node/574656>
- Jeanes, R. (2013). Educating through sport? Examining HIV/AIDS education and sport-for-development through the perspectives of Zambian young people. *Sport, Education and Society*, 18(3), 388–406. <https://doi.org/10.1080/13573322.2011.579093>
- Jewkes, R., & Dunkle, K. (2012). Transactional Sex and HIV Incidence in a Cohort of Young Women in the Stepping Stones Trial. *Journal of AIDS & Clinical Research*, 03(05). <https://doi.org/10.4172/2155-6113.1000158>
- Jewkes, R., Morrell, R., Sikweyiya, Y., Dunkle, K., & Penn-Kekana, L. (2012). Transactional relationships and sex with a woman in prostitution: prevalence and patterns in a representative sample of South African men. *BMC Public Health*, 12, 325. <https://doi.org/10.1186/1471-2458-12-325>
- Johnson, K. A., & Tyler, K. A. (2007). Adolescent Sexual Onset: An Intergenerational Analysis. *Journal of Youth and Adolescence*, 36(7), 939–949. <https://doi.org/10.1007/s10964-006-9165-z>
- Johnson, S., Kincaid, D., Figueroa, M., Delate, R., Mahlasela, L., & Magni, S. (2013a). The third national HIV communication survey, 2012. *Pretoria: JHHESA*.
- Johnson, S., Kincaid, L., Laurence, S., Chikwava, F., Delate, R., & Mahlasela, L. (2010). Second national HIV communication survey 2009. *Pretoria: JHHESA*.
- Kamndaya, M., Kazembe, L. N., Vearey, J., Kabiru, C. W., & Thomas, L. (2015). Material deprivation and unemployment affect coercive sex among young people in the urban slums of Blantyre, Malawi: A multi-level approach. *Health & Place*, 33, 90–100. <https://doi.org/10.1016/j.healthplace.2015.03.001>

- Lange, P. A. M. V., Kruglanski, A. W., & Higgins, E. T. (2011). *Handbook of Theories of Social Psychology: Volume One*. SAGE.
- Leclerc-Madlala, S. (2003). Transactional sex and the pursuit of modernity. *Social Dynamics*, 29(2), 213–233.
- Leclerc-Madlala, S. M. (2013). Transactional sex, HIV and young African women: are we there yet? *Future Virology*, 8(11), 1041–1043.
- Li, D., Li, C., Wang, Z., & Lau, J. T. F. (2015). Prevalence and Associated Factors of Unprotected Anal Intercourse with Regular Male Sex Partners among HIV Negative Men Who Have Sex with Men in China: A Cross-Sectional Survey. *PLOS ONE*, 10(3), e0119977. <https://doi.org/10.1371/journal.pone.0119977>
- Luke, N., Goldberg, R. E., Mberu, B. U., & Zulu, E. M. (2011). Social Exchange and Sexual Behavior in Young Women's Premarital Relationships in Kenya. *Journal of Marriage and the Family*, 73(5), 1048–1064. <https://doi.org/10.1111/j.1741-3737.2011.00863.x>
- MacPhail, C., & Campbell, C. (2001). "I think condoms are good but, aai, I hate those things": condom use among adolescents and young people in a Southern African township. *Social Science & Medicine* (1982), 52(11), 1613–1627.
- MacPherson, E. E., Sadalaki, J., Njoloma, M., Nyongopa, V., Nkhwazi, L., Mwapasa, V., ... Theobald, S. (2012). Transactional sex and HIV: understanding the gendered structural drivers of HIV in fishing communities in Southern Malawi. *Journal of the International AIDS Society*, 15(Suppl 1). <https://doi.org/10.7448/IAS.15.3.17364>
- Magni, S., Christofides, N., Johnson, S., & Weiner, R. (2015a). Alcohol use and transactional sex among women in South Africa: results from a nationally representative survey. *PloS One*, 10(12), e0145326.
- Mascherini, M., Salvatore, L., Meierkord, A., & Jungblut, J.-M. (2012). *NEETs: Young people not in employment, education or training: Characteristics, costs and policy responses in Europe*. Publications Office of the European Union Luxembourg.
