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The Cape Town boyfriend and the Joburg boyfriend: women's sexual partnerships and social networks in Khayelitsha, Cape Town

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Abstract

In South Africa, young people's "multiple" or "concurrent" partnerships have been increasingly prominent in public health discourses – as drivers of HIV transmission. Multiple partnerships are typically framed in moralising, negative terms and depicted primarily as male-driven, within a broader framework of women's vulnerability and use of sex for survival and material gain. Based on ethnographic fieldwork with adolescents and young adults in Khayelitsha township near Cape Town, this article investigates young women's partnerships by exploring their complex interpersonal and social dynamics. We unpack women's multiple motivations for, and careful management strategies of, both sexual and social relationships in a broader context of socioeconomic exclusion, threats to health and wellbeing, social obligations and relationships of care. The meanings and practices associated with young people's relationships are more than the sum of individual sexual behaviours, rigid cultural scripts or simply a locus of "risk." The data presented here highlight some of the limitations of "prevention" approaches that do not take into account this nuanced and multilayered view of such relationships. The affective and empathetic dimensions of young peoples' relationships, as well as the socioeconomic contexts in which they occur should also be considered. Without accounting for this context, standard "prevention" approaches are less likely to succeed.

Keywords

concurrency; sexual relationships; South Africa; ethnography; HIV

I¹ first met Nothemba in Town Two, the neighbourhood in Khayelitsha where she had lived most of her life. Khayelitsha, today one of South Africa's largest townships, is a social and spatial reminder of the country's apartheid history. The settlement was originally established in the mid-1980s as a residential site of sub-economic housing and limited basic services intended to accommodate "migrant" black Africans working in Cape Town. In line with the

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racist and segregationist apartheid system, access to education, decent employment and proper health care was severely limited for this portion of the population. These challenges have persisted post-apartheid, with employment and education levels remaining problematically low.

Nothemba's situation was unusual in that she had both managed to complete high school, and had enrolled in a government Further Education and Training (FET) College to become an electrician. She was the first in her family to get such tertiary training. Nothemba and her family continued to rely heavily on a combination of social grants and money from her grandmother, who earned a meagre salary working as a domestic worker in a wealthy, white suburb. The hope that Nothemba's training would lead to her accessing "a proper job" was of central concern to her family.

Sitting in the darkened lounge of her grandmother's three-roomed house where I had been staying, Nothemba engaged me in half conversation as she furiously texted her boyfriend. The two had met seven years prior while in high school together. She described him as an ambitious, loving man. He had moved to Johannesburg to pursue his career in a new management position in a construction company. They had maintained close contact but distance kept them from meeting frequently. When I asked about the challenges of being in a long-distance relationship, Nothemba shrugged casually and said, "It's not so bad. I have another boyfriend who lives in Cape Town." Nothemba said her boyfriend in Cape Town loved her very much and was trying to save money to pay *lobola* [a local form of bride price] in order to propose marriage. But Nothemba was not interested in marrying her boyfriend in Cape Town because she really only loved her boyfriend in Johannesburg. Faced, however, with the distance between herself and the man she truly loved, she sought another partner close by.

For young people like Nothemba, social and sexual relationships are multilayered and require careful management. In South Africa, HIV further complicates these relationships. Because of the central role of sexual practice in HIV transmission in southern Africa, how and why young people form partnerships has become a matter of sustained public health concern. The place of particular types of sexual relationships, such as "multiple" or "concurrent" partnerships, in driving rates of HIV transmission, has been increasingly prominent within public health discourses.

Although young people's sexual relationships can be a simultaneously age-appropriate means of self-expression and development, as well as a potential site of both personal and societal risks, such relationships are generally framed negatively in terms of the latter. The public health literature has often promoted a view of multiple sexual partnerships and concurrency as a behavioural issue of singular importance in driving the southern African HIV epidemic. This view has not always accounted for different kinds of sexual relationships as but one of many complex and multilayered factors that shape the HIV epidemic here. Multiple partnerships are further framed as almost entirely male-driven, within a broader framework that highlights women's vulnerability, lack of agency, and their use of sex for survival and material gain (Dunkle et al. 2004; Halperin and Epstein 2004; Mah and Halperin 2010).

