Community Perspectives on Adolescent Girls’ Vulnerability to HIV in Botswana, Malawi and Mozambique: Summary Report
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The analysis, interpretations and recommendations presented herein are those of the authors and do not necessarily reflect the views of the Johns Hopkins University.

ACRONYMS

AIDS Acquired Immune Deficiency Syndrome
CCP Center for Communication Programs
CSP Concurrent sexual partnerships
FGD Focus group discussion
GGI Go Girls! Initiative
HIV Human Immune Deficiency Virus
IQC Indefinite Quantity Contract
MCP Multiple concurrent partners
MSP Multiple sexual partnerships
NGO Non-governmental organizations
PEPFAR U.S. President’s Emergency Plan for AIDS Relief
T/A Traditional authority
USAID United States Agency for International Development
VGI Vulnerable Girls Index
EXECUTIVE SUMMARY

Background
To reduce adolescent girls’ susceptibility to HIV/AIDS in Botswana, Malawi and Mozambique, the United States Agency for International Development awarded the President’s Emergency Plan for AIDS Relief Gender Initiative on Girls’ Vulnerability to HIV to the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) in September 2007 for a three-year contract.

A recent literature review found neither a comprehensive definition of “vulnerability to HIV” nor any studies that had explored how communities perceive vulnerable girls in their midst (Underwood, O’Brien, & Skinner, 2008). The study elaborated herein was conducted to address these research gaps and to inform the development of program interventions, which in turn could reduce vulnerable girls’ exposure to HIV.

Theoretical Framework and Methodology
The Gender Initiative, also known as the Go Girls! Initiative (GGI) explicitly shifts the focus from the individual-as-risk-taker, which places the onus on the individual, to the systemic and foundational contextual factors associated with the vulnerability of girls/adolescent girls (the terms are used interchangeably in this report). The social ecological framework that guides the Initiative views individuals as nested within a system of socio-cultural relationships – families, social networks, communities, nations – each of which potentially influences, directly or indirectly, individuals’ ability or propensity to act.

This qualitative study was carried out in selected GGI intervention sites as well as in several neighboring communities in November and December 2008. The research study relied on 12 focus group discussions (FGDs) in Botswana, 12 in Malawi and 11 in Mozambique. The FGDs were evenly divided between urban and rural sites. Separate FGDs were held with adolescent girls (two cohorts – ages 10-14 and ages 15-19), adolescent boys (ages 15-19), adult women (ages 20-49), adult men (ages 20-49), and community opinion leaders.

Key findings
The roads leading to girls’ vulnerability to HIV/AIDS in the three countries are many, complex, and influenced by differing political economies and socio-cultural systems (including social identity formation) in the three countries. The study participants defined “vulnerable girls” as those who are exposed to sexual relationships that are concurrent, unprotected, transactional (sex is exchanged for money, goods or services), intergenerational and/or forced due to weak economic, legal, educational, community or family support systems.

The participants’ discourse about the causal pathways to individual-level risk behaviors revealed an understanding that the causes of HIV vulnerability are multi-level, and include social-structural, community, and interpersonal and intrapersonal factors. The findings point unequivocally to the central role of economic inequality in rendering girls vulnerable to HIV (for a variety of reasons). In middle-income Botswana, study participants pointed to the search for a modern adolescent social identity and, secondarily, poverty as the drivers of girls’ involvement
in unprotected sex. In Malawi, where economic resources are scarce, the study interlocutors identified poverty primarily, and the desire for material goods secondarily, as reasons that girls are at risk of contracting HIV. And in Mozambique, participants in the research associated HIV risk with both poverty and adolescent identity formation.

Alcohol, which is readily available to adolescent girls across the three countries, was also identified as a key factor in adolescent girls’ exposure to unprotected sex. Although participants were acutely aware of the disinhibiting effect of alcohol, they showed little self- or collective-efficacy to prohibit adolescents’ alcohol consumption or to reduce alcohol abuse among adults.

In Botswana, initiation rites, which were described as traditionally protective of girls, are now rarely practiced. In Mozambique, too, respondents generally spoke of protective initiation rites in the past tense. It was in Malawi that harmful – and ongoing – initiation rites were brought out most explicitly; the described rites were typically associated with highly risky sexual behavior.

At the community level, communities identified a plethora of places where girls are unsafe and very few where they are safe. Bars and other venues where alcohol is sold were identified as the most high-risk places for adolescent girls in all communities. Yet community rules and regulations to protect girls appear to be lax or nonexistent.

Respondents expressed concern for the disconcerting changes in relationships between youth and their parents or other elders. Some adults felt it is inappropriate for them to discuss sexual matters with their own children; those who are willing to do so often feel unprepared to carry out such conversations.

At the individual level, study participants contended that girls sometimes purposefully seek out sexual partnerships, either for pleasure or to increase their economic gain. But study participants noted that girls are also victims of force, coercion or simply passive acceptance. Regardless of whether the sex was sought or coerced, transactional sex was reported to be widespread among adolescent girls in rural and peri-urban sites in all three countries.

The vulnerability discourse highlighted the mutually reinforcing effects of poverty, alcohol consumption, unsafe community spaces, minimal adult supervision, and peer influence on unprotected, often unplanned and even unwanted sexual relations.

**Limitations**

The findings from this study are not generalizable as participants were purposively drawn from two sites in Botswana, two in Malawi and two in Mozambique. It is worth noting that the study participants were not asked to discuss their own vulnerability to HIV/AIDS, but to talk about the vulnerability of girls in their communities. While their comments about the precursors of girls’ vulnerability to HIV may reflect the situation on the ground, another possibility is that the respondents’ reports reflect misconceptions about the attitudes and actions of others.

**Recommendations**

At the social level, interventions should offer economic strengthening opportunities for girls and their families to reduce dependence on transactional sex. Education is a public good and the
responsibility of governments. Where school fees are collected, communities should be encouraged to find ways to abolish school fees through advocacy with government officials or, if that is not currently possible, to cover school fees by mobilizing outside resources. Interventions should work with local leaders to regulate alcohol establishments, restrict licensing of alcohol retail outlets, update and strengthen existing laws, ban minors from the premises of alcohol outlets and regulate alcohol advertising. Sexual violence in the community needs to be addressed through law enforcement, including prosecution to the full extent of the law. Training for school staff, community members and law enforcement is needed to raise awareness and develop action plans to confront and end teachers’ sexual exploitation of students. Aspects of initiation rites that increase vulnerability should be reformulated; protective initiation rites that are no longer practiced could be reintroduced and reconstructed to meet the unique needs of adolescents in the modern world. Finally, programs should incorporate cross-sectoral approaches to more fully address the constellation of factors that lead to girls’ vulnerability.

At the community level, more opportunities for recreation are needed, such as sporting activities and social groups. It is particularly important for boys and girls to learn to interact in non-sexual ways. At the same time, higher levels of community monitoring and security are needed, including community vigilance against and condemnation of child defilement and rape. Enforcement of laws against sexual violence and coercion must be in place so that girls/adolescent girls will be willing to report such incidents. Schools, communities and law enforcement need to work together to make schools, passage to schools, and the broader community safe for girls across the age spectrum.

To mitigate interpersonal and intrapersonal factors that render girls vulnerable to HIV, program interventions are needed for adults as well as for individual adolescent girls. Community members need to work together to confront and penalize individuals who are pressuring or forcing girls to have sex. At the family and peer levels, parents and other adults need programs that can help them improve the quality, quantity and effectiveness of adult-youth communication. These programs could include discussions about (but not focus exclusively on) sexuality and HIV/AIDS. Finally, it is important to address the needs of girls who actively seek out sexual relationships by helping them to: 1) reevaluate the attendant risks, 2) form a modern identity based on who they are rather than what they own, and 3) plan for the future.

It is hoped that the Go Girls! Initiative will provide a frame of reference for learning about both vulnerability and risk factors as well as for formulating and validating best practices to mitigate vulnerable girls’ susceptibility to HIV/AIDS.
CHAPTER 1: INTRODUCTION

Background

The Gender Initiative on Girls’ Vulnerability to HIV, also known as the Go Girls! Initiative (GGI), seeks to reach vulnerable adolescent girls ages 10-17 in Botswana, Malawi and Mozambique with comprehensive interventions tailored to their particular needs.

But who exactly are vulnerable girls and how do we identify them? A recent literature review found no comprehensive definition for “vulnerability to HIV” in any of the reviewed studies (Underwood, O’Brien, & Skinner, 2008). The literature review also revealed a dearth of research that examines vulnerability from the perspective of the community, which is a vital viewpoint given that effective and sustainable interventions require community-level involvement and commitment.

Conceptual framework

In recognition that HIV vulnerability extends beyond the individual, the Initiative is guided by a social-ecological framework, which views individuals as nested or embedded within a system of socio-cultural relationships – families, social networks, communities, nations – that are influenced by and influence their physical environments (Hawley, 1950; Bronfenbrenner, 1979; Kincaid, Figueroa, Storey & Underwood, 2007). Each of these contexts potentially influences, directly or indirectly, individuals’ ability or propensity to act. This approach draws attention to the role of extra-individual factors in health outcomes (Rose, 1985), and yet does not ignore the individual. Rather, individuals’ choices, decisions and behaviors are theorized to depend not only on their own characteristics, but also on group- or community-level attributes, thus implicating the larger social and environmental contexts within which they live. This approach brings our attention to the need for multi-level and multi-faceted interventions if we are to effectively reduce adolescent girls’ vulnerability to HIV/AIDS.

Objectives of the study

The main objective of the study was to examine girls’ vulnerability to HIV from the perspective of community members in the Initiative countries, to elicit their perceptions regarding who in their communities are most vulnerable to HIV, and why. Other objectives were to contribute to the development of the GGI baseline survey instruments and to inform program interventions.

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1 For programmatic purposes, the Initiative defines adolescent girls as ages 10-17, which differs from the World Health Organization’s (2008) designation of adolescents as individuals ages 10-19. The Initiative uses the more restricted definition as the Initiative chose to focus on adolescents who are still minors.
**Methodology**

This qualitative research study was conducted in November and December 2008 in a sub-set of GGI’s intervention sites as well as in several neighboring communities. The study sites were selected based on a desk review by GGI program staff in the three Initiative countries of communities that would be suitable for implementation of program activities. Criteria included population size, availability of schools, health services, and income-generating programs.

In Botswana, the local research team held six FGDs in rural Bobonong District and six in a peri-urban section of Francistown. In Malawi, the local research team conducted six FGDs in a peri-urban area of Mangochi district and six in a rural area of Thyolo district. Finally, in Mozambique, the local research team carried out six FGDs in peri-urban Chuabo Dembe and five in rural Licuari, both of which are located in Zambezia Province. In each site, one FGD was held with each of the following groups: adolescent girls (two cohorts – ages 10-14 and 15-19), adolescent boys (ages 15-19), adult women (ages 20-49), adult men (ages 20-49), and community opinion leaders (including local officials, headmen, religious figures and teachers). The only exception was in the rural site in Mozambique where male opinion leaders were interviewed together with male adults and female opinion leaders with female adults.