- Masvawure, T. (2010a). 'I just need to be flashy on campus': female students and transactional sex at a university in Zimbabwe. *Culture, Health & Sexuality*, 12(8), 857–870. <https://doi.org/10.1080/13691050903471441>
- Masvawure, T. (2010b). "I just need to be flashy on campus": female students and transactional sex at a university in Zimbabwe. *Culture, Health & Sexuality*, 12(8), 857–870. <https://doi.org/10.1080/13691050903471441>
- Masvawure, T. (2010c). 'I just need to be flashy on campus': female students and transactional sex at a university in Zimbabwe. *Culture, Health & Sexuality*, 12(8), 857–870. <https://doi.org/10.1080/13691050903471441>

- Maughan-Brown, B., Evans, M., & George, G. (2016). Sexual behaviour of men and women within age-disparate partnerships in South Africa: implications for young women's HIV risk. *PloS One*, 11(8), e0159162.
- Maxmen, A. (2016). Older men and young women drive South African HIV epidemic. *Nature News*, 535(7612), 335. <https://doi.org/10.1038/nature.2016.20273>
- Mchunu, G., Peltzer, K., Tutshana, B., & Seutlwadi, L. (2012). Adolescent pregnancy and associated factors in South African youth. *African Health Sciences*, 12(4), 426–434.
- Memon, A. (1990). Young people's knowledge, beliefs and attitudes about HIV/AIDS: a review of research. *Health Education Research*, 5(3), 327–335. <https://doi.org/10.1093/her/5.3.327>
- Michie, S., Johnston, M., Francis, J., Hardeman, W., & Eccles, M. (2008). From theory to intervention: mapping theoretically derived behavioural determinants to behaviour change techniques. *Applied Psychology*, 57(4), 660–680.
- Mmbaga, E. J., Leonard, F., & Leyna, G. H. (2012). Incidence and Predictors of Adolescent's Early Sexual Debut after Three Decades of HIV Interventions in Tanzania: A Time to Debut Analysis. *PLoS ONE*, 7(7), e41700. <https://doi.org/10.1371/journal.pone.0041700>
- Montano, D. E., & Kasprzyk, D. (2015). Theory of reasoned action, theory of planned behavior, and the integrated behavioral model. *Health Behavior: Theory, Research and Practice* (.).
- Muula, A. S. (2008). HIV Infection and AIDS Among Young Women in South Africa. *Croatian Medical Journal*, 49(3), 423–435. <https://doi.org/10.3325/cmj.2008.3.423>
- Naswa, S., & Marfatia, Y. S. (2010). Adolescent HIV/AIDS: Issues and challenges. *Indian Journal of Sexually Transmitted Diseases*, 31(1), 1–10. <https://doi.org/10.4103/0253-7184.68993>
- Okigbo, C. C., McCarraher, D. R., Chen, M., & Pack, A. (2014a). Risk factors for transactional sex among young females in post-conflict Liberia. *African Journal of Reproductive Health*, 18(3), 133–141.
- Okigbo, C. C., McCarraher, D. R., Chen, M., & Pack, A. (2014b). Risk factors for transactional sex among young females in post-conflict Liberia. *African Journal of Reproductive Health*, 18(3), 133–141.
- Okigbo, C. C., McCarraher, D. R., Chen, M., & Pack, A. (2014c). Risk factors for transactional sex among young females in post-conflict Liberia. *African Journal of Reproductive Health*, 18(3), 133–141.
- Penman, A. D., & Johnson, W. D. (2009). Complementary Log–Log Regression for the Estimation of Covariate-Adjusted Prevalence Ratios in the Analysis of Data from Cross-Sectional Studies. *Biometrical Journal*, 51(3), 433–442.
- Pettifor, A. E., Rees, H. V., Kleinschmidt, I., Steffenson, A. E., MacPhail, C., Hlongwa-Madikizela, L., ... Padian, N. S. (2005). Young people's sexual health in South Africa: HIV prevalence and sexual behaviors from a nationally representative household survey. *Aids*, 19(14), 1525–1534.

