UNAIDS 2018 | REFERENCE

Transactional sex and HIV risk: from analysis to action

Recommended citation:

Transactional sex and HIV risk: from analysis to action. Geneva: Joint United Nations Programme on HIV/AIDS and STRIVE; 2018.

Acknowledgements:

The preparation of this report was supported by UNAIDS and STRIVE. The STRIVE research programme consortium is funded by UKaid from the Department for International Development. However, the views expressed do not necessarily reflect the department's official policies. This reference document was prepared by Kirsten Stoebenau, Joyce Wamoyi, Annie Holmes, Nambusi Kyegombe, Meghna Ranganathan and Lori Heise. The authors wish to thank Natalia Bobrova, Holly Prudden, Charlotte Watts, Mitzy Gafos, and technical reviewers at UNAIDS for their contributions, insights and suggestions.

STRIVE is a Research Programme Consortium (RPC) led by the London School of Hygiene and Tropical Medicine, working with six key research partners in Tanzania, South Africa, India and the USA to tackle the structural drivers of HIV. Investigating gender inequality and violence, poor livelihood options, stigma, and heavy alcohol use, STRIVE provides new insights and evidence into the ways these structural factors influence HIV vulnerability and undermine the effectiveness of the HIV response.

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Summary of key messages

- Transactional sex is practiced by men and women at all ages and in all regions of the world. In this document, we focus on adolescent girls and young women in sub-Saharan Africa, given the role transactional sex may play in this population's disproportionate HIV risk.
- Transactional sex is not sex work but refers to non-marital, non-commercial sexual relationships motivated by an implicit assumption that sex will be exchanged for material support or other benefits. Most women and men involved in transactional sex relationships consider themselves as partners or lovers rather than sellers or buyers. Conflating transactional sex and sex work in intervention design and funding may be counterproductive, as interventions designed for sex workers will not reach people engaged in transactional sex.
- Transactional sex is more prevalent than sex work. Estimates for transactional sex among adolescent girls and young women range from as low as 2.1% *(1–3)* to as high as 52% *(4)* in African countries.
- Transactional sex is linked with HIV in different ways. In sub-Saharan Africa, adolescent girls and young women who have ever practiced transactional sex are on average 50% more likely to be living with HIV than adolescent girls and young women who have never engaged in transactional sex *(5)*. Although sex work carries a higher level of risk than transactional sex, the number of women engaging in transactional sex is much larger than the number involved in sex work. Transactional sex is, to varying degrees, associated with HIV risk behaviours such as multiple sexual partners and other determinants of HIV risk, including partner violence, abuse, alcohol consumption, and varying levels of condom use.
- Women practice transactional sex in response to gender-unequal systems across a range of economic conditions and perceived levels of control over their relationships. Relationships vary in the level of intimacy shared between partners. Generalizations of women's motivations for engaging in transactional sex have included fulfilment of basic needs in impoverished settings; attempts to improve one's social status; and the expectation that men should provide for their partners in relationships. This range in context and motivation for engagement in transactional sex carries implications for policy and programming:
    - Economic vulnerability: women engage in transactional sex in contexts that range from those characterized as uniformly impoverished to those that are highly unequal. Programming should be relevant to the economic context.
    - Social status influence: the extent to which social pressures to access modern goods and lifestyles influence transactional sex varies by context.

  - Gender inequality: gender norms direct expectations around the role of men as providers in relationships and guide relationship-level power dynamics and individual beliefs about women's and men's roles in transactional sex relationships. Women's agency and perceived level of power within transactional sex relationships can vary from low to high.

- Not all sexual relationships characterized by or involving exchange are inherently risky. The emphasis should be placed not on eliminating transactional sex but rather on identifying the conditions and circumstances in which transactional sex imparts risk. For interventions, it is important to identify those that are motivated by exchange, and to further address the reasons why transactional sex relationships increase HIV risk.

- Measurement of transactional sex must be improved in large-scale studies and programme evaluations so that the mechanisms through which transactional sex imparts risk are better understood across settings.

- Intervention efforts should be context-specific and address the interrelated motivations of transactional sex. Structural interventions addressing both economic vulnerability and gender inequality are promising approaches to reducing HIV risk through transactional sex and reliance on transactional sex:

  - Cash transfers in highly impoverished contexts or among highly vulnerable populations have shown an effect on reduced prevalence of transactional sex.

  - Interventions promoting gender-equitable relationships have shown an impact on reducing men's reporting of transactional sex and violence perpetration.

  - To date, interventions have not adequately addressed social influences on transactional sex, but they could be included through interpersonal communication approaches.

- Combination intervention designs including behavioural, biomedical and structural approaches are recommended. Existing combination HIV prevention programmes that address a host of HIV risk behaviours for adolescent girls and young women should include components that address transactional sex directly.

- Rapid assessments of the nature of the economic, social and gender influences on transactional sex in a given setting should be conducted and, whenever possible, should be part of broader assessments of sexual behaviour, HIV risk perception, demand for HIV prevention, and related social norms.

Introduction

This reference document provides a detailed analysis of transactional sex and discusses policy options and principles of engagement around transactional sex in the context of HIV prevention. Although transactional sex is practiced by men and women in all regions of the world, this document focuses specifically on the determinants and consequences of adolescent girls' and young women's engagement in transactional sex in sub-Saharan Africa. We focus on this population because of the potential importance of transactional sex for young women's HIV risk in this region. The document will not address men who have sex with men or gay men and transgender people and the engagement around transactional sex.

The document provides a situation analysis of transactional sex, including its links to HIV transmission for women. The document then explores which approaches are likely to be effective in addressing transactional sex and HIV among adolescent girls and young women, and how they can be implemented.

What is transactional sex?

Transactional sex relationships take place across the globe. The nature of and motivations for transactional sex relationships vary across context and from one relationship to the next. Within sub-Saharan Africa, most transactional sex relationships share important common features across settings. The term "transactional sex" emerged to differentiate connotations of sex work from the exchange practices embedded in many relationships *(6)*. Numerous in-depth studies conducted across the region confirm important insights about transactional sex. Transactional sex relationships are non-commercial. Participants are likely to describe themselves as boyfriends, girlfriends or lovers, rather than clients or sex workers *(7, 8)*. Although sex work and the sex worker identity are nearly universally stigmatized, social approval or disapproval for practicing transactional sex varies significantly and is far more nuanced. The exchange embedded in these relationships is implicit (not formally negotiated) and often does not link directly to an act of sex. Transactional sex relationships range from a single encounter to long-term relationships. The exchange of sex for material support or other benefits extends from gendered expectations in romantic or sexual relationships that men are expected to provide material resources and women are expected to provide sexual and domestic services. Many of these relationships include shared emotional intimacy. Table 1 shows some of the differences between sex work and transactional sex.

Table 1. Difference between sex work and transactional sex

Sex work	Transactional sex
Self-identifies as sex worker	Does not self-identify as sex worker
Exchange of money or goods linked explicitly to sex	Exchange of money or goods implicit in relationship (including sex)
Often little shared emotional intimacy	Often some shared emotional intimacy

"Transactional sex can be defined as a non-marital, non-commercial sexual relationship motivated by an implicit assumption that sex will be exchanged for material support or other benefits."

Why does transactional sex matter?