Participants were purposively recruited through community organizations using age and sex as the main recruitment criteria. Community-based organizations in the study communities were asked to identify local opinion leaders, including teachers, religious leaders, local government officials, headmen and chiefs. No names or personal identifiers beyond age, sex, or occupation of participants were recorded. Each FGD lasted approximately two hours and was facilitated by same-age, same-sex peers, except for the youngest group who had same-sex, older teens trained to facilitate their FGDs. Discussion guides for youth and adults were developed to provide structure to the FGDs.

**Ethical procedures**

Ethical approval to conduct the study was obtained from the Institutional Review Board at the Johns Hopkins Bloomberg School of Public Health and the Health Research Unit in the Ministry of Health in Botswana, the National Health Science Research Committee in Malawi, and the National Bioethics Committee, Ministry of Health in Mozambique. The support of community leaders was also obtained at the local level.

**Data analysis**

All FGDs, with the consent of the participants, were audiotaped and the recordings were transcribed verbatim in the local languages (Botswana: Setswana; Malawi: Chichewa, and Mozambique: Portuguese and Chuabo). The transcribed texts were then translated into English. Data sorting and analysis were carried out using ATLAS.ti software. In addition to using pre-determined codes developed from the conceptual framework and literature review, all transcripts were read to identify emerging themes and allow for the generation of new codes based upon the participants’ own words.
CHAPTER 2: RESEARCH FINDINGS

Perceptions of girls

In Botswana and Malawi, the research teams initiated the adolescent FGDs by asking participants to draw a picture of a girl from their neighborhood and then to describe her, where she lives, what she does and what aspirations she holds for the future. In Mozambique, participants were shown a series of photos, including photos of two adolescent girls, and asked to describe them. Both of these approaches are among projective techniques used in qualitative research to access underlying normative beliefs and perceptions, which might not come to light through direct questioning.

Overall there were only a few participants who expressed positive perceptions of the girl they had drawn. Girls who were considered respectful, attentive to parental guidance, and goal-oriented were seen in a positive light. Clothing appeared to be an important factor in the formation of opinions about the girls that they drew. Those who thought she was nicely dressed associated her clothing with other positive traits.

*She hopes to be a schoolteacher when she grows up. She has learned that as a young person she should abstain from sex.* (Botswana, peri-urban, adolescent girl 11-14 years)

*By the look of things, she does abstain from sex and other bad acts because she has dressed superbly.* (Malawi, peri-urban, adolescent girl 15-19 years)

For the most part, participants in both Botswana and Malawi displayed negative perceptions of the girls they had drawn, with dress playing an important role in their assessments. The prevailing perception was that the girl is promiscuous, drinks alcohol, likes fun, and is very materialistic.

*When they see her like this – her thighs exposed – older men buy her alcohol and after that they go and have sex with her.* (Botswana, rural, adolescent girl 15-19 years)

There were also predictions that the girls portrayed in their drawings would die an early – some said “deserved” – death as a result of their waywardness.

*She won't die a good or decent death like from illnesses like malaria but (clearing throat) will die from AIDS.* (Malawi, peri-urban, adolescent girl 11-14 years)

The adolescent participants’ view of the typical girl in their neighborhood was rather bleak. Across the groups, there was a prevailing perception that the girls they had drawn were homeless, orphans, and/or had poor relationships with their parents, whether due to the depicted girls’ own rebelliousness or the absence of parental figures in their lives. Some of the adolescent participants indicated that the girls in the drawings were left to fend for themselves and were victims of their circumstances.
The girl is an orphan and she is going up and down in order to get money to buy her needs since she has no parents who can provide her with necessities. (Malawi, rural, adolescent girl 15-19 years)

Given that the facilitators asked the groups to draw pictures of “girls you know,” the descriptions suggest the need to explore more fully how girls are perceived, including self-perceptions. It may be that the negative stereotypes are not widely shared. If further research demonstrates that such perceptions are common, however, the findings would prove potentially important for programming, whether to increase girls’ self-esteem and improve self-concepts, to counter negative stereotypes, or to change socially normative views of adolescent girls.

It is particularly telling that, even in this first discussion – before the issue of vulnerability had even been broached – participants readily described the girls they sketched as orphans, living in poverty, not in school, and having poor relationships with their parents. They made the further link between these factors and an increased likelihood of engaging in transactional sex with multiple and older partners, all of which they indicated placed girls at risk of contracting HIV.

Facilitators in Mozambique showed participants nine photos to elicit commentary about who in the community is most vulnerable to HIV/AIDS. The photos included a breastfeeding baby; a female child; a young, rural adolescent girl; a well-dressed, older adolescent girl; a group of older adolescent boys; two young, bikini-clad women; an adult man; an adult woman; and two elderly men. The two photos of adolescent girls were chosen quite often as those at high risk of infection. Participants also chose the photos of the two young women in bikinis as at high risk; the way they were dressed was considered sexually suggestive and was cited as a reason for their vulnerability. Among all photos, this one provoked the most laughter and reactions. The photo of the adult woman was also chosen quite often. Overall, the participants indicated that women, particularly young women, were more vulnerable to HIV than were others. Photos of the breastfeeding infant, the female child, and the elderly men were the least likely to be included among those most at risk of contracting HIV/AIDS.

Understanding “vulnerability”

Recognizing that Initiative staff and community members might differentially understand the term “vulnerable,” the focus group facilitators asked what the term meant to them. As anticipated, respondents across the three countries used the synonyms “vulnerable,” “at risk,” and “prone to” interchangeably. It is telling that, even in the opening moments of the focus group discussions in the girls’ groups in Malawi, vulnerability was associated with rape and other coercive acts. Across the three countries, to be vulnerable meant to be a victim, powerless, or unable to defend oneself.

Being afraid of something that can happen to you unexpectedly – be it being raped by men, falling pregnant, or even contracting diseases. (Malawi, peri-urban, adolescent girl 15-19 years)

Adult and adolescent groups across the three countries explicitly associated vulnerability with disease and illness in general, and with HIV/AIDS in particular. In the discussion on
vulnerability, they spoke of “someone who’s at risk of getting HIV/AIDS” or “vulnerable to many diseases like AIDS.”

**Identifying who is vulnerable**

When the conversation turned to explore who in the community is vulnerable to HIV infection, it was quite common to begin by mentioning youth, who were said to want to experiment and enjoy good times. Often with little further probing, the participants directly or indirectly identified girls as particularly susceptible because they “sleep with older men,” thus referring to transactional, cross-generational sex early in the conversation.

*We can say that girls are more vulnerable than all other groups.* (Malawi, rural, man 20-49 years)

*[Youth] get to the stage where they want to experiment. It is this experimenting that makes them vulnerable to infection . . . There are also certain things they wish to have; things that will make them feel like an important member of the community. This means this is the time when the youth associate with older people who will give them things like money and alcohol.* (Botswana, rural, opinion leader)

In the last comment, the participant alludes to the imbrications of sexual forays, material goods and social identity. Biological drives are thus said to be entangled with and heightened by the adolescent’s search for a social identity, as reflected in the reference to the need to “feel he is an important member of the community.”

The risks associated with concurrent sexual partners were emphasized time and again across the three countries. For the most part, concurrency was associated with transactional sex (discussed further below). The drive to meet basic needs or consumer desires as placing girls and others at risk of contracting HIV was discussed in virtually every group even in the opening discussion regarding who is vulnerable. While some study participants attributed girls’ vulnerability to hunger or even their own ready acquiescence, others portrayed girls as victims of guise and exploitation.

*Friends use some clothes . . . that their girlfriends covet, and since they get them from their boyfriends and other men, they tell their girlfriends that they should do the same.* (Mozambique, rural, adolescent boy 15-19 years)

Both the older cohort of peri-urban adolescent girls and rural opinion leaders in Botswana indicated that children are vulnerable, reporting that some men, in an attempt to “purify” or “cleanse” their own blood, rape very young children. This topic did not come up in the other two countries.

While all the groups in Malawi and many in Botswana and Mozambique maintained that girls are more vulnerable than boys, women more susceptible than men, and youth more at risk than their elders, there were those who thought men were the most vulnerable due to the propensity – as perceived by participants – to have multiple partners.
Men are most vulnerable. They have many girlfriends outside. They go out with X and Y, you see. When they get home, they have sex with their spouses. Spouses will never reject their husbands. (Mozambique, peri-urban, woman 20-49 years)

It was also quite common for at least one person in a group to contend that no group is immune.

I feel that we are all in the line, vulnerable to infection with the virus. There is no one we can say is not vulnerable to infection. (Botswana, peri-urban, man 20-49 years)

While most focus was on who is vulnerable, adolescent groups in Botswana and Malawi spoke of people who are not vulnerable. Individuals who are abstinent, smart enough to use condoms, have only one sexual partner, don’t sell their bodies, respect themselves, respect and listen to their parents, or are church-goers were listed as not at risk.

They have sex but they are smart and they take care, they know how condoms are used, they know how to insert them properly, smart girls who won’t be confused by anything. (Botswana, rural, adolescent boy 15-19 years)

In summary, there was a range of opinion about who in the community is most vulnerable, though most groups singled out girls and women as among the most vulnerable. Overall, there was a shared sense among adult groups that youth in general, and girls in particular, are more vulnerable now than in the past.

**Vulnerability factors**

Respondents across the board were well aware of HIV/AIDS and seemed highly cognizant of the risks the virus entails. As the previous quotations attest, from the youngest to the oldest groups and among rural as well as urban groups, participants identified the sexual risk behaviors – concurrent, transactional, age disparate, unprotected sex – that are associated with HIV transmission even in response to the general, introductory questions about the meaning and expression of vulnerability.

Concurrent sexual partnerships were the most frequently discussed sexual risk behavior across the groups in all three countries. Tellingly, even the youngest respondents linked vulnerability to concurrent partnerships, thus confirming that awareness of the risks associated with concurrency was not limited to their elders. The prototypical sexual relationship participants described when speaking of adolescent girls and risk of HIV transmission was transactional, intergenerational, concurrent, and unprotected, thus the transactional-intergenerational- concurrency nexus. The conversations quickly turned from sexual risk behaviors to underlying causes. While the reasons given were multi-faceted and often intertwined, the predominant reason set forth was the transactional nature of such relationships, which leads us to a discussion on structural factors.
Social structures and girls’ vulnerability to HIV/AIDS

In the respondents’ discourse, transactional-intergenerational sex was not only the dominant driver of concurrency but was described as stemming from a range of social structural factors, including unsafe communities, poverty and, particularly in Botswana, the very unequal distribution of wealth; consumerism intertwined with social identity formation, especially the felt need to look, dress, and have access to the appurtenances linked to a modern lifestyle; the supplanting of indigenous, non-material values by blatant materialism; and the association between alcohol disinhibition and casual, unprotected sex as well as with rape. These factors are discussed below in the relevant sections. Taken as a whole, participants devoted more time to discussions about the socio-cultural factors that contribute to girls’ vulnerability than to intrapersonal and interpersonal factors.

