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among South African youth***

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Feature

Forced Sex and Risk of HIV Infection Among South African Youth

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Forced Sex Widespread

The mechanical basis for a link between HIV infection and forced sex is easy to understand: lacerations increase transmission of the virus [1, 2, 3, 4].

Forced sex is common in South Africa. Even using face-to-face interviews (a scenario in which many people would be unwilling to share their experiences), the Reproductive Health Research Unit (RHRU) 2003 study found 10% of females aged 15-24 years were forced to have sex [5].

Anonymous self-administered questionnaires allow more people to disclose. In 2002, CIET collected data from 269,705 school-going youth at 1,400 schools across the country. Overall 9% of male and female school-goers aged 10-19 years said they had been forced to have sex in the year prior to the study. Under the age of 15 years, male school-goers were more likely to report forced sex than were females of the same age, possibly because unwanted pregnancies reduce the number of abused girls in school. Rates of abuse climbed rapidly with increasing age of female school-goers, whereas it levelled out in males [6].

Forced Sex and HIV

To be sure about the relevance of forced sex to HIV infection, one

would have to know the details about the specific sexual contact when infection happened. This is difficult for obvious reasons. One type of circumstantial evidence is the female/male difference in HIV rates. RHRU found HIV prevalence rates much higher among women than men aged

15-24 years (16% compared with 5%). They noted a dramatic increase in prevalence rates between 15 year olds (4%) to 21 year olds (31%) [4]. These findings fit with the Mandela/HSRC 2002 study [7].

Another line of evidence links beliefs about HIV infection and sexual



Caption: High school students attend a DramAidE forum theatre performance at a high school in Kwazulu Natal, a province in South Africa with the highest HIV/AIDS prevalence. "Youth who had endured forced sex were also more likely to admit they would spread the virus if infected"

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A young South African enthusiastically recounts a USAID-sponsored youth empowerment camp he attended. Empowerment programmes such as this are important for youth. A 2002 study involving 1,400 schools across South Africa found that "Overall 9% of male and female school-goers aged 10-19 years said they had been forced to have sex in

violence. One in every three (33%) young respondents in the CIET study thought he/she was HIV positive. Those suffering forced sex were very much more likely to believe they were HIV positive, yet less likely to be willing to go for testing. And youth who believed they were HIV positive were more likely to say they would spread HIV intentionally (20% among those who believed they were infected compared with 13% who did not). Youth who had endured forced sex were also more likely to admit they would spread the virus if infected (odds ratio 2.39).

Forced sex is not the only cause of HIV infection; but the attitudes and mindset that underline the act of forced sex, the disrespect for the rights of others (for example, failure to disclose one's HIV status), all contribute to the spread of HIV.

Response to Messages

Sexual abuse may also affect the way survivors interpret education attempting to reduce their risks [8]. With South African youth regularly exposed to dozens of HIV risk awareness initiatives, planners need to understand both their impact on individual risk reduction and how a history of abuse might further affect this.

Attractive Proposition

What would answer the question about a link between forced sex and HIV? With the impossibility of monitoring the exact nature of the sexual encounter where infection occurs, the only way is through an intervention study: reduce the rate of forced sex and the HIV incidence should fall. Although not as easy to implement as, for example, male circumcision [9], this approach has the advantage of equity (circumcision only protects men). In the worst of cases, if reducing forced sex does not reduce HIV risks, the gain would still be considerable. In the best of cases, we might reduce forced sex and HIV risk. That should be an attractive proposition.

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