The practice of transactional sex matters and requires intervention to the extent that it is associated with HIV and related risk behaviours and therefore endangers the health and well-being of adolescent girls and young women and their male partners in sub-Saharan Africa.

Transactional sex and HIV: what do we know?

Sub-Saharan Africa is disproportionately affected by the HIV epidemic, with particularly high rates of HIV incidence among adolescent girls and young women. In this region HIV prevalence among young women aged 15–24 years is twice as high, and even higher in some countries, as it is among young men *(9)*. As the number of young people continues to rise through population growth, new HIV infections among young women contribute substantially to the high HIV prevalence among women in many countries of sub-Saharan Africa, thereby increasing treatment and health-care costs *(10)*.

Research indicates that transactional sex—alongside biological susceptibility and poor access to health care—may be among the key behavioural practices contributing to the gender disparity in HIV among young people in sub-Saharan Africa *(13, 14)*.

What links transactional sex with HIV?

Evidence on transactional sex and its role in HIV transmission for adolescent girls and young women has been hindered by poor and inconsistent measures of the practice—a limitation that is even more problematic for understanding HIV risks associated with transactional sex for men *(5)*. Despite these limitations, a growing body of research has shown that transactional sex is a fairly prevalent sexual practice associated with a number of HIV risk behaviours and increases women's risk of HIV.

Transactional sex is more prevalent than sex work

There is a reported range in the practice of transactional sex. For example, in a trial, 8.7% of adolescent girls and young women from rural South Africa reported having practiced transactional sex with a casual partner *(15)*. In Kenya, 52% of sexually active girls aged 14–17 years reported having practiced transactional sex *(4)*. Among urban, sexually active secondary and university students aged 18–24 years in the United Republic of Tanzania, 57% reported having practiced transactional sex with a "sugar daddy" *(16)*.

The percentage of women engaging in sex work is much lower. For example, in South Africa, 0.8–1.0% of women aged 15–49 years were estimated to engage in sex work *(17)*, while estimates of ever practicing transactional sex among adult women range from 3% to over 20% *(18–20)*.

Understanding transactional sex to prevent HIV infections

Achieving global HIV goals critically depends on reducing the burden of new infections in young women *(10)*. Limited progress in efforts to prevent HIV infection among this population *(11, 12)* suggests that important factors, including transactional sex, are still being overlooked or are inadequately understood.

"Sexual relationships involving exchange are not necessarily inherently risky. The emphasis should be placed not on eliminating all relationships that are characterized by exchange, but rather on identifying the conditions and circumstances in which transactional sex imparts risk."

Transactional sex is associated with HIV

Transactional sex relationships increase adolescent girls' and young women's risk of HIV and are associated with other known risk factors for HIV *(15, 18, 20, 21)*.

Engagement in transactional sex is significantly associated with increased HIV prevalence in women. In a review of this association, across eligible studies, women who had ever practiced transactional sex were on average 50% more likely to be living with HIV than women who had never practiced transactional sex *(5)*. In the subset of studies that provided data on adolescent girls and young women in particular, the majority found a significant association between transactional sex and HIV. These studies suggest that adolescent girls and young women who have practiced transactional sex may be nearly two to over three times more likely to be infected with HIV *(5)*.

According to modelling work in western Africa *(22)*, transactional sex likely accounts for a higher proportion of HIV cases than previously appreciated, because earlier work did not separate transactional sex from sex work or casual partnerships without transactions; therefore, the unique contribution of transactional sex was hidden.

Transactional sex is associated with other behaviours linked to HIV

Among adolescent girls and young women, evidence shows that transactional sex in sub-Saharan Africa is associated with a number of individual and interpersonal sources of HIV risk, including different forms of abuse and violence, alcohol use, multiple partners, not using condoms, and age-disparate sex.

Among young people aged 26 years and under, a link was found between transactional sex and a number of factors related to violence, including previous experience of abuse or violence, including sexual coercion (Liberia, Uganda) *(23, 24)*; emotional, physical or sexual abuse (South Africa) *(25)*; and intimate partner violence, including physical or sexual violence (South Africa) *(26, 27)*. The link between intimate partner violence and transactional sex has been explained in the South African context through roles and expectations attached to ideals about "dominant" masculinity; these ideals include the expectations that men will both "provide for" and "control" their female partners *(28, 29)*.

A few studies point to an association between transactional sex and young women's use of alcohol, suggesting that alcohol use may be linked not only to casual sex but also specifically to transactional sex (Liberia, Uganda) *(23, 24)*. Other studies indicate that frequenting venues that serve alcohol is associated with transactional sex among adolescent girls and young women, independent of alcohol use (Madagascar, South Africa) *(30, 31)*. The evidence on the association between transactional sex and alcohol use is stronger among adult women *(18, 32–35)*. Research from South Africa has also described alcohol as "currency" in exchange for sex within small drinking venues among adult women *(36–38)*.

Men and transactional sex

By focusing attention on the role of transactional sex for adolescent girls and young women, we risk implying that only young women practice transactional sex, or that young women are to blame for any risks that result from this practice. Transactional sex, however, refers to a relationship practiced between two partners. There is a growing body of research that addresses the determinants and motivations for men's engagement in transactional sex, including improved social status, assertions of masculinity, and gendered social obligations to provide or support female partners, alongside access to sex *(53)*.

We know much less about the linkages between transactional sex and HIV for men, due in large part to substantial limitations to the measures used in quantitative studies to capture men's participation in the practice *(5)*.

Efforts to consolidate knowledge on the motivations for men's participation in transactional sex and to improve the measurement of transactional sex among men constitute key next steps in mitigating the role of transactional sex in HIV risk.

Studies have found that adolescent girls and young women who engage in transactional sex are more likely to have had multiple partners, measured as two or more partners in the last year *(1, 23, 39–40)*. There is less evidence describing a relationship between transactional sex and multiple concurrent partnerships *(1, 20)*. There is some contradictory evidence, however, suggesting that transactions in sexual relations do not always increase the likelihood of having multiple partners. Engagement in a relationship characterized by exchange of benefits may signal commitment. This is how transactional sex has been described in research in rural Malawi *(41)*, and it might explain a negative relationship found between transactional sex and multiple partners in Ghana *(39)*.

There is no clear association between transactional sex and young women's use or non-use of condoms *(39, 42, 43)*. A study in Swaziland found that as the reported number of items provided by a man increased, the likelihood of condom use decreased *(44)*. Another study, in Kenya, found that the more valuable the material transfer, the lower the likelihood of condom use. Women who reported other sources of support, including from other partners, were more likely to report consistent condom use *(45)*. This study lends further support to the finding that higher trust and intimacy in a relationship tend to reduce condom use *(46–48)*.

Transactional sex is often age-disparate (typically defined as a relationship between partners with an age gap of at least 5 years, or 10 years for "sugar daddies"), but it is also practiced by women and men of the same age or of similar ages. Given age-specific HIV prevalence rates among men across most countries in sub-Saharan Africa, there is a strong argument for the potential role that age-disparate relationships play in increasing adolescent girls' and young women's risk of HIV *(49–51)*. However, this may not apply to every setting in the same way *(15, 52)*. For example, in rural South Africa, a rise in incident HIV was found in women who practiced transactional sex, but the age of their partners or the number of partners did not affect this relationship *(15)*.