This framing of “concurrency” carries with it an implicit moral subtext and set of ranked assumptions about what is sexually appropriate behaviour. This hierarchy situates long-term monogamy at the top, followed by serial monogamy, and finally multiple and concurrent partnerships at the bottom of the list. This perspective problematises (and to a large extent elides) the complex ways in which young people like Nothemba imagine and engage in sexual partnerships. The failure to acknowledge or address the social value of multiple concurrent partnerships for young people in southern Africa makes it more difficult to understand and potentially mitigate the health risks caused by these partnerships. We present here an account of sexual partnerships as not only a potential site of “risk” to health, but also as a key space and opportunity for young people to establish themselves and prepare to meet social expectations and individual aspirations.

Based on ethnographic fieldwork with adolescents and young adults, we explore the context of relationships among young women and men in Khayelitsha in order to complicate the dominant and often negative public health discourses on multiple and concurrent partnerships. While we do not negate the risks of engaging in unprotected sex, the prevailing negative and moralising discourse surrounding multiple partnerships has focused on individual risks without attempting to understand and acknowledge the interpersonal and social dynamics of such relationships. In this article, we explore the complex and multifaceted nature of these relationships in more detail. In particular, we explore the experience and meaning of partnerships for young women in Khayelitsha. We unpack the multiple motivations and careful management strategies employed by women in order to maintain both their sexual and social relationships in a broader context of socioeconomic exclusion and threats to their health and wellbeing. In doing this, we pay close attention to their individual narratives about relationships and the decision-making processes around them, read within the broader context of social obligations and relationships of care.

Framing sexual partnerships in South Africa: context and critiques

With the rapid spread of HIV in southern Africa, multiple concurrent partnerships (MCPs), defined as having overlapping sexual partnerships at one time, quickly came into focus as a potentially important driver of the epidemic (Garnett and Johnson 1997) and as a widespread category of cultural concern and debate. There are several ways in which MCPs could accelerate the spread of HIV. Having multiple partners during the early, and most contagious, period of infection, increases the risk the virus will spread (Mah and Halperin 2010). The number of different partners, the duration and intensity of these partnerships, and the length of the period of overlap are also important to consider (Halperin and Epstein 2004; Mah and Halperin 2010).

The role of such partnerships in fuelling the HIV epidemic has, however, been widely debated and there are significant methodological barriers to demonstrating the empirical impact of MCPs on HIV transmission (Harrison 2008; Mah and Maughan-Brown 2013). As a result, concurrency and its effects have generally not been measured accurately or confidently (Harrison, Cleland, and Frohlich 2008; Maughan-Brown and Venkataramani 2011; Maughan-Brown 2012). Despite the relative thinness of the evidence linking MCPs and HIV risk, though, the connection seems intuitive to many and serves to reinforce a range

of cultural and moral discourses about gender, sexuality and health. Below, we briefly review and critique two of these discourses: the male-driven character of MCPs and the vulnerability and lack of agency of women in the context of sexual relationships.

Masculinity, culture and labour migration

Historical representations of African male sexuality have generally depicted it as “deviant” or hyper-sexualised (Lewis 2011). The dominant image of black masculinity is that it is socially acceptable, even desirable, to have multiple sexual partners (Delius and Glaser 2002). These popular cultural scripts about African masculinity and sexuality have to a large extent legitimated the practice of multiple and concurrent partnerships. As Leclerc-Madlala (2009) argues, black male sexuality is culturally scripted as “unrestrainable”: women should both expect and endure their male partner’s infidelity because men cannot be expected to go without sex when their partners are not available.

Although men’s infidelity may be expected, it is by no means desirable for their female partners. Instead, women often experience infidelity as emotionally painful and religiously immoral, yet also largely inevitable and culturally accepted. Exploring these dominant cultural scripts offers insight into how partnerships are practised as well as the ways that broad ideologies of masculinity take shape. These representations place male sexuality as the central and dominant force in sexual relationships, without engaging with women’s agency or the diversity of masculinities (Selikow, Zulu, and Cedra 2002; Selikow et al. 2009). The public health literature also tends to reproduce these representations unproblematically, casting male sexuality and women’s vulnerability as problems in need of public health intervention (Higgins, Hoffman, and Dworkin 2010).