Poverty and transactional sex

The two major, organizing narratives about transactional-intergenerational sex highlighted either poverty or consumerism – though there was some admixture of the two – as the driving force behind such relationships. In all three countries, poverty and the urgency of meeting basic survival needs was considered a root cause of girls’ vulnerability to HIV/AIDS, though it was mentioned much more frequently in Malawi and Mozambique, both lower-income countries, than in middle-income Botswana, where poverty was discussed more in rural than in urban areas. When commenting on why girls become involved in transactional sex, an array of respondents across the three countries said that it was to meet basic needs, including food and school fees. Many alluded or directly referred to individual-, family-, and social-level factors that lead to girls’ involvement in transactional sex; the preponderance of reasons was extra-individual, including older men who pursue girls.

Because, as far as they are concerned, they [destitute girls] can have sex with older people so that they give them money to meet their needs. (Botswana, rural, adolescent girl 15-19 years)

Some of the comments also alluded to the economic conditions that clearly were not of the girls’ making as the driving force. The tension between blaming the girls and blaming the circumstances seemed ever-present in the conversations, though on balance, participants seemed to find fault in the circumstances.

By getting a boyfriend, she will have something to eat with her family. (Mozambique, peri-urban, adolescent girl 10-14 years)

They need money so they can pay for their school. (Botswana, peri-urban, woman 20-49 years)

This need for money in tandem with the reportedly broad acceptance of exchanging sex to meet basic needs means that girls have limited choice over their sex partners and may overlook age differences and even HIV status. This restrained choice inhibits the ability of girls to accept advice on how to avoid HIV risk.
She has no food to eat. As a result, she will accept. She doesn’t know if such man is HIV positive or negative. She just accepts without thinking of the consequences. (Mozambique, peri-urban, opinion leader)

According to our interlocutors, impoverished girls in their communities exchange sex for small items, such as soap, salt and bread. In Mozambique, many respondents described specific monetary amounts exchanged, beginning as low as five meticais (20 cents US).

*I think she’ll go out with every man to get money to buy something. She’ll only ask five meticais because she’s a child to buy biscuits, etc. Hunger will never finish, because her parents have not enough resources. She’ll need money to get something. This is all about hunger and disgrace.* (Mozambique, peri-urban, woman 20-49 years)

**Poverty and economic exploitation**

Although transactional sex is sometimes initiated through the purposeful actions of an individual girl, the majority of respondents in Malawi noted that girls entered into transactional sex because of force or coercion. Adolescents and adults alike, most predominantly in Malawi, though also in Mozambique and, to a lesser extent, in Botswana talked about parents who explicitly exploit their children for economic gain.

*[Parents] tell her to go and do prostitution since there is nothing at home. Therefore she is forced to do sex or else she is chased out. The money raised is used to support the family.* (Malawi, rural, pre-adolescent girl 10-14 years)

*Some mothers send their daughters to make love with some men... because they are unemployed and send their daughters to get some money.* (Mozambique, peri-urban, adolescent girl 10-14 years)

Even more frequently, participants spoke of parents who implicitly exploit their children for economic gain. These discussions revealed that girls might enter transactional-intergenerational sexual relationships to support or help their families – pointing to parental complicity because they themselves feel a need the help.

*The parents enjoy the material benefits brought by the children. They are very happy when the children bring in money from grown men. Parents in Bluetown village like classy stuff, they too are after money and they do not criticize their children but rather encourage them.* (Botswana, peri-urban, adolescent boy 15-19 years)

*When these same children come home with something new, we just say this is nice. We do not ask who has given it to you; we just tell them to use it.* (Malawi, peri-urban, woman 20-49 years)

In Malawi there was also talk of early marriage as a risk factor, particularly when girls or their parents accept marriage as a means for survival.
They don’t consider the age so long as the guy has money – “munthu wamba wavwakaravwaka samalola ayi” meaning that they’ll allow any person to marry their daughter so long as he can assist them during a hunger period. (Malawi, rural, adolescent boy 15-19 years)

Consumerism

While one organizing narrative frames transactional sex as a response to, or forced upon girls because of, the dire need to secure basic necessities of everyday life, the other major narrative highlighted the triumph of consumerism over other values and the lure of material goods obtained from older men as the driving force behind transactional sex. In these instances, girls were often depicted as having active agency in that they decisively engage in transactional sex to help satisfy their desire for goods that could be conspicuously consumed – goods that would make the girl appear “modern” and “enviable.” In short, money is the means to help girls achieve a modern social identity.

Girls can’t stand being outdone. When one has a phone, the other will become resentful and will readily accept the advances of a taxi driver so she too can get money for a phone, but of course the taxi driver wants sex in return. This man could well have the virus and infect her. Girls prefer older men like taxi drivers because we, their age mates, have no money. (Botswana, peri-urban, adolescent boy 15-19 years)

According to several interlocutors, consumerism is driven in large part by the media; youth are captivated by modernity, the allure of which is irresistible for some. Modernity, they contended, has also brought more economic inequality and, consequently, the felt need among those in straitened economic circumstances to possess the goods and trinkets ostentatiously displayed by others.

In the olden days it did not matter whether one was poor or rich, but today we want high status, these are things we learn from television and emulate. The life we live changes by the day, and as it changes so do we. (Botswana, peri-urban, woman 20-49 years)

Yet, it wasn’t exclusively goods and services that girls were said to expect from such transactions. The list of goods exchanged for sex might include life’s necessities, such as food and clothes, as well as such accoutrements of modernity as airtime and cell phones.

Women/young girls who come from poor families tend to have multiple partners so that they provide different things such as food, clothes, electrical bills, airtime, cell phones; it’s a form of prostitution - they sell their body in exchange for money. (Botswana, rural, woman 20-49 years)

The previous quote as well as others reflects the fact that subsistence and consumer-driven needs are not easily disarticulated and both are important to participants. Overall, the primary driver of transactional sex according to the Batswana interlocutors, young and old, was the desire for material goods; dire economic needs were secondary in this discourse.
In Mozambique, the portrait of a typical girl emerged who has brushed aside the passive role traditionally expected of girls and embraced a new, modern social identity that includes an assertive stance towards men. Modern girls were said to actively seek out, or make themselves easily and strategically available, to men who could buy the goods or status symbols associated with a modern social identity. This new assertiveness was associated with unsafe sex in the focus group discussions.

When they see something costing 300 [about $10] and they can’t afford it, they set out looking for that money. (Mozambique, peri-urban, adolescent girl 15-19 years)

The girls of today, everything is fashion, Tchuna baby, now that is what makes girls of 12 years old start having sex... (Mozambique, rural, adolescent boy 15-19 years)

While tchuna baby refers to a type of trousers with a low-cut waist that shows off the belly button, in this study the term is used as a construct of a particular social identity to which some adolescent girls relate and aspire. Statements by the participants suggest that a constellation of intertwined motivations and influences constitute this social identity.

She sees her friend with tchuna baby and so she will go and look for a Francisco so that he can also buy her a tchuna baby... She wants to show off to her friends, she wants to show off like her friends, that is why she will look for a boss without knowing that this boss has AIDS... (Mozambique, peri-urban, woman 20-49 years)

While this behavior challenges the traditions, culture, and social norms that dominated in the past and was seen as widely seen as detrimental, the participants seemed resigned to the changes.

In the past... she didn’t know all those things about money, she didn’t know about those places that sell nice and expensive clothes, she would only sit down, and her father would buy her the clothes, but now time has changed, that is why girls are losing themselves, they only want nice skirts. (Mozambique, rural, adolescent girl 15-19 years)

Although it is the individual who embraces and is “consumed” by the consumerist culture, it is a normative change driven by peer as well as social influences, as alluded to in the quotes. Again, it is worth remembering that, while girls’ pursuit of men for material gain was discussed if it were quite common, the extent to which it was – and whether any of the girls themselves were involved in transactional sexual relationships – cannot be determined from the data.

In contrast to Botswana and Mozambique, only a few respondents in Malawi – and then only in the peri-urban site – thought that girls were driven by desires for consumer goods, such as clothes that would contribute to their social identity, and going out for fun.

They want money; sometimes they are told, “I will buy you clothes to look good.” And the girl is attracted to that then says, “Yes let me too dress well like my friends.” (Malawi, peri-urban, pre-adolescent girl 10-14 years)
Alcohol

Alcohol-related disinhibition is a theme that appeared as a factor of vulnerability at all levels: individual, peer and community. Several groups pointed out that the confluence of alcohol, transactional sex, and sexual concurrency compound the associated risks.

Those who abuse alcohol . . . feel on top of the world and lose control. So when a man offers you 500 pula [about $75] you wouldn’t hesitate and you will sleep with him so that you can buy a pair of shoes, new pants, and other things. (Botswana, peri-urban, adolescent girl 15-19 years)

Most groups discussed the negative effects of alcohol – girls grow careless, men become aggressive, and those under the influence rarely use condoms, according to our interlocutors.

Teenage girls who drink a lot of beer [are vulnerable], especially those who are invited to parties and end up drunk and lose control of themselves. They become vulnerable because any man can take them and sleep with them without using protection. They eventually get infected. (Botswana, peri-urban, adolescent girl 15-19 years)

. . . once they are drunk they can no longer think of condoms. (Mozambique, peri-urban, adult man)

But the causal relationship wasn’t necessarily unidirectional; in some cases, it was asserted, it was those who “like sex” who frequent bars, insinuating that girls consume alcohol in anticipation of having sex. Yet, even when a girl purposively sets out to exchange sex for several drinks, she may still be the victim.

I think the girls who like sex are those who drink alcohol. When she is at the bar, [a man] buys her lots of alcohol . . . In the morning she finds that the man has used her and there is nothing she can do; and she doesn’t even know whether he used a condom. (Botswana, rural, adolescent boy 15-19 years)

Alcohol consumption was also linked to sexual coercion and rape in the participants’ narratives. Respondents pointed to sexual violence as a risk factor for HIV transmission, with reference made to being beaten as a precursor to sexual violence. The risks associated with frequenting bars were also discussed. The fear of rape in the wake of alcohol consumption and the causal link between inebriated men and rape were commented upon frequently in Botswana and Malawi.

Those who live for pleasure [are vulnerable]; they get raped when they come from bars or nightclubs. (Botswana, peri-urban, adolescent boy 15-19 years)

While most respondents lamented adolescents’ easy access to alcohol, only a few referred to the lack of restrictions on alcohol consumption among minors as a problem.

At [a local bar] they want money and they don’t discourage children from drinking beer. (Malawi, peri-urban, opinion leader)
Violence

Alcohol disinhibition as a catalyst of violence against girls has been discussed previously. Yet, some comments imply that there are no safe spaces; even the streets are unsafe. Again, the implication was that rape could lead to HIV infection.

*They can kidnap you... older men in a car... sometimes they trick you with cookies and soft drinks...they say, “Come and get some money.”* (Mozambique, peri-urban, adolescent girl 10-14 years)

Several groups in Botswana addressed the risk of rape in the home, particularly as associated with the presence of a stepfather. Girls in both the rural and peri-urban sites in Malawi noted the risk of acquaintance rape, such as an employer or family members, as well as sexual violence within intimate partnerships.

*There are incidents where a man sexually abuses his stepdaughters because they are from the previous relationship and you will find out that the man is HIV positive.*  (Botswana, peri-urban, opinion leader)

*Even your father can rape you in your mother is not around.*  (Malawi, rural adolescent girl 11-14 years)

In a few instances, respondents put the onus on girls who dressed in a way that “attracts” rapists.