What shapes transactional sex?

Transactional sex is shaped by several structural factors, defined as physical, social, cultural, organizational, community, economic, legal or policy aspects of the environment that impede or facilitate efforts to avoid HIV infection *(54, 55)*. The three most important factors are gender inequality, economic change, and transformations in social institutions.

Transactional sex is a practice structured by gender inequality

Systems of gender inequality influence whether and how transactional sex is practiced. This influence happens through unequal customary and legal rights, uneven distribution of wealth and opportunities for its accumulation, and women's lower levels of social and political power. Patriarchal belief systems uphold male authority in the community and direct gendered expectations and norms for the roles of women and men in families and relationships. Shared among men and women across the region (and beyond) is the expectation that a man should provide for his partner *(2, 29, 41, 56–59)*. With this provision comes the expectation that women will offer sex in return. This male provider norm is a fundamental driver of transactional sexual relationships.

While gender inequality frames all transactional sex relationships, it can be manifested in very different ways. Women's perceived power in transactional sex relationships varies. Young women often proactively seek relationships with men who can provide for them, using sexual agency to compensate for their lack of power in other realms. Women describe having power in determining the start and end of a relationship, and their ability to extract resources from men *(60–62)*. Overall, however, men continue to hold greater decision-making power in relationships and carry more authority than women *(28, 29, 63–65)*. Evidence has been found for the relationship between transactional sex and unequal power in sexual relationships in South Africa *(66)*, and with unequal gender norms in Botswana and Swaziland *(34)*.

Dominant masculine identities are often associated with the expectation that men will wield power over their female partners, particularly in decisions about sex—and in some contexts this includes sanctioned violence *(28, 29)*.

Agency is a key component in the empowerment process and refers to "the ability to define one's goals and act upon them" *(68)*. Sexual agency, by extension, can be considered as "an individual's actions and decisions … to shape and change one's sexual practice, including whether, when, where and with whom to initiate a sexual relationship" *(69)*. A woman's level of sexual agency can vary from high to low, both over time within a given relationship, and from one partner to another.

Gender power differences can be exacerbated in relationships where a large age disparity exists between partners *(67)*.

Poverty, inequality and consumerism motivate transactional sex

Across sub-Saharan Africa, the gendered impacts of rapid economic change drive transactional sex in both poor and non-poor contexts.

Gendered poverty motivates transactional sex

Highly gendered labour markets put women at an economic disadvantage compared with men *(36, 71–74)*. Women remain more likely than men to engage in lower-skilled seasonal work, and to work in the informal economy *(59, 75, 76)*. Transactional sex driven by gendered poverty has been described more often in rural settings, in contexts undergoing ecological change (fishing communities) or political strife (refugee camps), and among marginalized populations (orphans, street children).

Economic inequality and consumerism motivate transactional sex

Recent economic change in sub-Saharan Africa has been characterized by increased global trade, the opening of markets, and the rise of consumer culture in settings marked by income inequality and youth unemployment *(60, 77, 78)*. With ownership of material goods becoming an increasingly important marker of social power and status, transactional sex is sometimes driven by aspirations for modern goods and lifestyles *(61, 79, 80)*. Adolescent girls and young women who can obtain such goods through sexual relationships have an opportunity to improve their social status. These motivations for transactional sex are more often (but not always) described in urban and peri-urban settings and among secondary and post-secondary school students.

Transactional sex takes place across a range of economic contexts

The range in economic environments in which transactional sex takes place may explain the lack of conclusive evidence on the relationship between socioeconomic status and transactional sex. Some subnational studies have found that young women living in poor or food-insecure households were more likely to practice transactional sex *(25, 81, 82)*, but other studies found no relationship between household wealth and transactional sex *(31, 39, 83, 84)*.

More important than household poverty levels may be the individual young woman's direct access to cash or basic needs from sources other than boyfriends *(31, 85)*, or access to a means by which to generate income *(23, 40, 86)*. Similarly, for education, some population-based studies found a link between lower levels of education and

transactional sex among adolescent girls and young women, but other studies found no link or found that transactional sex was associated with higher levels of education *(39, 84, 86)*. These mixed findings probably result from the range of economic contexts in which transactional sex takes place.

Social change, parents and peers influence transactional sex

A number of changes in marriage and household structure have a bearing on transactional sex. The age of marriage is rising in many places, while in some places the rate of marriage is declining (e.g. in South Africa), in part due to increasing marriage costs *(76)*. Such changes can increase reliance on less stable partnerships with expectations of financial support *(87)*.

Family and household composition is affected by increasing rural-to-urban labour migration by young women and men. Recent rural-to-urban female migrants may rely on relationships with men as they strive to identify other income-generating opportunities *(46, 76, 86)*.

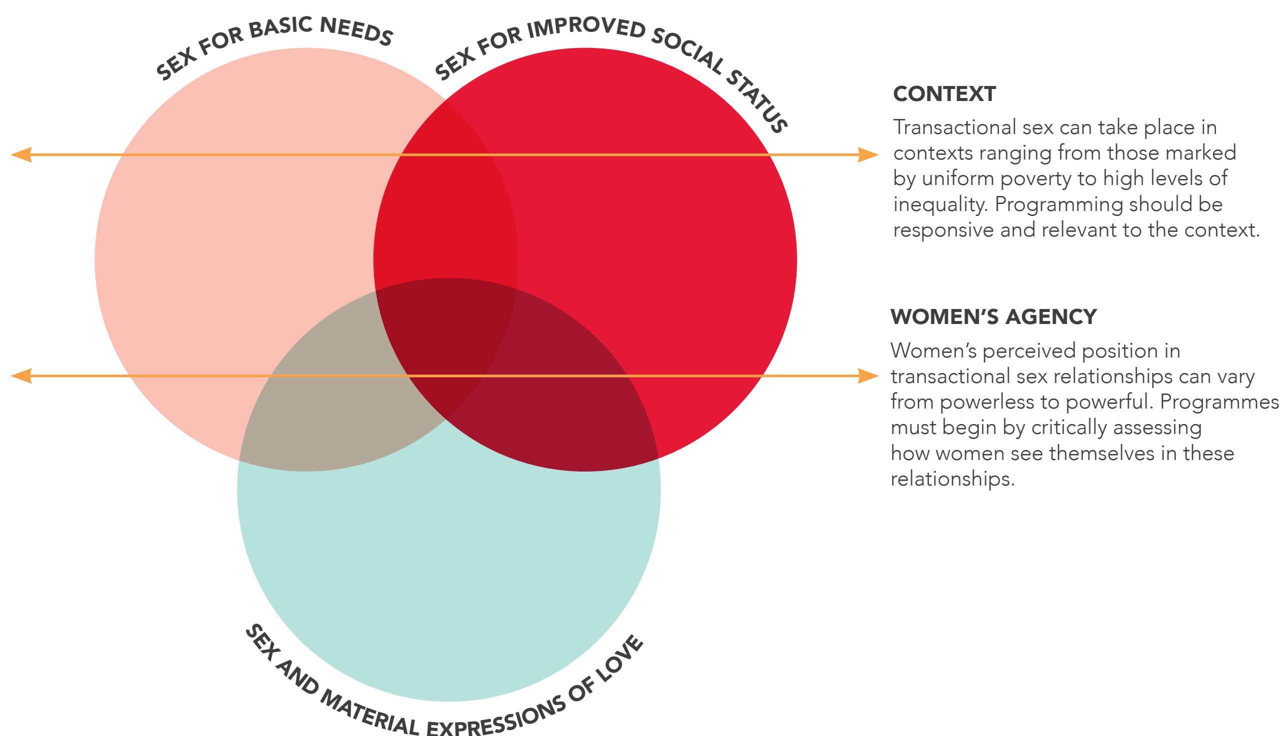
Social change alongside economic constraint has led to the absence of parental or adult family support and guidance with respect to sex education and can leave young people unprepared for the complexities of sexual relationships *(65, 88, 89)*. Parents may inadvertently encourage girls to participate in transactional sex relationships by denying them, or being unable to provide them with, material support *(39, 62, 90, 91)*.