- Ramjee, G., & Daniels, B. (2013). Women and HIV in Sub-Saharan Africa. *AIDS Research and Therapy*, 10, 30. <https://doi.org/10.1186/1742-6405-10-30>
- Ranganathan, M., Heise, L., Pettifor, A., Silverwood, R. J., Selin, A., MacPhail, C., ... Watts, C. (2016a). Transactional sex among young women in rural South Africa: prevalence, mediators and association with HIV infection. *Journal of the International AIDS Society*, 19(1). <https://doi.org/10.7448/ias.19.1.20749>
- Rg, M., M, K., K, B., & P, N. (2014). Knowledge, Opinions and attitudes towards HIV and AIDS among Youth in Botswana. *Journal of Global Economics*. <https://doi.org/10.4172/2375-4389.1000108>
- Schierhout, G., Delate, R., & Ridgard, N. (2008). First HIV and AIDS National Communication Survey 2006: Summary of the Findings from the Provincial Analysis. *Pretoria: JHHESA*.
- Seidel, G. (1993). Women at risk: Gender and AIDS in Africa. *Disasters*, 17(2), 133–142.
- Selikow, T.-A., Ahmed, N., Flisher, A. J., Mathews, C., & Mukoma, W. (2009). I am not “umqwayito”: A qualitative study of peer pressure and sexual risk behaviour among young adolescents in Cape Town, South Africa. *Scandinavian Journal of Public Health*, 37(2 suppl), 107–112. <https://doi.org/10.1177/1403494809103903>
- Setswe, K. G., & Zuma, K. (2010). Young South Africans’ views on, and perceptions of, abstinence and faithfulness. *Health SA Gesondheid*, 15(1). <https://doi.org/10.4102/hsag.v15i1.414>
- Shaba, L. (2011). Socio-economic Rights for young women in Southern Africa. *Journal of African Women’s Experiences*.
- Shisana, O., Rehle, T., Simbayi, L., Zuma, K., Jooste, S., Zungu, N., ... Onoya, D. (2014). South African national HIV prevalence, incidence and behaviour survey, 2012.
- Simbayi, L., Shisana, O., Rehle, T., Onoya, D., Jooste, S., Zungu, N., & Zuma, K. (2014). South African national HIV prevalence, incidence and behaviour survey, 2012. *Pretoria: Human Sciences Research Council*.
- Simmons, R., & Thompson, R. (2011). NEET Young People and Training for Work: learning on the margins.
- Smith, B. (2015). Privileges and Problems of Female Sex Tourism: Exploring Intersections of Culture. *Handbook of Research on Global Hospitality and Tourism Management*, 382.
- Stangl, A. L., & Grossman, C. I. (2013). Global Action to reduce HIV stigma and discrimination. *Journal of the International AIDS Society*, 16(3Suppl 2). <https://doi.org/10.7448/IAS.16.3.18934>
- Statistics South Africa. (2015). Mid-year population estimates 2015. Retrieved from <https://www.statssa.gov.za/publications/P0302/P03022015.pdf>
- Statistics South Africa. (2016a). *Mid-year population estimates- Statistics South Africa*. Retrieved from <https://www.statssa.gov.za/publications/P0302/P03022016.pdf>

- Statistics South Africa. (2016b). Statistics South Africa | The South Africa I Know, The Home I Understand. Retrieved March 30, 2017, from <http://www.statssa.gov.za/>
- Stephenson, R., Winter, A., & Elfstrom, M. (2013a). Community environments shaping transactional sex among sexually active men in Malawi, Nigeria, and Tanzania. *AIDS Care*, 25(6), 784–792. <https://doi.org/10.1080/09540121.2012.748161>
- Stoebeanau, K., Nair, R. C., Rambeloson, V., Rakotoarison, P. G., Razafintsalama, V., & Labonté, R. (2013). Consuming sex: the association between modern goods, lifestyles and sexual behaviour among youth in Madagascar. *Globalization and Health*, 9, 13. <https://doi.org/10.1186/1744-8603-9-13>
- Stoebeanau, K., Nixon, S. A., Rubincam, C., Willan, S., Zembe, Y. Z., Tsikoane, T., ... Razafintsalama, V. (2011a). More than just talk: the framing of transactional sex and its implications for vulnerability to HIV in Lesotho, Madagascar and South Africa. *Globalization and Health*, 7, 34. <https://doi.org/10.1186/1744-8603-7-34>
- Stromquist, N. P. (2014). *Women in the Third World: An Encyclopedia of Contemporary Issues*. Routledge.