*And if adolescent girls put on those mini-skirts, the rapists get attracted to them and rape them, and during this activity there is no use of protection.*  (Botswana, rural, adolescent girl 15-19 years)

Respondents in Malawi discussed both physical and sexual violence as risk factors for HIV transmission. The men never referred to violence, and opinion leaders mentioned it only in the peri-urban site. However, boys, girls and women spoke quite frequently of violence, particularly sexual violence. Physical violence was discussed mainly in the context of threatening girls to have sex, particularly by girls in the rural site.

*Other times you meet a man he rapes you after you have refused his advances. In so doing he can infect you with the virus if he has it.*  (Malawi, rural adolescent girl 11-14 years)

In Mozambique, respondents reported that the more vulnerable girls – those who are disadvantaged economically or are orphans – are the most likely to be taken advantage of and are at the highest risk of violence.

*Yes, it is that, because she [referring to an orphan girl] doesn’t have anything to live on she is in a bad situation; any man that finds her, the thing he will want will be sex. She will be raped all the time, and men won’t be seeing her as a child, because what he wants is to satisfy himself at that moment. So, if the man is infected, she won’t escape it.*  (Mozambique, rural, woman 20-49 years)
Rape was discussed by more groups and with greater detail in Malawi than in Botswana and more frequently in Botswana than in Mozambique. The threat of rape seemed particularly ubiquitous in the minds of adolescent girls in Malawi, who described their fears and concerns poignantly. But rape was very much a part of the narrative of girls’ vulnerability across the countries – particularly among girls themselves as well as among women and adolescent boys. Men were less likely to broach this topic. This is not to generalize to the country settings – which would be inappropriate given the qualitative nature of this study – but to highlight differences that arose from the group discussions.

Culture and initiation rites

Participants in all three countries identified cultural norms and practices as an important factor in girls’ vulnerability to HIV/AIDS. In Botswana and Mozambique, there was a general sense that cultural traditions of the past were protective, but have unfortunately been lost in the wake of modernity and the rise of individualism and consumerism. One respondent in Botswana noted specifically the role of alcohol consumption in this change.

So many of the contributors have stated how we have lost our culture. When we grew up you could never hear a child say they are going to the bar. Nowadays when the sun sets, they bathe and get ready to go to the bar. Often they will leave even before you have supper. (Botswana, rural, opinion leader)

The study explored the specific role of initiation rites, or the rituals and ceremonies associated with the “rite of passage” that marks the point when a child reaches puberty and becomes an adult (adolescence is a modern, not a traditional, stage in life). In Botswana and Mozambique, initiation rites instilled in youth values that protect them from HIV, including delayed sexual debut, abstinence until marriage, safe sex and sexual fidelity to one’s marital partner. In Mozambique, these rites are said to continue in rural areas but participants in the peri-urban site seemed to know of initiation rites only by hearsay; it was noted that initiation rites had not been practiced in their community since independence. Furthermore, in the adult groups’ narratives, there was a sense of nostalgia for the past, implying that initiation rites do not command the same level of respect as in the past. In both rural and urban Botswana, this important part of traditional culture is rarely observed today, according to the study’s participants, and nothing has been instituted to replace it.

They informed us not to start having sex before the age of 16. Everyone complied with that including the boys. (Mozambique, rural, female 20-49 years)

In Botswana, a few groups in both urban and rural areas noted that other aspects of initiation and traditional practices have also fallen by the wayside. Among these was the practice of male circumcision during initiation, which research has shown to be a protective intervention for HIV risk. However, two traditional practices that participants considered very harmful – labia stretching and female genital cutting – are also no longer practiced. The older cohort of rural girls described it as a painful process, and several groups mentioned the dangers associated with sharing razors.
I know of the old ones [initiation rites], the boys used to have their foreskins cut off and were also taught how to care for the female. Girls were taught that sex before marriage is a sin, that they should only have sex with one man, that no other man except the husband should be allowed any sexual intimacy. (Botswana, peri-urban, male adolescent 14-19 years)

In Malawi, however, the practice of initiation rites is considerably different. Respondents noted that during the traditional initiation rites, youth are taught the details of sexual intercourse and are encouraged to engage in sex once the initiation is complete. The adults who direct the initiation ceremonies tell girls that they should not refuse anyone who wants to have sex.

The main thing is that when a boy or girl was in the initiation camp, they have mipingu [evil spirits], which they have until they have sex with someone. Girls are even instructed not to refuse sex with anyone who comes their way first. That way they are free from the mipingu they had in the initiation camp. Boys too are told to do the same. (Malawi, rural, man 20-49 years)

This encouragement to have sex after initiation is known as “removing the dust,” “cleansing the dust,” “removing the dirt,” or “spilling the oil.” There is a lot of pressure on youth to follow these instructions to “remove the dust,” including the use of fear, for example that “their stomachs will swell” or that they will be “smeared with ash” for the rest of their lives if they do not have sex. Moreover, they are only considered to be adults once they have “removed the dust.”

They tell the kids to go and have sex warning them that if they don’t spill the oil their own stomachs will swell. So they should find a male. Males and females who have just come from these rites should meet together. You both should spill the oil so that your bodies are healthy. (Malawi, peri-urban, woman 20-49 years)

Even though many respondents espoused negative views of the practice, they pointed out that girls may be considered “stubborn” if they resist.

I just heard that they tell them that they are old enough, and they are told to engage themselves in sexual intercourse with older men so that their vaginal passage should be big as well. But if you don’t do that then you are not abiding by their advice. If a person returns home and doesn’t do it, she is regarded as a stubborn person and if there is another initiation rite of the same type she is called so that she can be advised again. (Malawi, peri-urban, adolescent girl 15-19 years)

Many respondents spoke of the risk of HIV posed by initiation ceremonies, especially the practice of “removing the dust,” which means to remove sexual inexperience by engaging in sex. Several respondents noted that people who encourage this practice might not be aware of the associated risks. It was also noted that condoms are unlikely to be used during the practice, thereby heightening the risk.

Communities regard the initiation ceremonies as a mark of adulthood. The ceremonies tell
children that they are now grown up and consequently the youth assume this identity and begin to regard themselves as adults and may act accordingly, including to have sex.

_The problem is that whenever a girl has gone through the initiation ceremony she just thinks that she is grown up and she can sleep with any man of any size._ (Malawi, rural, adolescent boy 15-19 years)

However, in the peri-urban site, some of the women did note that one group had taken action to eradicate the practice.

_There is another group called “Nchanda ni Nchanda”. This group is an old one. The group had put up a rule that anyone forcing girls to spill oil should be reported to this group. In this way some of the children are being protected._ (Malawi, peri-urban, female 20-49 years)

There was a general sense among many respondents that religious rites are more protective than traditional rites. At these ceremonies, religious authorities advise youth to abstain from sex outside of marriage and warn them of the risk of pregnancy and HIV/AIDS, including advising them to resist transactional sex.

_There are Christian initiation ceremonies and Muslims have theirs. For those who go to Muslim ceremonies it seems it’s quite good because there are no bad initiation rites. But if they go to traditional initiation ceremonies, that is where there are problems._ (Malawi, rural, man 20-49 years)

**Community spaces**

Focus group discussions explored where adolescents are safe and where they are not safe in the community by drawing a map, marking relevant spaces and discussing the reasons specific places were designated safe or unsafe. Overall, participants identified a wide range of spaces that were unsafe for girls and only a few that were considered safe.

**Religious institutions**

Overall, participants in each country identified religious institutions such as churches and mosques as safe places in the communities for adolescent girls. Such places were frequently regarded as a center for moral education on subjects including recreation, sex and proper dress for women. Places of worship were also considered safe due to the absence of sexual forays in those settings, or simply as activities that keep parishioners busy.

_Vulnerability is not there in churches and mosques because our boys and girls are told how to protect themselves. They are told that if you do certain things it is a sin. That is why they are good places for girls and boys._ (Malawi, peri-urban, opinion leader)

However, in Botswana and Malawi there were some reservations in a few groups about the church being a safe place for girls, because it was felt that some people have ulterior motives for attending church. In Malawi, night prayers were seen as a particularly vulnerable time for girls as people are thought to meet there for sexual relations.
We mentioned the church as one of the safe places but the way I look at it the place sometimes is not safe especially when they are conducting night prayers like our friends . . . who hold overnight prayers. Most of the people go there not for workshops but to meet their friends so that they can have sexual relationships. (Malawi, rural, adolescent boy 15-19 years)

Chief’s residence/traditional meeting space
In Malawi and Botswana, the Chief was seen to play a protective role for girls and the community at large, and their residence or the *kgotla* (traditional meeting place in Botswana) were regarded as places where the Chief dispenses advice and guidance.

_The Chief’s house [is safe] - people cannot go there to play. The Chief is one of the people who knows very well the risks of HIV...So it is not possible for the Chief’s house to be used as a place of encounter for sex._ (Malawi, peri-urban, woman 20-49 years)

School
In each country, mixed opinions were expressed about schools and safety. Some respondents in Malawi noted that school provided a protective environment for girls because they were places where girls focused on learning and were engaged in activities to keep them busy.

_The school is safe because this is where the children are taught good behavior. The children are engaged in sporting activities or involved in other clubs . . . This is done in the afternoon after knocking off from classes. The whole idea is to make the children not engage themselves into sexual immoralities._ (Malawi, rural, opinion leader)

Discipline and regulations in schools were also thought to contribute to the safe environment for girls. Teachers were seen as regulators of this discipline who provided guidance and instruction to students.

_Because in the school they are controlled, there are the members, they have regulations, they have a structure, and people have some respect._ (Mozambique, peri-urban, man 20-49 years)

However, attitudes towards schools as safe spaces, and particularly towards teachers as guardians of school safety, appear to shift among the older age group of adolescents as students move into secondary schools. In this age group, the risk of sexual coercion by teachers was the predominant reason for feelings of insecurity at school, as well as the risk of rape by other men or boys. Again, the power imbalance between girls and adults – in this instance, teachers – came to the fore.

_For example, the teachers might want to conquer a girl and tell her ‘I want you’ and if the girl rejects him he might tell her ‘Well, then you will fail my class,’ and so the girl will have to accept it, and so they will probably not use any protection, and the girl can become infected with HIV. The girl might try to ask him to use a condom but the teacher will never accept it because the teacher is the one that asked for it._ (Mozambique, rural, adolescent boy 15-19 years)
Hospital/clinic
Several groups regarded the hospital or clinic as a safe place for girls because it is a place where people seek medical assistance; it is also a place for distribution of condoms and counseling and resource materials on HIV/AIDS information.

Girls take condoms from the clinic. They also take the Daily News and read about the dangers of being infected with the virus. (Botswana, peri-urban, adolescent boy 15-19 years)

Shops/market/maize mill
In rural Malawi and Mozambique, many groups thought that the market and the maize mill (where corn is ground into grits or flour) were unsafe spaces. There were seen as places where men and girls or boys and girls meet to plan sexual rendezvous or are at risk of rape during their journey. In Mozambique it was noted that some markets have bars and discos, so it is not the market per se, but the alcohol outlets in the markets that are unsafe.