Peer pressure and shifting social norms may encourage young men and women to engage in transactional sex *(71, 78, 92, 93)*. Pressure to keep up with social trends can pull young women into transactional relationships to allow them to access modern goods and accessories that may bestow social status and facilitate social mobility *(31, 57, 61, 67, 79, 94, 95)*.

Summarizing motivations that influence young women's engagement in transactional sex

Different sets of motivations have been emphasized over time in descriptions of women's participation in transactional sex (Figure 1), including sex for basic needs, sex for improved social status, and sex for material expressions of love. In reality, most transactional sex relationships cannot be explained by a single perspective but rather reflect aspects from each of these perspectives. Structured by gender inequality and social and economic change, transactional sex takes place across a range of economic contexts, from those characterized by extreme poverty and insecure livelihoods to those marked by income inequality and consumption-based aspirations. This range is depicted as a continuum of "context" on Figure 1. Women who participate in these relationships

Figure 1. Interrelated motivations for transactional sex



CONTEXT

Transactional sex can take place in contexts ranging from those marked by uniform poverty to high levels of inequality. Programming should be responsive and relevant to the context.

WOMEN'S AGENCY

Women's perceived position in transactional sex relationships can vary from powerless to powerful. Programmes must begin by critically assessing how women see themselves in these relationships.

SEX FOR BASIC NEEDS

This common description of transactional sex stresses gendered poverty as constraining women's options and forcing many to rely on transactional sex, as they are understood to have little choice but to exchange sex for food or shelter, as victims of men's privileged status.

SEX AND MATERIAL EXPRESSIONS OF LOVE

This description emphasizes that transactional sex is rooted in the expectation that men provide financial support and gifts in romantic relationships, and women offer sex in return. In addition, male provision is associated with, and/or deepens, emotional intimacy.

SEX FOR IMPROVED SOCIAL STATUS

In contrast to 'basic needs', this description stresses how in the context of rising economic inequality increasing social importance is placed on the ownership of material goods. This description of transactional sex emphasizes women's agency and use of 'sexual agency' toward attaining social status.

do so with varying levels of agency or power, depicted as a continuum of "'women's agency" on Figure 1. In addition, relationships initially motivated solely by financial interest may become emotionally intimate.

Interventions drawing on only one perspective (most commonly sex for basic needs) miss important aspects motivating these relationships. In particular, programmatic approaches should not assume all women who practice transactional sex are poor or think of themselves as vulnerable victims. Even in impoverished rural settings, girls often perceive that they have the power to select their partners and are effective in garnering resources from men *(95)*.

Figure 2. Drivers of HIV risk through transactional sex for adolescent girls and young women in sub-Saharan Africa

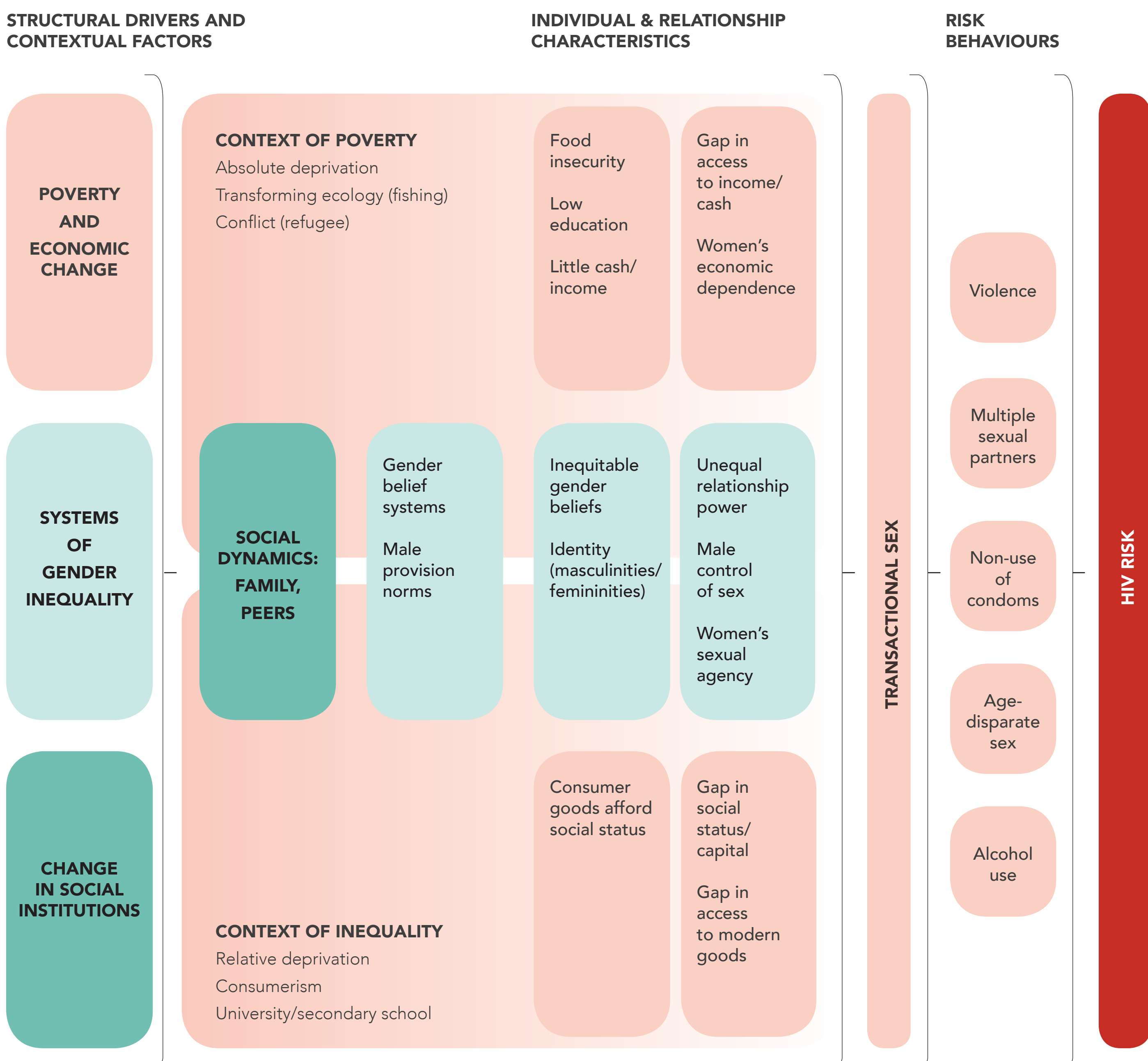


Figure 2 summarizes the body of evidence described thus far. It shows the factors at the structural, contextual, relationship and individual levels that influence young women's engagement in transactional sex. In addition, it shows risk factors that may help to explain young women's increased risk of HIV through transactional sex.