These dominant discourses about male sexuality and female passivity have led in some cases to incorrect and incomplete understandings of sexual practice and its consequences (Higgins, Hoffman, and Dworkin 2010). For example, in considering the relationship between male migrant labour and the spread of HIV, public health researchers have often linked male mobility, multiple partnerships, and the spread of HIV. In this account, as heterosexual men could not be without sex while they worked away from their wives, they took on additional sexual partners while away and then later infected their wives (Marks 2002).

The key components of this account have been well established in the epidemiological literature. However, this picture has been complicated by the work of both anthropologists and epidemiologists (such as Murray 1981, Lurie et al., “The Impact of Migration,” 2003, and Lurie et al., “Who Infects Whom?” 2003, respectively), who found that both male and female partners took additional partners while men worked away from home. This means that HIV infection did not always move in one direction, from male to female, and from urban to rural areas, but rather that multiple sexual partnerships at both ends of the migration circuit contributed to HIV transmission (Lurie, et al., “Who Infects Whom,” 2003). Being left at home while men are away at work may not be the only factor leading some women to multiple partnerships. In the context of a changing labour market, growing opportunities for women to undertake both domestic and factory work as well as decreased mining work opportunities for men are potentially reshaping sexual partnerships (Harrison, Short, and Tuoane-Nkhasi 2014).

Women's vulnerabilities: transactional sex and age-disparate partnerships

When the fact of women's multiple partnerships have been considered, debate has usually centred on the idea of transactional sex, where women have sex with men in order to gain access to material or economic benefits. In Khayelitsha, both young and older people referred to men as the "minister of finance," "minister of transport" and "minister of recreation" to allude to the kinds of material benefits that men offer their female sexual partners. Such characterisations of men have been observed in numerous other South African contexts (Selikow, Zulu, and Cedra 2002; Hunter 2010; Shefer, Clowes, and Vergnani 2012). It has been shown that women's immediate need for material support and consequent reliance on men can render them less able to negotiate the terms of the sexual engagement, leaving them more vulnerable to HIV infection and gender-based violence (Dunkle et al. 2007). Age-disparate partnerships have also been explored as potential avenues that both depend on and deepen women's vulnerability and HIV risk (Beauclair et al. 2012; Jewkes and Morrell 2010).

Although women's vulnerability with respect to partnerships tends to remain the focal point in public health research and HIV prevention campaigns, the work of anthropologists has provided a more nuanced picture. Hunter (2002), Leclerc-Madlala (2003) and Setel (1999) have made important contributions in terms of thinking about the ways that women also expressed agency with respect to their sexual relationships. Instead of transactional sex being framed as occurring only in situations where women are disempowered and unable to negotiate the terms of sexual interaction, partnerships can actually be initiated and sustained for a number of reasons. These include sexual desire, material gain and the need to meet social expectations, which are not always experienced as contradictory (Hunter 2002). Hunter's work in KwaZulu-Natal has challenged conventional understandings of women's engagement in both transactional sex and age-disparate partnerships (Hunter 2010). He explores various "rights" that "independent women" living in post-apartheid South Africa aspire to access. These women invoke "the right to safe sex and sexual pleasure," "the right to live without a man" as well as the "right to multiple male lovers," amongst others.

Thornton (2008, 2009) also challenges conventional framings of sexual relationships in his exploration of the ways both men and women have used sexual partnerships to build social capital. This social capital can afford people opportunities to increase their stability and mobility. In this context, MCPs are more complex than a set of sexual encounters driven by men and forced upon vulnerable women. Instead, sexual partnerships assist those on the social margins and act as a way to build valuable relationships.

Expanding the frame for women's multiple partnerships

In order to more fully understand women's sexual partnerships, their role within broader social networks and the economic and cultural context should be considered. Using this broader framing to understand the strategies and motivations that people have for choosing different partners permits a deeper and more nuanced engagement with the decision-making processes and experiences of young women in relation to sex and sexuality. Read in this way, it becomes possible to explore how these partnerships have meaning and implications both within and beyond the relationship dyad.