In the market, because in the market there are bars, discos, the girls can stay, those guys from others parts can come there and take the girls, and have sex with no protection. (Mozambique, rural, adolescent boy 15-19 years)

In Botswana, some regarded the shopping mall and a local grocery store as safe, yet the predominant opinion seemed to be that shops are unsafe places for girls. Three of the four adolescent groups explicitly singled out shopping malls and supermarkets as unsafe for girls, associating these locations with transactional sex including buying of chocolates and other snacks for girls.

The main mall [is unsafe] because there are so many people . . . someone can propose to you (make a pass) and demand sex, and you go to the toilets. (Botswana, rural, adolescent girl 15-19 years)

Police and security
Some groups in each country noted that the police station or local security office were safe spaces for girls because it is a place to report thefts or solve problems. However, as the following quote illustrates, in Malawi, other respondents expressed concern that police stations were unsafe because of the risk of sexual coercion.

I am not satisfied that the police station is safe because a girl can be vulnerable when an officer may ask her for sex to get her out, so she is not safe there. (Malawi, rural, male 20-49 years)

Bars, discos and video houses
There is a general sense that girls have few options for gainful use of their leisure time, such as frequenting safe recreational venues or taking part in school-related activities for those in school. The narratives suggest that girls try to fill the time by frequenting bars or video houses. They typically don’t have the means to pay for drinks or entry tickets, so quite often in exchange for
sex, men pay for them. Many times, these locations are places that should enforce age restrictions. These are also places where girls go to satisfy their material needs, both essential and consumerist (i.e., where they go to meet men for transactional sex).

Of these, bars were the most frequently mentioned unsafe space and were said to be a gathering place for youth. Alcohol disinhibition was cited as a key factor that increases girls’ vulnerability in bars, where they are liable to lose control and have sex, frequently unprotected.

\[\ldots\text{when they get [to the bar] the guy starts paying for her cokes and beers, and so without knowing, she comes out drunk and doesn’t realize that the guy is taking her to his house. \ldots that is when they will have sex without a condom.}\ (Mozambique, rural, adolescent boy 15-19 years)

\textit{Because when they are in the bars they don’t have one partner, they mess around with many boys and men. Therefore this tendency can lead them to contract HIV/AIDS.} (Malawi, peri-urban, adolescent girl 15-19 years)

Frequent partner exchange, rape and transactional sex were also reported. The transactions were reported to be in the form of money or beer for the girls in exchange for sex with the men.

\textit{Because men buy beer for youth and then drive them home to go and sleep with them after ensuring that they are drunk. These men may also rape them...} (Botswana, peri-urban, adolescent girl 10-14 years)

Several groups alluded to or explicitly argued that some girls go to bars in anticipation of exchanging sex for food or other necessities, while others frequent bars with every intention of trading sex for alcohol. In both situations, the girls are described as having agency; they are said to have a purposeful plan and to act on that plan.

\textit{Girls are divided into two groups, those that go to bars looking for a man to drink with and have sex, and there is that group of 10-15 year olds who go to the bars looking for men to have sex with because of the money but that do not drink. These are the ones that need money to buy the snack for school.} (Mozambique, rural, woman 20-49 years)

In Mozambique and Malawi, video houses were also frequently mentioned as unsafe for girls: due to the lack of an age restriction, girls are exposed to adult movies and sex scenes at a very early age. This whets their curiosity for sex and motivates them to try it.

\textit{There they are watching the thing, and when they leave they want to try it. In the old times there was an age limit – above 18 years old – while now any child can watch it, now what she watches there is very... well...} (Mozambique, rural, man 20-49 years)

Easy, unregulated access to adult entertainment is clearly a community-level factor that renders girls vulnerable. It could be argued that it is also family-level as the implication is that many parents, when parents are in the home, do not monitor and supervise their adolescent daughters’ movements and parent-child relationships have broken down.
**Guesthouses**

In rural Botswana and Malawi, many participants considered guesthouses to be unsafe for girls. They were regarded as places where clandestine activity takes place, where no one inquires into others’ affairs, and where the main concern for those who run guesthouses is the revenue they bring in.

*Say I have money, so I go to the guesthouse or anywhere else and take a girl there because I know parents can’t see this. At the guesthouse they never bother whether you are out or if you told anybody about your movements, as long as you pay your bills all is well.*  (Botswana, rural, adolescent boy 15-19 years)

**Home**

In rural Mozambique, the older girls’ group talked about the home as a safe space, reasoning that the very presence of a mother in the home would be protective.

*I think that when we are at home because our mothers are there, and so no one would try chatting us up.*  (Mozambique, rural, adolescent girl 15-19 years)

However, in rural Malawi, several young girls noted that home could be a place where girls are at risk of rape, either from a family member or a friend of the family.

*Sometimes when your parents have gone to the gardens and leave you behind with your brother, he can rape you because there are the two of you. You think that he can protect you but even if you shout you can’t be heard. Houses are far apart.*  (Malawi, rural, adolescent girl 10-14 years)

**Outdoor spaces**

Girls were said to be at risk of rape in isolated, unregulated spaces, such as wooded plantations, the graveyard, the beach, the water tap, the football field, and truck stops, as well as the streets in peri-urban areas and on their way to and from school.

*I would like to talk about Dwaru River; it’s unsafe because there are several trees and plantation of bananas. Men or boys can ambush you and rape you, even if you shout, people cannot hear you.*  (Malawi, rural, adolescent girl 10-14 years)

Fishing communities in Malawi and Mozambique also mentioned that the area where fishermen are found is unsafe for girls because they anticipate that the men will give them fish or money in exchange for sex.

*Here at Maldeco Fisheries it is not a safe place because there are many people who work, so they have sex with the girls without protection because they always tell them that they will give them a lot of money.*  (Malawi, peri-urban, adolescent boy 15-19 years)

In summary, the study groups chose places with structure and regulations as safe places. These included the church, hospital, police station and, sometimes, the school and home. In contrast,
they identified unregulated locations, such as the market, the fishermen’s area, the beach and the streets as unsafe spaces. Most of all, participants identified those places that involved alcohol (and that should be age-regulated), such as discos, bars and video-houses, as hotspots of vulnerability for girls in their communities. There was the least agreement on the safety of schools; while some participants classified the schools as safe (giving the reason that they provided a structured environment), others regarded schools as unsafe due to the exploitation of students by some of their teachers. Still others categorized schools as a meeting point for boys and girls to arrange sexual rendezvous. The decrease in safety is particularly evident among the older group of adolescents as students move into secondary school.

**Family and social-network factors**

Family and social-network factors, including peer influence, dyadic power dynamics, adult-child communication, and orphanhood were also discussed as leading to girls’ vulnerability.

**Peer pressure and peer influence**

Peer pressure emerged as largely a negative phenomenon that increases girls’ vulnerability to HIV/AIDS. Several groups talked about girls who actively pressure their female peers to frequent bars and discos as well as to engage in concurrent and transactional sex with older men for material gain.

*I might be dating a person who doesn’t have money and my friend will discourage that and would suggest that she will find me an older man who has a lot of money and as a result I end up dating him hence get infected because he has multiple partners.*

(Botswana, peri-urban, adolescent girl 15-19 years)

Others talked about peer influence rather than peer pressure when they noted that some girls seek out transactional relationships in an attempt to be able to share a modern social identity with the girls in their social networks.

*I think it’s just because of the fact that girls like money. If she is asked to do something, as soon as she sees money she caves in and has sex and knows that if she lets go of the money then her friends will laugh at her when she eats cheaper food like samp [corn grits]. This will mean I have low self-esteem. Then in the end she reluctantly gives in even though she really did not mean to do so. Such is the temptation of money!* (Botswana, rural, adolescent boy 15-19 years)

**Relationships with adults**

Most groups in all three countries discussed adult influence on girls’ vulnerability to HIV/AIDS; however, the older rural girls in Malawi and none of the female adolescent groups in Botswana brought up the subject of adult-child relationships. The groups that did discuss adult influence identified a number of factors in adult-child relationships that have an impact on girls’ vulnerability to HIV/AIDS.
The attitude of adolescents towards their parents and other adults came up repeatedly and respondents lamented how much this had changed from the past. Discussions revealed that some adults are trying to provide guidance to children but that adolescents are “stubborn,” “arrogant,” and ignore advice from elders.

*Our parents do advise us about the situation of HIV/AIDS but many girls do not give an ear to what their parents say.* (Malawi, peri-urban, adolescent girl 15-19 years)

*Something is being done, but our girls don’t want to listen. They are very obstinate. They listen to nothing. Parents can say you shouldn’t do this or that, but they will never listen to you.* (Mozambique, peri-urban, opinion leaders)

Some participants argued that girls do not seem to identify with parents’ and elders’ reference system and moral values, and that there is a lack of communication between parents and daughters resulting from the conflict between traditional values and the desired “modern lifestyle.” Some of the parents seem to expect their girls to act as they did in times past and cannot accept this new, independent, and modern identity that does not include respect for one’s elders. Girls, it was said, do not listen to parental advice and do not let themselves be governed by traditional normative values.

*Others leave home with good clothes, but when they get outside they change to a skirt below the waist line, showing off their belly, looking all naked, the mother tells her, “My daughter go back home so that you can wear capulana (traditional cloth) to cover your belly,” and she says, “I don’t want to, it is fashionable to dress like this, that was in your time, now in our time that does not happen anymore.”* (Mozambique, peri-urban, woman 20-49 years)

But not all participants blamed children or their modern rights for poor parent-child relationships. There was also the sense that some parents had abrogated their responsibilities, leaving their children alone, on their own, and without adult supervision.

*Parents do not have any time for their children; they leave the homes at six o’clock in the morning and only come back at night. Meanwhile the children go around as they please. The village administrators like the VDC [Village Development Committee] people give out warnings and yet they are the very ones who are actively involved in the bars.* (Botswana, rural, adolescent boy 15-19 years)

Respondents also identified negative role modeling as a factor in girls’ vulnerability to HIV/AIDS as girls are likely to copy parents’ behaviors in dressing, transactional sex and, in particular, concurrent sexual partnerships.

*There is this other trend in Botswana, known as service levy. This involves older women [who] . . . have sex with rich men for money. The sole purpose for this arrangement is to make an income. Some of these women have daughters . . . who see what’s happening and think it is a good way of making money. They will end up emulating the same behavior and making a business of it.* (Botswana, rural, opinion leader)
Most girls start prostitution because they copy from their parents who were also prostitutes at first and it is difficult for these parents to advise their daughters—“a chick defecates in a house upon learning from its mother.” (Malawi, rural, adolescent boy 15-19 years)

There were a few groups that discussed positive parental influence, including the role parents can play in guiding their children to avoid difficult situations or by setting strict rules. Some respondents suggested the need for parents to change the way that they provide advice, by getting involved in planning for a child’s future and raising their aspirations.

Our adolescent girls are at risk because we as parents are not giving these girls proper guidance. The way we are assisting these young girls is not good because we are not giving them examples of those who are suffering or have died because they did not take the advice seriously. We also need to tell them what they will be like when they are through with education. We should give them examples of people who are doing very well because they completed their education. (Malawi, rural, opinion leader)

Parents’ responsibility to talk with their children about sex, difficult though it is, was acknowledged in Botswana by several adult and adolescent groups.