How can we address adolescent girls' and young women's HIV risk associated with transactional sex?

A range of approaches have shown varying degrees of impact on adolescent girls' and young women's participation in transactional sex, although only a few evaluated interventions were designed to address transactional sex specifically. (See Annex 1 for a description of interventions that included a measure of behaviour change concerning transactional sex.) Most of these have addressed age-disparate transactional sex relationships. Age-disparate sex interventions focused on "blaming" men have drawn scrutiny from scientists, who have suggested that strategies that stigmatize either male or female participants in age-disparate relationships may do more harm than good *(96–98)*. These efforts assume that all young women involved in these relationships do so from the perspective only of sex for basic needs, out of little choice and from a position of powerlessness. The women and men involved do not necessarily view their relationships as exploitative, however. While such relationships can be coercive and violent, some can also be nurturing and caring.

This understanding of transactional sex is inadequate: it does not account for the range of economic conditions in which transactional sex takes place; the variation in the level of agency women perceive in these relationships; or the extent to which transactional sex is framed within broader expectations about men's roles to provide in relationships. As highlighted above, many young women suggest they have the power to attract men and extract resources from them. While transactional sex is structured by gender inequality and women's economic vulnerability, it takes place across a wide range of social and economic contexts and motivations.

UNAIDS recommends that countries with high HIV prevalence adopt and implement programmes to address the multiple dimensions of adolescent girls' and young women's risk and vulnerability *(99)*. As noted above, transactional sex is best described not as a "risk behaviour" but rather as a type of relationship in which different risk behaviours (multiple partnerships, sex without a condom with a partner of unknown HIV status) may occur. As transactional sex relates to and overlaps with other risk behaviours and practices, it also needs to be addressed within the context of a wider HIV prevention response.

Understanding relationships and addressing risky behaviours

Relationships involving exchange are not in and of themselves risk behaviours. In many contexts across Africa, men are expected to provide for their partners, and such relationships are expected to include sex. Describing all such relationships as "risky" would be unhelpful for HIV prevention efforts and may unnecessarily stigmatize women and their romantic partners.

Transactional sex should be addressed within existing multicomponent HIV prevention intervention programmes and wider social and development programmes.

In developing programmatic approaches to transactional sex, it is important to address women's economic vulnerability and the unequal gender norms and beliefs that uphold the practice, and ensure women can access safe HIV prevention technologies. An understanding of the economic context should be used to direct programming concerning women's economic vulnerability. For example, provision of modest economic incentives may reduce out-of-school adolescents' reliance on primarily economically motivated relationships in rural Malawi, but this would not be an appropriate programmatic approach for university students in urban South Africa, for whom improved access to formal-sector employment may be more appropriate. While greater emphasis should likely be placed on critically addressing the links between material goods, sexual relationships and social status in the latter context, it remains important to address them in the former context as well.

At the country level, three basic practical steps will be required to address transactional sex and HIV in the HIV response.

Three basic steps in addressing transactional sex within existing combination HIV prevention programmes

1. Assess the prevalence of transactional sex, the interrelated motivations for engaging in transactional sex, including gender norms and expectations, and the circumstances in which transactional sex increases HIV risk.
2. Prioritize the delivery of HIV prevention programme packages in contexts where transactional sex increases HIV risk for adolescent girls and young women and their male partners.
3. Implement and integrate actions to address the interrelated motivations for transactional sex within existing multicomponent HIV prevention (structural, behavioural, biomedical) and wider social development programmes:
   - Integrate risk assessment tools and interpersonal communication on transactional sex, related relationship dynamics, and short-term benefits versus long-term risks of transactional sex into existing HIV prevention outreach programmes.
   - Support change in underlying economic vulnerability factors for adolescent girls and young women in contexts where transactional sex is driven largely by basic needs through enhanced access to education and social or cash transfers.
   - Address social norms around gender and power that influence transactional sex in the context of community-based HIV and gender programmes.

Assess the prevalence of transactional sex, its interrelated motivations, and the conditions in which it increases HIV risk

As a first step in developing policy and programmes on transactional sex at the country level, it is important to understand the prevalence of engagement in transactional sex.

Measurement of transactional sex must be improved and standardized for large-scale studies and programme evaluations. In terms of measuring transactional sex, it is critical to define, analyse and measure transactional sex accurately by:

- Ensuring transactional sex is distinguished from sex work.
- Using validated and consistent measures of transactional sex to facilitate temporal and cross-country analyses.
- Collecting and reporting sex-disaggregated analyses and findings, with the aim of understanding the roles that women and men play in transactional sex.
- Identifying women's and men's motivations for engagement in transactional sex and assessing the extent to which men's participation in transactional sex is associated with increased risk of HIV.

Field-tested questions on participation in transactional sex for inclusion in surveys

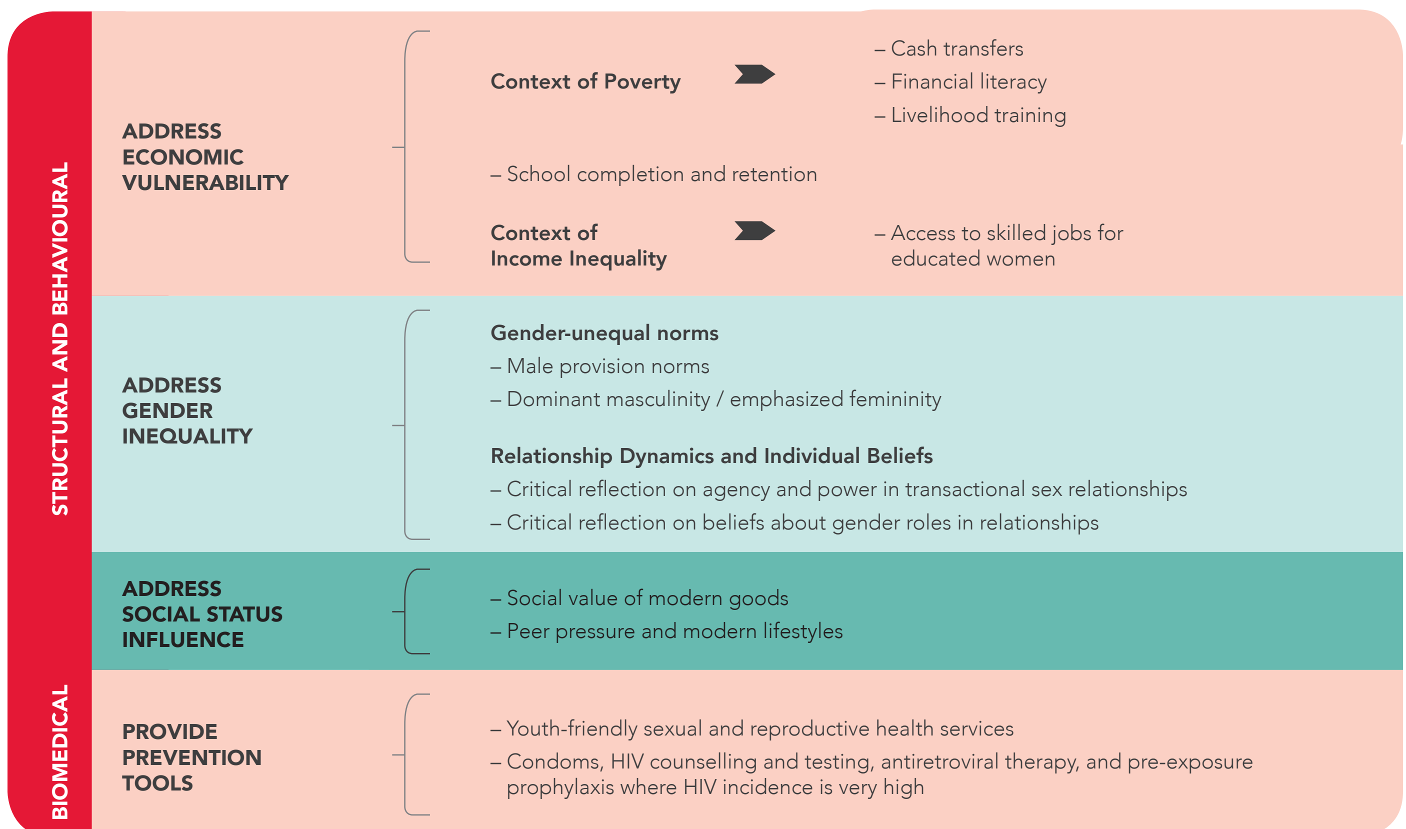
For women/recipients: in the past 12 months, did you enter into a sexual relationship with a man mainly in order to get things that you need, money, gifts, or other things that are important to you?