- Sumra, M. K., & Schillaci, M. A. (2015). Stress and the Multiple-Role Woman: Taking a Closer Look at the “Superwoman.” *PLoS ONE*, 10(3). <https://doi.org/10.1371/journal.pone.0120952>
- Swart-Kruger, J., & Richter, L. M. (1997). AIDS-related knowledge, attitudes and behaviour among South African street youth: reflections on power, sexuality and the autonomous self. *Social Science & Medicine*, 45(6), 957–966.
- UNAIDS. (2013). *UNAIDS report on the global AIDS epidemic*. Switzerland.
- UNAIDS. (2014). *The gap report*. Retrieved from http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf
- United Nations. (2015). Youth population trends and sustainable development. Retrieved from http://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2015-1.pdf
- Van der Heijden, I., & Swartz, S. (2014a). ‘Something for something’: The importance of talking about transactional sex with youth in South Africa using a resilience-based approach. *African Journal of AIDS Research*, 13(1), 53–63.
- Verass, S. (2016). Many young girls in South Africa are looking for a blesser, an older man who will give them a luxury lifestyle- but at what cost? Retrieved July 13, 2016, from <http://www.sbs.com.au/topics/life/culture/article/2016/05/26/blerssers-inside-south-africas-sugar-daddy-culture>
- Wamoyi, J., Stoebeanau, K., Bobrova, N., Abramsky, T., & Watts, C. (2016). Transactional sex and risk for HIV infection in sub-Saharan Africa: a systematic review and meta-analysis. *Journal of the International AIDS Society*, 19(1). <https://doi.org/10.7448/IAS.19.1.20992>

- Wamoyi, J., Wight, D., Plummer, M., Mshana, G. H., & Ross, D. (2010). Transactional sex amongst young people in rural northern Tanzania: an ethnography of young women's motivations and negotiation. *Reproductive Health*, 7(1). <https://doi.org/10.1186/1742-4755-7-2>
- Watt, M. H., Aunon, F. M., Skinner, D., Sikkema, K. J., Kalichman, S. C., & Pieterse, D. (2012). "Because he has bought for her, he wants to sleep with her": Alcohol as a currency for sexual exchange in South African drinking venues. *Social Science & Medicine*, 74(7), 1005–1012. <https://doi.org/10.1016/j.socscimed.2011.12.022>
- Westaway, A. (2012). Rural poverty in the Eastern Cape Province: Legacy of apartheid or consequence of contemporary segregationism? *Development Southern Africa*, 29(1), 115–125.
- World Bank. (2017). Fertility rate, total (births per woman) | Data. Retrieved September 6, 2017, from <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN/>
- Wouters, E., Van Rensburg, H., & Meulemans, H. (2010). The National Strategic Plan of South Africa: what are the prospects of success after the repeated failure of previous AIDS policy? *Health Policy and Planning*, 25(3), 171–185.
- Yates, S., & Payne, M. (2006). Not so NEET? A critique of the use of 'NEET' in setting targets for interventions with young people. *Journal of Youth Studies*, 9(3), 329–344.
- Zembe, Y. Z., Townsend, L., Thorson, A., & Ekström, A. M. (2013a). "Money talks, bullshit walks" interrogating notions of consumption and survival sex among young women engaging in transactional sex in post-apartheid South Africa: a qualitative enquiry. *Globalization and Health*, 9, 28. <https://doi.org/10.1186/1744-8603-9-28>