Children should have knowledge and should be well informed all the time. It’s difficult to talk to your children about these issues of sex but it’s an obligation we should talk to them openly about the consequences and the reality of life. (Botswana, peri-urban, opinion leader)

Several peri-urban men and rural opinion leaders in Malawi discussed the role of fathers in advising their daughters. It was thought that men either don’t have the time or that it is inappropriate for men to advise girls on matters related to sex. They suggested that the wives of men who engaged in such conversations would suspect them of incestuous intentions.

As Africans we have our own customs and traditions. It is an abomination for a woman to be told of her private parts by a man...We should not forget our culture. There is no need for a man to be telling his girl child that she has grown up and she must care for herself. (Malawi, rural, opinion leader)

Agreement on this matter, however, was not universal and there was some tentative indication that this thinking is slowly changing.

The world has changed and we should accept the change. What our parents were doing was only good during their time not now when we have HIV/AIDS. These customs are the ones that are putting our children at risk. A girl child is always afraid of her father and she respects him at the same time. It is not fair to say I cannot advise my daughter. Who will give her the right advice if it is not her father? (Malawi, rural, opinion leader)
The study results in Mozambique did reveal that some parents are trying to influence their daughters in positive ways. When asked to describe what, if anything, parents are currently doing to protect their daughters, both adult and adolescent groups mentioned that parents advise and counsel their daughters about the drawbacks to consumerism, the importance of preparing for the future and going to school, and the need to protect themselves from men’s advances. Some mentioned that parents advise their daughters to abstain from sex, while the group of peri-urban men in Mozambique indicated that some parents encourage safer sex.

*Other parents counsel their daughters… “You cannot go badly [referring to sex] with a man, you must save your body, tomorrow you might get a disease, and you won’t know who gave it to you.”* (Mozambique, rural, adolescent girl 10-14 years)

When asked what parents could do to reduce girls’ vulnerability, adults were, for the most part, despondent and expressed helplessness.

*Nothing, today’s children don’t listen to us as their parents.* (Botswana, rural, woman 20-49 years)

In summary, the respondents, for the most part, were pessimistic about adults’ influence on the reduction of girls’ vulnerability to HIV. It appears adults in the three countries are aware of the positive role adults can potentially play in girls’ lives – although many feel the barriers to achieving this are insurmountable, such as: girls’ attitudes toward elders, negative role models in the community, poverty, lack of parental supervision of children, and discomfort with, as well as traditional norms against, discussing matters of sexuality with youth.

**Orphanhood**

The issue of orphans’ vulnerability to HIV was discussed by approximately half of the focus groups. The main reason orphans were seen as vulnerable was because they had no one to fulfill their basic needs and they have no economic opportunities – other than through transactional sex with older men.

*Some girls who are orphans do not have anyone to help them so sex can be a way of supporting themselves; these girls are at risk.* (Malawi, rural, woman 20-49 years)

*[An orphan] may not have someone to give her food; she may have no relatives and thus have to find a man to give her money.* (Mozambique, peri-urban, adolescent boy 15-19 years)

In addition to the immediate need to survive from day to day, groups in Botswana also mentioned the weight of taking care of the remaining family members and the hopes of finding a better future.

*Well some orphans may need money to help look after the younger siblings and give up on the idea of going back to school. She would be doing this for her siblings and grandmother. She then becomes the family support.* (Botswana, peri-urban, woman 20-49 years)
Women and young girls in peri-urban Malawi also noted the lack of parental guidance or any loving care for orphans as a factor in their vulnerability. Their views expressed problems in dealing with the loss of parents and the possible ramifications on girls’ attitudes towards their own risk behaviors and to their own HIV status.

Maybe the people who care for the orphan mistreat her and she may say “Ah, my mother is dead; my father is dead so I will do what I like. There is no one to advise me other than my mother and father who died, I will do what I like.” She may go on to immorality and her school ends there. (Malawi, peri-urban, adolescent girl 10-14 years)

The discourse about orphans and vulnerability highlighted the fact that orphans usually have few, if any, choices, implying that there is little, if any, human agency or individual-level choice involved.

**Current actions to reduce vulnerability**

As the focus group discussions came to a close, participants were asked what has been, should be, and what could be done to reduce vulnerable girls’ exposure to the virus. Respondents recounted several types of positive actions that communities are currently taking to prevent or treat HIV/AIDS. The most commonly mentioned actions were those that aimed to raise awareness of HIV/AIDS and build knowledge on prevention. These took the form of informational and motivational meetings at AIDS clubs, churches, schools, the kgotla (a traditional community meeting place in Botswana), and other local venues, some of which were initiated by community members and others by external organizations.

Advice is being given about using the condom to avoid HIV... Some say we cannot use sharp cutting objects, we cannot use used syringes... This information we receive in the schools, in the health unit, and in the church. (Mozambique, rural, adolescent boy 15-19 years)

Participants highlighted the role of leaders in these activities to raise awareness on HIV/AIDS.

The other thing we did... was to visit each kgotla in Bobonong identifying adolescents and having workshops for them on HIV. We further called a meeting of Chiefs and ministers of religion and empowered them so that they too could spread the message to their children. We also held workshops for youth on mobilization. So it’s not as if nothing is being done, we keep on trying to work with the youth. . . . Many attempts are being made, we really try. (Botswana, rural, opinion leader)

Yet, some participants in Botswana argued that these meetings were of little avail with youth, who too often dismissed the information and advice they received. The reasons for this are unclear but it does appear that although these activities reach adolescent girls, they are not specific interventions designed to meet the unique needs of girls.
It is only that children behave irresponsibly. There are AIDS committees that provide them with a lot of information, but they take this for granted. They don’t like to go to church; they stay behind, they don’t care. (Botswana, rural, woman 20-49 years)

In addition to information-based activities, participants mentioned a number of other actions being taken in their communities that protect girls from HIV, including: voluntary counseling and testing centers; condom distribution; home-based care; and the availability of anti-retroviral treatment.

**Barriers to reducing girls’ vulnerability**

Overall, respondents recognized that many girls in their midst are vulnerable to HIV and action was needed to reverse the situation. Yet, some were pessimistic about their ability to bring about change. Respondents pointed to a variety of reasons that few effective actions to reduce girls’ vulnerability to HIV/AIDS have been taken. The barriers to action, according to the discussants, included parents who do not encourage their children to remain abstinent, rebellious youth who do not listen to their parents and are protected by human rights laws from parental discipline, and parents’ belief that talking about sex will encourage it. Other barriers mentioned were that adults do not accept their responsibility to protect youth, while some argue that youth are uninterested in taking part in programs intended for them. In sum, the primary barriers that participants identified were lack of knowledge or know-how and little motivation to take action.

In Malawi, the most common barrier cited was a lack of human and financial resources.

> These things are not implemented because there’s no person who can do it and we are urging people who can help. (Malawi, peri-urban, adolescent girl 15-19 years)

The lack of strong adult-child communication was also seen as a common barrier to reduce girls’ vulnerability. As mentioned previously, parents try to advise and communicate with their daughters, but the girls were said to rebel and ignore the admonitions. Both adult and adolescent participants confirmed that communication between parents and daughters is very difficult and, as a consequence of this, parents feel powerless and frustrated when it comes to guiding and protecting their daughters.

> It is not easy to convince the girls, when you speak with them, they say that they will look for an old guy, you try to speak with them, try to advise them, they don’t even want to hear you, you speak until you get tired. (Mozambique, peri-urban, woman 20-49 years)

There was a sense of resignation among the participants. In some cases, parents and other adults do not find fault with the girls, but blame instead the conditions in which they find themselves. In their narratives, participants often noted that “she has to” or “she is forced to” when explaining why girls barter sex. In other cases, respondents called on external support to take action and seemed to lack either the motivation or the efficacy to make a difference themselves.

> Other girls when they are in school are well dressed, have a fashionable skirt, a fashionable bag, and my daughter doesn’t have any of it, and so she feels bad, and so she is “forced” to have a friend to help her be like the other girls that have nice things... (Mozambique, rural, woman 20-49 years)
With your coming you will encourage us on what to do. Because you are the ones who know a lot and can advise us, for us we are not able to do that. (Malawi, peri-urban, man 20-49 years)

Several groups in Mozambique indicated that girls have too much time on their hands and implied that, if they were occupied with some activity, they would not be susceptible to risky behaviors.

The other idea is if we were lucky and got the support of another organization and some money to occupy the girls, give them an activity, because they do all of that because they don’t have anything to do. (Mozambique, rural, woman 20-49 years)

**Recommended actions to reduce vulnerability**

Despite these barriers, participants had a wide range of ideas on how to reduce girls’ vulnerability at each level of the social ecological framework, including economic opportunities, promoting girls’ education, law enforcement, changing initiation rites, use of religion, role modeling, group activities, HIV/AIDS education and behavior monitoring.

**Economic opportunities**

Given the widespread recognition that poverty was driving many risky behaviors, especially transactional sex, some respondents noted the need to strengthen the economic opportunities of girls, such as through loans, small businesses, employment and training. Such opportunities would help them to avoid susceptibility to men’s advances. They proposed a range of job types, including petty trade, sewing, and agricultural work. It was also noted that girls should have their needs provided for and should not be exposed to risk by sending them to sell goods at the market.

The girls should be provided with soft loans to empower them economically. This will make them self-sustaining and they will not depend on the boys to give them money to buy their personal needs. (Malawi, rural, adolescent boy 15-19 years)

**Promoting girls’ education**

In Malawi, many groups noted that encouraging or supporting girls to attend school could be a strategy to decrease their vulnerability. In Malawi and Mozambique, it was thought that attending school would help girls learn about HIV/AIDS and would keep them busy. In particular, respondents noted the need to provide role models to girls so that they can understand how education can help them secure a better future. And in both countries, the older cohort of adolescent girls called for more schools to be built.

People should send their children to school. And once they are educated they can help others. There is little we can do when we ourselves are ignorant about it. (Mozambique, peri-urban, adult man)
Law enforcement
Participants in each country also referred to the need for greater regulation and law enforcement, in particular the need to enforce laws that regulate access to alcohol outlets and alcohol consumption. Not only did they argue that minors should not be allowed to frequent bars, but at least one group in Botswana advocated for the need to reduce adult men’s access to alcohol since, when drunk, they become dangerous to girls. Participants also advocated for restricting access to guesthouses and video houses.

Another point is I don’t know if in resorts they consider the age of young children who go to those places. The government should be strict with owners of resorts telling them that if they see a child of a certain age they shouldn’t entertain, she should be sent back. Maybe it could work. (Malawi, peri-urban, opinion leader)

In Botswana, participants also strongly supported greater enforcement of laws governing sex with minors. They proposed a range of punishments for men, including teachers, who violate these laws, from physical punishment to job loss.