For men/providers: in the past 12 months, have you given a woman who is not your wife and is not a sex worker any money or gifts or helped her to pay for things mainly so you could start or continue a sexual relationship with her?

Identifying high-prevalence contexts is essential for more effective interventions, and valid measures enable a better understanding of the mechanisms through which transactional sex imparts risk across settings and over time.

In addition, since not all transactional sex carries risk, it is important to identify the conditions and circumstances through which transactional sex increases HIV risk. Assessments should be made to understand context-specific aspects of transactional sex ahead of programming. These include identifying the extent to which social status motivations influence transactional sex (peers, value placed on owning modern goods), and how women perceive their level of power or agency in these relationships. These

Figure 3. Addressing interrelated motivations for transactional sex within multicomponent HIV intervention programmes for adolescent girls and young women



assessments can be used to guide context-specific programming that should address economic vulnerability, gender inequality and social influences, alongside ensuring access to HIV prevention tools and related services, as shown in Figure 3. Programmes must allow for a range in young women's perceived level of power in transactional sex relationships, and must attend to the broader gender norms and expectations around provision that uphold this practice.

Assessment of the nature of transactional sex in a given setting should be conducted and, whenever possible, be part of broader assessments of sexual behaviour, HIV risk perception, demand for HIV prevention, and related social norms.

“Interventions are likely to have a greater impact on HIV risk if they address the multiplicity of factors that generate HIV risk through transactional sex and do not approach girls solely as victims.”

Deliver HIV prevention programme packages in contexts and circumstances in which transactional sex increases HIV risk

HIV prevention programmes should be prioritized in contexts where prevalence levels of both HIV and transactional sex are high and adolescent girls and young women and their male partners may be at particularly high risk of acquiring HIV through transactional sex.

The full range of HIV prevention tools, including male and female condoms, pre-exposure prophylaxis, antiretroviral therapy, testing and treatment for sexually transmitted infections, voluntary medical male circumcision for male partners, and complementary behavioural interventions, may contribute to reducing HIV risk among women and men engaged in transactional sex.

The prevalence of transactional sex can be one factor informing geographical prioritization of HIV prevention activities. Similarly, age patterns of transactional sex can inform prioritization of programmes for specific age groups. For example, in settings where transactional sex is prevalent among female adolescents, there is a need to:

- Ensure access to sexual and reproductive health services for never-married adolescent girls to reduce their risk of HIV infection, unwanted pregnancies and sexually transmitted infections.
- Expand youth-friendly service options, including in anticipation of pre-exposure prophylaxis for adolescent girls and young women at high risk of HIV, some of whom engage in transactional sex.
- Provide services to mitigate HIV risk through transactional sex, including condom provision, HIV testing and counselling, overall sexual health, HIV treatment, and voluntary medical male circumcision for male partners.

Implement actions to address motivations for transactional sex in HIV combination prevention programmes

Transactional sex is one among a cluster of behaviours and practices that increase adolescent girls’ and young women’s risk of HIV in sub-Saharan Africa. Programmes can address transactional sex by adding material to existing HIV combination prevention and wider social and development programmes. These programmes should combine structural approaches, interpersonal communication strategies, and biomedical and behavioural intervention components. Combination programming can attend to the underlying inequalities that influence women’s participation in economically motivated relationships, and reduce the risk that women and men experience through engaging in transactional sex.

"Reducing HIV risk requires addressing transactional sex within wider HIV prevention policies and programmes for adolescent girls, young women, adult women, adolescent boys and men, rather than developing standalone programmes for transactional sex."

Support change in underlying economic vulnerability

Most interventions that focus on the economic empowerment of young women operate with the assumption that improving young women's economic circumstances and livelihood options in the long term will reduce their vulnerability to sexual risk behaviours, such as age-disparate and transactional sex.

Cash transfers (conditional and unconditional) have demonstrated effects on biological and behavioural outcomes, including transactional sex *(100–103)*. The premise of these interventions is that adolescent girls and young women choose partners based on their immediate economic needs; therefore, addressing household poverty or providing even a small amount of cash can be effective in reducing the number of relationships that girls have with men engaged in high risk behaviour. While some of these interventions have demonstrated an impact on reducing transactional or age-disparate sex, others have reported limited to no impact on transactional sex *(104–106)*. In Zomba, Malawi, female high-school students who received cash transfers had a 64% lower prevalence of HIV and 76% lower prevalence of herpes simplex virus 2 compared with those who had not received any transfer *(85)*. The results suggest the reduction in HIV risk followed shifts in partner selection, increased faithfulness to lower-risk partners, and lower frequency of sex *(85)*. In South Africa, among more than 3000 families receiving regular child support grants, adolescent girls had a 53% lower incidence of transactional sex and a 71% lower incidence of age-disparate sex *(100)*. However, a cash transfer trial related to school attendance in Swa-Koteka in rural South Africa did not reduce the risk of HIV infection (including transactional sex) among young women of high-school age *(12)*.

Questions remain regarding what factors determine the success of a cash transfer; the mechanisms through which economic interventions work to reduce HIV risk; and whether positive impacts observed during the intervention are sustainable. Nevertheless, existing evidence suggests that in impoverished contexts where cash transfers are significant enough to make a difference on school attendance and other basic needs, they may influence sexual behaviour and partner choices, including engagement in economically motivated relationships.