Young lives in Town Two: history and context

Accessing a better understanding of women's sexual partnerships requires not only a broader conceptual frame of reference, but also a clear idea about the local economic and political contexts in which their lives are embedded. In this study, the young people we worked with are from the neighbourhood of Town Two, in the township of Khayelitsha. In 1983, the apartheid government first erected a cluster of sub-economic government housing structures in Khayelitsha, a name meaning "new home" in the local language (Spiegel and Mehlwana 1997). The government hoped to keep black Africans settled on Cape Town's periphery where they could be a ready source of labour for the benefit of the white population, but would not encroach on or gain access to the spaces and services protected for the white population. By the mid-1990s, in-migration from older neighbouring townships and elsewhere in the country had significantly increased Khayelitsha's population. With this rapid growth came increased internal variation: some areas had government-provided formal (brick) housing, mast lighting, tarred roads and (limited) access to water and sanitation, while other areas became packed with shacks, often with access to some electricity but not much else.

The post-apartheid government has been making incremental attempts to address these challenges, but much of what was inherited from the apartheid regime persists. This is particularly true of social and economic challenges that characterise the lives of people living in Khayelitsha. Much of this is felt by young people 15–24 years of age who, as of 2011, made up almost a quarter of Khayelitsha's total population (StatsSA 2013). While about half of adults in Khayelitsha have received some secondary schooling, only one third of those over 20 years of age had completed Grade 12 or higher (StatsSA 2013). Low levels of education and considerable income poverty have meant that young Khayelitsha residents have little hope of ever accessing gainful employment. In 2011, only 62% of people aged 15–64 years in Khayelitsha were formally employed and while many young people constantly attempt to find work, it is often piecemeal, insecure and low-paid. Young people are most often supported by older household members (parents, grandparents or older relatives), who generate a modest income through employment or accessing a social grant. Young peoples' days are thus spent managing boredom, helping with domestic tasks, and wandering around the neighbourhood, visiting friends' houses or chatting in the street.

For the majority of young people living in Khayelitsha, the only health services available are those that can be accessed freely in the public sector. These services are typically overburdened and under-resourced (Mayosi and Benatar 2014). Health care within the public sector is usually entirely free and of good clinical quality, but waiting times are notoriously long. Health service provision is often negatively affected by human resource and infrastructural constraints. Young people's use of health services in Khayelitsha is typically related to HIV or TB treatment, or for services linked to sexual and reproductive health. HIV and TB remain the leading causes of morbidity and mortality among their age group, with violence and injury as a significant additional contributor for young men (StatsSA 2015). Khayelitsha also has the highest HIV prevalence in the city by a significant margin. Although rates of teenage pregnancy have declined over the past 20 years, this remains a significant concern in South Africa (Ardington et al. 2012). Teenage or early pregnancy is

associated with a series of negative outcomes, including an increased risk maternal health problems, decreased economic opportunities in the future and poorer educational outcomes contributed to by exclusion from and discrimination at schools (Grant and Hallman 2008). While early fertility can pose these challenges to young people, it is also important to explore the ways in which having a child is a “socially embedded phenomenon” (Mkhwanazi 2012); a point to which we return later.

Methods

In this article, we draw on data collected by Alison Swartz as part of her doctoral studies under the supervision of Christopher Colvin and Abigail Harrison; Colvin conducted ethnographic work in Khayelitsha in the late 1990s and Swartz began work in the area in 2009. Most of the data presented here were collected between November 2014 and July 2015. The primary method of data collection was participant observation, through which extensive fieldnotes were produced. During the study period, in addition to spending considerable blocks of time in Town Two during the day, Swartz began staying with a family for a few nights each month. The young people described in this article range from 18 years old to 29 years old. Participants were recruited through Swartz’s existing networks in Town Two, but additional participants were also snowball sampled. The observations and interpretations presented here were informed by contact with approximately 60 people, although the core narratives and experiences belong to 18 young people. None of the young people whose stories are included here are employed.

The data collection and analysis processes were both iterative, and developed through conversations between the three authors as well as participants in the field. Fieldnotes were entered into Nvivo 10 and initially analysed for key themes. Initially, two broad themes linked to women’s motivations for sexual relationships and women’s management of sexual relationships emerged. These themes were then broken down into several subthemes that explored specific dimensions of these broader themes in more detail.

The meaning, character and trajectory of sexual partnerships

For young women in Khayelitsha, feelings of mutual affection between themselves and their male sexual partners, though ranging in intensity, were commonly cited as a key catalyst for sexual relationships. Women all referred to their sexual partners as “boyfriends.” No explicit reference was made to having “primary” and “additional” partners although for some, this distinction was implicit in the ways they spoke about their relationships. Nonetheless, for young women, the emotional connection in their relationships remained of central importance.