The male folks are the ones who get tempted in this sort of situation. I feel the penalties should be reinforced nowadays. At times these people are apprehended but in no time they are free, I don’t know if they bribe the authorities with money or what. We need severe penalties, which ensure that if the offender has a job then he should lose his job. This way people would really learn a lesson. (Botswana, rural, adolescent boy 15-19 years)

Recreational activities
Several respondents, especially in rural communities, put forward suggestions to establish more recreational activities for youth in general and girls in particular. They lamented the absence of recreational facilities, which they thought could reduce young people’s vulnerability by keeping them engaged in positive activities. In each of the three countries, it was suggested that girls engage in behaviors that place them as risk because they have nothing else to occupy their time. The rural men’s group in Botswana suggested that it is the government’s responsibility to provide such venues where youth could enjoy “alcohol-free entertainment,” exercise, take part in drama clubs, community clubs, or choirs; then “when they come out, they are tired and head straight to bed.”

Community mobilization
Respondents also called for community mobilization around the issue of girls’ vulnerability to HIV/AIDS and suggested a number of actions that the community could take on its own, such as holding community meetings and establishing community groups or “girls’ protection committees.” They noted the need for everyone in the community to work together on reducing vulnerability to HIV/AIDS, and several participants in Botswana spoke directly of men’s failure to act responsibly.
As a village head, I am sure that this is not a one-man show. We need to join hands in guiding our youths properly. The church, the schools, the clergy and the community should indeed join hands to fight against HIV/AIDS. United we stand, divided we fall. (Malawi, rural, opinion leader)

I have noticed that in the community it is usually women who are active members of organizations [that address prevention]; I would have liked that men too should attend in large numbers as they are the ones who either buy/pay for sex or influence children. (Botswana, rural, adolescent boy 15-19 years)

Reintroducing or changing initiation rites
Participants also advocated for addressing either the lack of initiation rites or the risk inherent in some initiation practices. In Botswana, where protective initiation rites have stopped being practiced, the underlying idea was that, while initiation rites could be protective against HIV, such rites would bring benefits beyond addressing the problems associated with one disease. The call for the reintroduction of initiation rites was heard in both urban and rural groups.

Bogwera (rites for boys) also should be developed like bojale (rites for girls) and teach young people life skills on how to be a responsible adult and they shouldn’t just concentrate on HIV. If we could empower young people and teach them about adulthood, the importance of respecting yourself, and to avoid promiscuous behavior they will be safe from HIV. (Botswana, peri-urban, opinion leader)

In Malawi, where the practice of “cleansing the dust” that encourages sexual debut among adolescents, respondents noted that changes could be made to reduce the HIV risk. They suggested either phasing them out or modifying them to remove the aspects that put girls at risk of HIV/AIDS and expand on the protective components, such as education about HIV transmission and prevention. In order to do this, it was noted that initiation counselors should be taught about HIV.

I just think that it could be good if organizations come and teach those who are involved in teaching cultural practices about vulnerability to AIDS...During [initiation rites] the in-school and out-of-school youth go there. Therefore it could have been better for them to be taught about AIDS, including how their bodies function. In that way we can protect our children. (Malawi, peri-urban, opinion leader)

Adult-child relationships
Although participants noted the breakdown in parent-child relationships as a barrier to reducing girls’ vulnerability, they also called for efforts to be made to address this barrier. Several groups in Botswana explicitly broached the issue of adult-child and parent-child communication, indicating that this was a serious weakness that must be overcome if communities are to reduce HIV prevalence.

My wish is that...discussion groups could be formed and youth brought in, so that together with the adults they could come up with ideas and form a unified vision. When
we are asked what we do to support the youth perhaps we end up doing what we think is best for them. (Botswana, rural, opinion leader)

While some were concerned with improving the general tenor of parent-child communication, others specifically highlighted the fact that parents too often lack the necessary skills to talk with their children about sensitive sexual matters. Even though these matters were the purview of uncles and aunts in the past, there were several adult groups who argued that it is necessary for parents themselves to take up such conversations with their adolescent offspring.

There should be a strong mission for implementing a program for empowering parents because they are unable to talk to their children. There should be an easier way to approach children by parents so that they are both comfortable when discussing adulthood issues. These are the people we should talk to seriously because they are the parents and know their children better. If this initiative of implementing a program for parents was possible whereby parents and children would discuss issues freely and openly there would be some progress and some improvements. (Botswana, peri-urban, opinion leader)

The adolescents also expressed a desire to communicate more openly and frequently with their parents, and to learn from their parents’ experiences.

They should chat more and be more present in the life of their daughters... Explain all the important things to their daughters... Tell us how they were when they were young....so that we can follow the rules that they used to follow then. (Mozambique, peri-urban, adolescent girl 10-14 years)

Participants also made recommendations to improve adult-child relationships through enhanced discipline and monitoring. Parents and adults, it was implied, need to take more responsibility to supervise and restrict girls’ coming and goings. Reintroducing traditional values was also proposed as a protective mechanism.

One idea would be to go back to the traditional education system, because in that time these diseases were not common and I think it was because of that kind of education. (Mozambique, peri-urban, opinion leader)

In addition to direct parent-child communication, respondents in Malawi also noted the influence that other peoples’ behaviors had on young girls and suggested the need for parents to act as role models for their children.

Parents should also be exemplary by not engaging themselves in multiple sexual relationships. (Malawi, rural, opinion leader)

HIV/AIDS education and advice
Several groups brought out the need to address individual-level factors. Even though awareness of HIV is high, there was sense that communication about HIV was still necessary as a strategy
to combat girls’ vulnerability, including communication related to deeper knowledge as well as to specific skills, such as how to use condoms.

Residents of the village should form clubs where youth could be taught about protecting themselves from this disease, they should be encouraged to use the female condom, and ensure that they insert their condom every time they have sex. (Botswana, peri-urban, adolescent boy 15-19 years)

Adults in the community, along with the parents of adolescents, were called upon to take responsibility for youth in their communities, educate and admonish young people about HIV risks and prevention, and encourage abstinence until adulthood. Respondents also noted the role that teachers, leaders, other community members, drama groups and other media could play. Several groups in Botswana advocated the pairing of reminders to use condoms with easy and free access to condoms for youth.
CHAPTER 3: DISCUSSION and RECOMMENDATIONS

Cross-country comparisons

The coordinates of girls’ vulnerability to HIV/AIDS in the three countries are complex and interlocked with the coordinates of the political economies, socio-cultural systems, and social identity formation in the respective countries. The study participants defined “vulnerable girls” in the context of susceptibility to HIV as those who are exposed to unprotected sex, primarily via relationships that are transactional and/or intergenerational and that often involve sexual concurrency due to weak structural, community, institutional, and interpersonal support systems as well as (if to a lesser degree) intrapersonal factors.

The findings point unequivocally to the central role of economic inequality and inequity in rendering girls vulnerable to HIV. This is not to suggest that macro-level factors alone render girls vulnerable to HIV. In some cases, adolescents apparently make their own choices about sexual relationships, in others they are cajoled, coerced or even forced to engage in risky sexual behaviors, but the conditions in which these relationships play out are clearly not of their own making. Across the three countries, adolescent and adult, male and female respondents singled out the transactional-intergenerational sex nexus as the primary driver of unprotected sex among girls. Yet, the study participants’ narratives about what placed adolescent girls in situations that involved unprotected and, often, concurrent, sexual relationships told a complicated – and, at times, conflicting – story.

With respect to the macro level, the political economies of the three countries are very distinct. While a political-economic analysis of the three countries is well beyond the scope of this report, it is worth sketching out the broad outlines for purposes of contextualizing the research findings discussed herein. Botswana’s middle-income status is an important macro-level contextual factor that must be considered when analyzing the findings from this study. While the sample was not representative, it is telling that transactional sex was an everyday phenomenon according to the participants’ narratives, and that the predominant reason the study participants gave for transactional-intergenerational sex was consumer- rather than subsistence-oriented. Certainly, there were examples of girls who, too poor to pay for basic necessities, resorted to sex with older men to support themselves or their families. But this was the minority experience as related by the study participants. Most respondents spoke of competition, increasing status and social class differentiation, and consumerism as putting girls at risk because many could secure these goods only through sexual relationships with older men. As the participants’ narratives demonstrate, status differentiation has clear and important consequences in terms of the power, opportunities and visibility available to individual actors.

Malawi is resource-poor with a gross domestic product (GDP) that ranked 211 of 225 countries in 2009 (Index Mundi). The British administration created few industries, so there was no industrial base upon which to build at independence; urban areas offer few job opportunities, whether for men or for women; land shortage is acute in many parts of the country; and the 2001-2002 famine left many feeling powerless and desperate to find food for basic subsistence (Bryceson & Fonseca, 2006). Even this brief description of Malawi’s political economy helps elucidate the participants’ focus on transactional-intergenerational sex as driven by basic, even
dire, economic needs. While there was some mention of the desire to have the gadgets and goods that are associated with a modern social identity as a factor in sexual risk-taking, it was largely subsumed by economic exigencies.

Mozambique, like Malawi, has a very low GDP, yet a very different political and economic history. The Portuguese administration had enforced a racially based pattern of inequitable land access, economic and social support, and access to labor, capital and markets. While the post-independence period brought major land reform, economic liberalization was accompanied by the privatization of industries and farms, which reduced formal employment opportunities and forced many smallholders into marginal and labor-intensive activities in the countryside (Eriksen & Silva, 2009). Job opportunities are also extremely limited in urban Mozambique. Moreover, with the end of communist rule in the mid-1990s, Mozambique was opened up to the western world, with the mutually reinforcing values of privatization, consumerism, and individualism. In this environment, girls seek out transactional-intergenerational relationships both to meet very basic and essential economic needs, including food and educational expenses, and to achieve the desired social identity.

Girls who sought to mitigate the economic trials of everyday life by bartering sex for consumables were depicted as agental subjects in some situations, but at least as often as objects pressured by their friends or parents into finding older, wealthier men to have sex with in order to provide money for the family or to buy clothes and other goods. When it came to grinding poverty as the catalyst for transactional-intergenerational sex, the discourse focused primarily on extra-individual factors as antecedents.

But girls are also victims of force, coercion or simply passive acceptance. Sexual violence and the threat of physical violence as coercion to engage in sex were noted as important risk factors for HIV – risks that went largely unmitigated by either social condemnation or law enforcement. In Botswana, they are frequently influenced by or pressured into sex by friends and older men, and sometimes by their families. In Malawi, too, peer pressure is a factor, but most of the references were about girls who are coerced or forced into sex by friends, boyfriends, older men, parents, other family members, teachers and others in positions of power (such as initiation counselors and police). The narratives from Mozambique revealed that peer pressure – manifested by the desire for material goods – is co-equal with coerced or forced sex as antecedents of girls’ vulnerability.

In Botswana, initiation rites, which were described as protective of girls, have faded away and are rarely practiced. In Mozambique, too, respondents spoke of protective initiation rites, but they are not as common in the study sites today as was true in the past. It was in Malawi that harmful – and ongoing – initiation rites were brought out most explicitly. Discussions revealed considerable interaction between initiation rites and highly risky sexual behavior. Even in Malawi, however, there is a wide range of initiation ceremonies and practices that are fluid and sometimes conflicting. Participants noted that religious tenets usually offer protection from HIV/AIDS – both Christianity and Islam discourage sex before or outside of marriage – but many traditional rites do not. Therefore, youth may face conflicting messages regarding the community’s expectations for the transition from childhood to adulthood, including in terms of
marriage and sexual behavior. Such conflicts are likely to make it difficult for adolescent girls to come to a decision about behaviors that affect their HIV risk.