At the local level within any given country, it is important to analyse the economic context to inform intervention design:

- In contexts of uniform poverty and with highly vulnerable populations, consider strategies such as cash transfers and income generation to reduce reliance on partnerships that might otherwise be avoided.
- In contexts of growing income inequality, place greater emphasis on efforts to improve young educated women's accessed to skilled employment.

Address social norms around gender and power that influence transactional sex

Efforts to address harmful gender-related practices have been shown to be effective if they are linked to holistic interventions such as keeping girls in school or strengthening girls' employment options, and addressing the sociocultural norms that support risk behaviours *(107)*. While few interventions identified to date explicitly set out to reduce reliance on transactional sex, a number have reported such an impact. These interventions have tended to prioritize adolescent girls' and young women's economic vulnerability or unequal gender norms; more rarely, they have combined these approaches.

One approach to addressing gender inequalities has been through interventions that promote equitable gender norms and roles within relationships. One widely used and rigorously evaluated example, Stepping Stones, focuses on both boys and girls and aims to transform harmful gender norms and related behaviours, including multiple partnerships, by addressing norms that perpetuate inequalities and improving sexual health by building more gender-equitable relationships between partners through better communication among other means *(108)*. The evaluation found that the programme was effective in reducing sexual risk-taking and violence perpetuation among young rural men *(103)*. Men reported fewer partners, higher condom use, less transactional sex, less violence against their partners, and less substance use *(103)*. Women in the intervention arm had fewer HIV and herpes simplex virus 2 infections, although neither reduction reached statistical significance. Among the women who participated in Stepping Stones, there was an increase in reported transactional sex, implying that a shift in harmful gender norms might not necessarily reduce women's engagement in transactional sex, but may reduce the HIV risk experienced within these relationships *(103)*.

In addition to encouraging gender-equitable relationships more generally, programmes that aim to address the gender norms specific to transactional sex must also address the shared expectation that men provide financial support to their partners and women provide sex in return.

Addressing harmful gender norms that impart risk through transactional sex, such as men's control of sexual decision-making in transactional sex relationships, may involve the following:

- Engage adolescent girls, young women and communities in critical reflection on norms and power, and on how norms contribute to HIV risk through transactional sex.
- Recognize, analyze and reflect on the agency and power that adolescent girls and young women do wield, rather than framing adolescent girls and young women solely as victims.

- Engage men and boys, as well as adolescent girls and women, in programmes to encourage gender-equitable relationships and build positive gender norms around love and caring.
- Mobilize community understanding of and support for processes to challenge and transform harmful gender norms, including critical dialogue on both harmful and beneficial traditions.

Examples of policy-level changes in relation to gender and HIV that may reduce HIV risk in transactional sex

- Improve rates of girls' retention in and completion of primary and secondary school.
- Ensure women's land and property rights.
- Implement gender-based affirmative action in higher education and employment.
- Increase women's political participation and representation.
- Strengthen legal and social services to address violence against women and girls

Combining approaches to address gender inequality and economic vulnerability

Some interventions aiming to prevent HIV incidence among adolescent girls and young women addressed both economic vulnerability and gender roles and norms. The Shaping the Health of Adolescents in Zimbabwe (SHAZ!) intervention combined micro-finance with life skills and health education *(109)*. The Education and HIV/AIDS Prevention trial in Kenya examined the role of subsidized schooling through uniforms alongside critical reflection on condom use and partner choice, particularly with respect to partner age and HIV risk *(110)*. Both approaches reported a decrease in either transactional sex (Zimbabwe) or age-disparate relationships (Kenya). A pilot study assessed combining Stepping Stones with Creating Futures, a combination economic empowerment and gender norm intervention *(111)*. While the pilot showed reductions in violence, there was no effect on transactional sex.

Use interpersonal communication to understand HIV risk and address social status motivations in transactional sex

Increasing the access of women to basic HIV and sexual and reproductive health services requires empowering women to assess their own HIV risk and address it as needed. Communication programmes specifically targeting transactional sex are not commonly implemented. Overall, findings from broader in-school interventions show that knowledge is a prerequisite for HIV prevention but is insufficient on its own to prevent HIV risk behaviours, including transactional sex *(112–114)*. However, interpersonal communication efforts may be an important addition to combination programmes, particularly to address women's perceived agency in transactional sex and to address peer and social status motivations for engaging in transactional sex in contexts where these factors are of greater significance. A review of structural interventions found no interventions that critically addressed consumer culture or acknowledged adolescent girls' and young women's perceived agency in transactional sex relationships *(115)*. The latter may be particularly important in contexts where women perceive high levels of agency but still yield to men on sexual decision-making in particular *(116)*. Addressing these areas would fill needed gaps in programming approaches with adolescent girls and young women.

Critical reflection within participatory communication programmes can be used to work with adolescent girls and young women to:

- Challenge peer pressure and global marketing influences on one's desires, consider the costs and benefits of using relationships to improve social status, and manage short- and long-term aspirations.
- Critically address women's power and agency within transactional sex relationships, particularly identifying the circumstances in which women may be put at higher risk.

The most pragmatic approach towards increasing HIV risk perception in relation to transactional sex will often be to add specific communications to existing prevention programmes. This will require the following:

- Address relationships that are motivated by the exchange of sex for financial or other benefits and the mechanisms through which such relationships impart risk.
- Integrate communication on transactional sex with other communications on risk factors locally associated with transactional sex, such as multiple partners, age-disparate partners, partner violence and sex without a condom.
- Integrate self-assessment tools on risk behaviour, in particular the risk of transactional sex, into existing HIV prevention outreach programmes.

Conclusion

Understanding and addressing transactional sex is a key building block towards reducing the disproportionate risk of HIV faced by adolescent girls and young women in sub-Saharan Africa. It is important to differentiate transactional sex from sex work and understand the nature of transactional sex in a given setting in order to build effective programmes. Although transactional sex is associated with higher HIV risk among women, not all relationships involving exchange are inherently risky. HIV prevention programmes need to identify the circumstances and conditions through which transactional sex increases HIV risk for both young women and men.

Addressing transactional sex within HIV responses requires approaches that are responsive to the context and can address the multiple motivations for the practice. In any given context, programmes should identify and respond to the economic context (poverty or income inequality); the degree to which social status motivations influence transactional sex (peers, parents, social value of consumer goods); and the extent to which young women perceive they have agency and power in transactional sex relationships. Programmes that are likely to have the most success will address economic vulnerability and gender inequality, while also ensuring women and men have access to HIV prevention tools to reduce HIV risk in their relationships. Addressing underlying social and gender norms and acknowledging women's perceived agency in transactional sex is critical in every context.

Overall, addressing the risks associated with transactional sex should be seen not as a standalone intervention area but as an element to be mainstreamed into national combination prevention programmes. This will require integrating activities, messages and tools on transactional sex across multicomponent HIV prevention programmes while advocating for social and development programmes that can address HIV risk and reducing inequality in access to health care and education.