At the community level, communities identified a plethora of places where girls are unsafe and very few where they are safe. Girls are at risk in a multitude of different environments, particularly in bars to which adolescent girls have easy, uncontrolled access, and where they are taken advantage of when intoxicated. Schools were identified as unsafe spaces particularly in Malawi and Mozambique, if to a lesser extent in Botswana. The market, rest houses, video houses, and unsupervised outdoor locations were also depicted as unsafe. Community rules and regulations surrounding such sites appear to be lax or non-existent and there was a high level of unease among girls about their safety in the community.

Unregulated access to alcohol, which is readily available to underage girls across the three countries, was also identified as a key factor in girls’ vulnerability. The relationship between alcohol and risky sexual behaviors was spoken of frequently in both sites in Botswana, the semi-urban area of Mangochi, and both sites in Mozambique. Alcohol disinhibition was a factor both in girls’ attenuated decision-making capacity when they consumed alcohol and, whether they themselves drank or not, in increasing their risk of sexual harassment and rape by inebriated men. Although participants were acutely aware of the disinhibiting effect of alcohol, they showed little self- or collective-efficacy to be able to do anything about the critical situation brought about by lax enforcement of alcohol-related regulations. They also evinced little confidence in local authorities to take meaningful actions in this arena.

At the family level, some parents are trying to advise their children on sensitive matters, such as transactional sex and concurrent sexual partnerships; other parents remain reticent when faced with such conversations as they feel it is either an inappropriate topic for parent-daughter communication or they sense that they are not sufficiently skilled to carry out such conversations. There was mention made, too, of girls who were seen to be stubborn and unwilling to listen to advice. The role of “warmth” or “connectedness” between parent and child has shown to be an important part of effective parenting in other settings (Blum & Blum, 2009), but none of the respondents discussed it. Moreover, there was little recognition of the need for adolescents to have their own identity. These issues may suggest a cultural difference in the relevance of this factor but it could also be an important area in which to build awareness among parents.

Relationships with other adults were discussed mainly in the context of the decline of the positive role of the extended family, particularly aunts, in girls’ lives. This was clearly evident in Botswana and Mozambique. In Malawi, teachers and initiation counselors were seen as having a largely negative influence on girls, in the former case because some teachers exploit girls and in the latter due to the harmful traditional practice of “cleansing the dust.” Discussion around extended family as caregivers and the leadership role provided by village Chiefs and religious authorities, however, suggest that these adults could play an important role in reducing girls’ vulnerability to HIV/AIDS.
HIV/AIDS has hit all three countries with a devastating impact. As the participants noted, orphans are often left to fend on their own, to stave off their own and their immediate family members’ hunger. Orphans are also left with little or no adult supervision.

The discourse about the causal pathways to risky sexual relationships also revealed that personal choice and individual behavior are well recognized to be among the factors that expose girls to risky sexual encounters. At the individual level, communities perceived a range of sexual behaviors that are putting girls at risk of HIV/AIDS. Closer examination of these behaviors shows that girls are sometimes active agents for sexual partnerships and actively seek out sex, either for pleasure or to increase their economic gain. In all three countries, some girls were said to engage in sexual relationships because they want to experiment, to show they, too, can attract men, or to exact revenge on an unfaithful partner. These relationships were typically transactional and, when transactional, almost inevitably cross generational. Individual psychology, however, was given far less time in the discussions than were consumerism and poverty as integral to the transactional-intergenerational nexus.

**Limitations**

This study was conducted in just two sites in Botswana, two in Malawi and two in Mozambique; selection of participants was not random, but purposive. Therefore, the findings are not generalizable so the use of these findings in a broader context should proceed with caution. It is important to note here that the respondents were not talking about themselves, but about girls in their communities. Therefore, it is impossible to know how accurate these reports are. It is possible that the respondents’ reports reflect “pluralistic ignorance,” or instances when most members of a group or community privately reject a norm, but incorrectly assume others support – and practice – it (Katz & Allport, 1931; Prentice & Miller, 1993, among others). In the autumn of 2009, a cross-sectional survey was conducted in and near GGI implementation communities in the three Initiative countries. The survey results will allow the Initiative team to provide data about the distribution of risk factors among girls in intervention communities.

**Recommendations**

The participants’ narratives left the research team with the clear impression that, both collectively and individually, many adults feel helpless in the face of strong, modern currents that have seemingly swept away their ability to support and protect the girls in their midst. This was attributed to poverty, adolescents’ captivation by modern sensibilities that make them resistant to adult supervision, and the break down of the family due in part to HIV-related deaths. In some cases, however, it seemed that adults had simply abrogated their responsibilities as they adopted a modern lifestyle that kept them away from home and their children for long hours. Yet, even if many adults seem to have relinquished their protective role in the lives of the girls in their midst, it is due primarily to factors they find difficult to influence or affect. Likewise, while some of the narratives reflect an implicit tendency to blame girls themselves for their vulnerability, most of the quotes reflect a broad-based resignation to the circumstances in which they live and over which they sense that they have little control. Yet, there was a willingness expressed by some to take action, to make changes, and to assume responsibility for the children amongst them. It is this willingness that the Initiative should catalyze and even help directly. Based on the findings of this study, a range of implications for programming emerges – some are
directly from study participants, while others arise from the problems participants raised but for which no specific recommendations were forthcoming.

At the social level:

- Interventions should address economic strengthening opportunities for girls and their families to reduce dependence on transactional sex.
- Education is a public good and the responsibility of governments. Educational attainment is positively associated with health outcomes as well as with overall social and economic development. Study participants also recognized this and asserted that girls should be enabled and encouraged to stay in school. (This is not, of course, to suggest that these efforts should be for girls only, but resulted from the focus of this study.) In Malawi and Mozambique, communities should be encouraged to find ways to abolish secondary school fees – for both male and female students – through advocacy with government officials or international bodies. If that is not currently possible, communities should attempt to cover school fees by mobilizing resources from outside sources. In Botswana, where the government has a program to cover school fees and related expenses for “destitute” children, programs need to link impoverished girls who are not currently receiving such support with those resources.
- In Malawi and Mozambique, school-related costs, such as for uniforms or textbooks, should be covered by the community or sought from outside sources for children living in poverty. (Government programs in Botswana have such programs for children of impoverished families, but the linkages are not always in place, as described above.)
- Aspects of initiation rites that increase vulnerability should be reformulated; protective initiation rites that are no longer practiced should be reintroduced and reformulated to meet the unique needs of adolescents in the modern era and include HIV prevention communication.
- Finally, programs should incorporate cross-sectoral approaches with educators, law enforcement, business leaders, community leaders, and other concerned community members so that in concert they can address the constellation of factors that lead to girls’ vulnerability.

At the community level:

- Higher levels of community monitoring and security are called for, including community vigilance against and condemnation of child defilement and rape. Integral to such efforts will be programs that work with communities to define and understand sexual violence and gender-based violence. At the same time, an enabling environment such as the enforcement of laws against sexual violence and coercion must be in place so that girls, including younger as well as older adolescents, and women will be willing to report such incidents.
- Interventions should work with local leaders to strengthen their capacity to regulate alcohol establishments, including video houses, restrict licensing of alcohol retail outlets, update and strengthen existing laws, ban minors from the premises of video houses and other alcohol outlets, and regulate alcohol advertising.

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2 This is a complex issue as more students may lead to even less favorable teacher-student ratios than is currently the case. Yet, getting and keeping girls in school is a key factor in reducing the portion of vulnerable girls in the community.
Interventions should work with local leaders in tandem with law enforcement to increase their understanding of and capacity to enforce laws and regulations, including shutting down unlicensed bars or taverns and fining or shutting down licensed establishments that sell alcohol to minors.

Collaboration with bars, video houses and rest houses is needed to prohibit access to under-aged girls as well as to men accompanied by under-aged girls.

Schools should be made safer, such as through codes of conduct for teachers and enforcement against teachers who coerce students to have sex.

Schools, communities and law enforcement should work together to make schools and the broader community safe for girls across the age spectrum. Regulations over community gathering places, such as the water tap and market hours, are required to create safer communities.

Respondents indicated that adolescents often find themselves in difficult situations or in adult venues due to the sheer lack of alternatives. In particular, they called for recreational spaces where adolescents could engage in sports, physical activities or learn a skill.

At the family and peer level:

To increase girls’ motivation to attend social groups or clubs, activities should be designed to meet their needs. The likelihood of attendance would increase if parents and other adults were to support and encourage their attendance. Risk of coercion into transactional sex by male leaders and other boys expressed by a range of community members across the three countries suggests that girls-only clubs led by female leaders for this age group would be highly beneficial.

The breakdown in relationships between children and adults, including parents, reflects a need to improve the quality, quantity and effectiveness of adult-child communication. Adults could also benefit from a facilitator-guided exploration of the specific needs and concerns of adolescents as they transition out of childhood yet have not yet achieved the rights or responsibilities of adulthood. These discussions should include, but not focus exclusively on, HIV/AIDS and sexuality. Interventions that target parents’ willingness to talk with their children and encourage them to become more involved in their children’s daily lives and plans for the future are likely to be more successful than those that do not. Part of the programming should be to have parents interrogate their own values and talk about how to become better role models. Respondents noted that parents who are engaged in sexual concurrency are negative influences on their children. At the same time, such programs should reinvigorate opportunities for other adults in the community – whether family members such as aunts and uncles or other concerned adults – to communicate, mentor, and nurture adolescent girls. These programs should also address girls’ resistance to receiving advice from their parents and elders.

At the individual level:

The distinctly different reasons for engaging in high-risk sexual behavior – purposeful engagement versus pressure, coercion or force – mean that communication messages need to address two audiences of adolescent girls. Those girls who actively seek out sex need programs or interventions to help them reevaluate their risks, plan for their futures, develop goals, and find alternative sources of pleasure and economic opportunities.
Programs should focus clearly on helping adolescents form a “modern” social identity that is not dependent upon consumer goods and services. Those who are pressured or coerced have different needs – such as skills in negotiation, communication, self-awareness and self-efficacy.

- Clearly, most girls who are exploited by adults will be unable to resist the exploitation on their own, so enhanced skills, while necessary, will not necessarily be sufficient. Programs also should target those members of the community who are pressuring or forcing girls into having sex, such as adult men, teachers, police, parents, family members and boyfriends. Adults must be held responsible for their actions and would benefit from a program that worked to encourage personal responsibility and, concurrently, to change social norms that passively acquiesce to sexual exploitation.

In sum, community members in the three Initiative countries highlighted the centrality of social-structural factors in adolescent girls’ vulnerability to HIV/AIDS. This understanding is of key importance in programming and future interventions given that communities must be involved in identifying causes and solutions as they will be integral to plotting and supporting an effective way forward. Any such plans of action must be context specific; despite many overlapping and confirmatory findings from the three countries, clear differences existed as discussed. At the same time, new initiatives must address the interlocking roles of economic exigencies, inadequate law enforcement, a weakened social fabric, and personal responsibility in reducing adolescent girls’ vulnerability to HIV/AIDS.
REFERENCES