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Annex

Interventions that report an impact on transactional sex

Intervention/ setting	Aim	Description	Target group	Impact
School-based HIV prevention programme, Liberia *(117)*	To examine whether an HIV prevention intervention significantly impacted on sexual behaviours and mediators for people who engaged in transactional sex	Intervention schools received the adapted HIV prevention programme; based on Social Cognitive Theory *(120)* and the Theory of Reasoned Action *(121)*, the programme promotes positive condom attitudes, condom use skills, and self-efficacy related to condom negotiation and sexual refusal	714 school girls and boys aged 14–18 years were randomly selected for the group-randomized control trial to evaluate an intervention	Effective at reducing reported sexual partnerships, frequency of sex, and protective sexual attitudes (efficacy and refusal skills) overall; but looking at the effects of the intervention on people who reported practicing transactional sex at baseline, the researchers found no positive effects from the intervention
Youth Empowered and Healthy (YEAH) initiative, Uganda *(120)*	To reduce transactional and intergenerational sex in Uganda	Mass media behaviour change campaign using radio drama "Rockpoint 256", posters and other media messaging concerning "Something for Something Love"; also included community dialogues and engagement with youth and their parents	Young people aged 15–24 years; men aged 18–55 years; parents of youth	Found an increase in knowledge of sexually transmitted infections and HIV; reported increased self-efficacy and intention to reduce risk behaviours, including multiple partners and unprotected sex; no significant change in intended participation in transactional sex by exposure to programme; and no significant reported change in reporting having had transactional sex comparing beneficiaries and non-beneficiaries
Shaping the Health of Adolescents in Zimbabwe (SHAZ!), Zimbabwe *(102, 109)*	To assess: • feasibility of recruiting and retaining a cohort of adolescent female orphans who adhere to the intervention • changes in behavioural and structural risk factors • trends in HIV and herpes simplex virus 2 incidence and unintended pregnancy	Combined intervention package including life skills and health education, vocational training, micro-grants and social supports compared with life skills and health education alone	315 adolescent female orphans	Within the intervention arm there was a lower risk of transactional sex [IOR 50.64, 95% CI 0.50—0.83] and a higher likelihood of using a condom with their current partner [IOR 51.79, 95% CI 1.23–2.62] over time compared with baseline

Intervention/ setting	Aim	Description	Target group	Impact
Cash transfers, Zomba, Malawi *(85)*	To increase income and education and reduce HIV risk	Randomized controlled trial over 2 years involving cash transfers conditional on regular school attendance versus unconditional cash transfers	Never-married females aged 13–22 years in 176 enumeration areas in Zomba	At 18 months, the intervention group had 64% reduction in HIV prevalence and 76% reduction in herpes simplex virus prevalence; there was reduced onset of sexual activity; and girls were 35% less likely to drop out of school; reduction in HIV incidence was explained by a shift to younger partners with whom girls reported less frequent sex
Education and HIV/AIDS Prevention intervention, Kenya *(110)*	To reduce HIV incidence in schools	Randomized controlled trial over four years comparing four school-based HIV/ AIDS interventions: • training teachers in HIV/ AIDS curriculum • critical thinking on role of condoms • reducing cost of education by providing school uniforms • relative risk campaign	Sample of 70 000 school boys and girls in school	Provision of uniforms lowered childbearing by 12%; relative risk campaign led to 61% reduction in cross-generational pregnancies
Conditional Cash Transfer HPTN 068, South Africa (Swa-koteka) *(104)*	To assess effects of conditional cash transfer on HIV acquisition among South African young women	Young women and their parents/guardians were randomized to one of two study arms—a monthly cash transfer of 300 rand (US$ 30) per month, conditional on 80% school attendance, or a control arm that did not receive cash transfer	2533 young women aged 13–20 years, in high school, not married and not pregnant	Conditional cash transfers for school attendance did not reduce the risk of HIV infection among young women of high-school age in this setting in South Africa; the trial did not find significant differences between study arms in the number of young women reporting older partners or engaging in transactional sex
Cash Plus Care intervention, South Africa *(101)*	To assess effects of household receipt of state-provided child-focused cash transfers on HIV incidence and related risk behaviours for adolescent girls and boys; and to assess effects of cash plus additional social protection on these outcomes	Observational study of existing government programme; cash included state-sponsored child support grants and foster-child grants; care included school feeding, uniform and transport, home-based support from caregivers, and teacher and school counsellor social supports	3515 adolescents from randomly selected census areas in two urban and two rural districts in two provinces in South Africa	For adolescent girls (n = 1926), receipt of cash transfer was associated with reduced incidence and prevalence of transactional sex and age-disparate sex; no significant effects were shown for other risk behaviours; for boys (n = 1475), no consistent effects were shown for any of the behaviours; cash alone was associated with reduced HIV risk for girls but not for boys; integrated cash plus care was associated with halved HIV risk behaviour incidence for both sexes, compared with no support

Intervention/ setting	Aim	Description	Target group	Impact
Stepping Stones, South Africa *(103)*	To assess the impact of Stepping Stones, an HIV prevention programme, on incidence of HIV and herpes simplex type 2 and sexual behaviour	Cluster randomized controlled trial of a behavioural intervention to address gender norms and promote gender equitable relationships, implemented in 35 communities in 2 workshops of 20 men and 20 women in each community who met for 17 sessions (50 hours) over 3–12 weeks	1360 men and 1416 women aged 15–26 years, who were mostly attending school; cluster randomized controlled trial	Stepping Stones significantly improved a number of reported risk behaviours in men, with a lower proportion of men reporting perpetration of intimate partner violence across 2 years of follow-up and less transactional sex and problem drinking at 12 months; in women, desired behaviour changes were not reported and those in the Stepping Stones programme reported more transactional sex at 12 months
Stepping Stones, South Africa *(111)*	To determine whether the combination of Creating Futures and Stepping Stones is a promising intervention to reduce gender-based violence and HIV risk among young men and women in two urban informal settlements	The livelihoods intervention Creating Futures was combined with Stepping Stones; Creating Futures is a facilitated group intervention covering 11 3-hour sessions in single-sex groups of approximately 20 people; in Creating Futures, participants engage in participatory learning activities to reflect on and critically analyse their livelihoods and develop skills for strengthening them, using existing resources in their environment	232 out-of-school young people (110 men, 122 women) aged 18–34 years (most aged under 30 years)	No change across the study in the proportion of men and women who had had transactional sex in the past month
Cash Transfer for Orphans and Vulnerable Children (CT-OVC), Kenya *(105,106)*	To assess whether household receipt of CT-OVC is associated with adolescent sexual partner characteristics	Provides flat transfer of approximately US$ 20 per month given directly to the caregiver to allow these households to provide for the care and support of orphans and vulnerable children; as of February 2012 the programme reached 134 000 households and approximately 280 000 orphans and vulnerable children across Kenya	2210 young people, targeting orphans and vulnerable children	No statistically significant effects on behavioural risk outcomes, including condom use, number of partners, relative partner age, partner's school status, or transactional sex in young women or young men
Fataki campaign, United Republic of Tanzania *(116,121)*	To assess whether a multimedia campaign targeting engagement in cross-generational sex can reduce engagement in the practice	This multimedia campaign ran nationally in the United Republic of Tanzania from 2009 to 2011 and included radio spots, posters, banners and comic strips; the campaign was also referenced in popular television shows; community resource kits were also developed	National coverage directed at adult men and young women; 2228 male and female study participants	Dose–response between campaign exposure and communication about cross-generational sex, intervening in these relationships, and lower likelihood of young women engaging in them; no reported change in behaviour among men

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