There were a range of other factors, however, that significantly shaped the meaning, character and trajectory of these sexual relationships. If we want to understand the shape of women’s relationships – including but not limited to multiple concurrent partnerships – their motivations and decision-making, their opportunities for agency, and the considerable constraints they face, we need to better understand how these other factors work in the lives of young women. The following sections describe the ways in which space, empathy,

instability, marriage, secrecy, and fertility all leave their mark in the ways young women navigate their social and sexual partnerships.

Geography, space and place

Once an emotional or affective connection was established, geographical proximity to a partner played an important role in how a relationship progressed. Sustaining relationships with partners living nearby was geographically convenient because it allowed them to meet more frequently. Young women spoke openly about the process of selecting their boyfriends in relation to their enjoyment and desire for more readily “accessible” sexual satisfaction from partners living nearby. This is similar to what other observers have reported about young people’s sexual relationships in different township contexts (Selikow, Zulu, and Cedra 2002). Spending time with partners who lived nearby also helped to manage the experience of boredom for young couples.

Several women in Town Two also maintained contact with young men living further away, with whom only sporadic meetings were possible. For these women, distance made it possible for them to pursue an additional partner. Nothemba, whose relationships were described in the opening vignette, found herself in this situation. She maintained a relationship with her high school boyfriend who lived in Johannesburg, but had chosen to take on an additional partner who lived close by in Cape Town. The distance between Cape Town and Johannesburg is significant; an expensive bus trip of some 20 hours. However, for most young women living in Town Two, partnerships with young men “living far away” did not have to involve large distances. Abongile’s method for negotiating geography was similar to most young women in the area. She had three boyfriends, two of whom lived in other neighbourhoods in Khayelitsha and a third who lived in a nearby township. Abongile said she loved the boyfriend who lived furthest away the most, but was unable to see him often due to the cost of local transport – he lived three minibus taxi journeys away. Like many other young women, Abongile’s limited mobility due to her economic insecurity motivated her to seek closer sexual partners to satisfy an immediate desire for sexual intimacy and companionship.

Having more distant partners also provided young women a way to avoid much of the local gossip and scrutiny they said was common in Town Two. They would often say things like “I don’t want a boyfriend in Town Two” because “the old people will see” or “people will talk.” Life in a township has the potential to compromise both physical and social privacy (Huchzermeyer 2004; Amuyunzu-Nyamongo et al. 2007). In Town Two, young women most often lived in households and even shared bedrooms with family members. In addition to living without much physical privacy, young women in particular were subject to moralising community social norms about “the youth” and their behaviour. Young women’s sexuality was often the subject of heightened social scrutiny and criticism. For them, the possibility of engaging in a sexual relationship without the knowledge and scrutiny of family members and neighbours was a key motivation for seeking partners living further away. Young women did not want to be seen by anyone, including prospective partners, as having “lots of boyfriends,” because this would encourage gossip and invite disapproval.

Empathy and economic support

Economic insecurity was another critical component that played into women's choice of partners. This was certainly true for those young women who accessed but also expected some form of material support from their partnerships, often in the form of money to go to the hair salon or meals from local fast food chains. Unlike the passive vulnerability often ascribed to women who engage in "transactional sex," however, these women were creative and resourceful in the process of gaining access to things they both needed and wanted. They spoke about their enjoyment of the "nice things" bought for them but generally were not reliant on receiving such items. This is similar to what has been found in about sexual relationships between young people in other southern African contexts (Masvawure 2010).

For many of these women, however, the emotional and material aspects of their relationships did not exist in parallel, but were instead experienced as deeply interconnected. The financial insecurity of their families, including the struggles to provide for their own children, was an ongoing source of stress and anxiety. Zola's description of one of her previous partnerships highlighted this point: "He was loving and honest. And he knew my situation... He sometimes gave me money for electricity because he knew my situation." Zola's account challenges the conventional framing of transactional sexual relationships as narrowly material and instrumental. For her, the material resources that she was able to access from her partner held meaning about his empathy and understanding of her family's financial situation. For Zola and her friends and age mates, material support was an important source of connection shared between young people living in a context of scarcity within which practical gifts were evidence of affection and commitment between couples.

The instability and fluidity of lives and relationships

These circuits of empathy, affection and material support could of course be disrupted when male partners failed to meet women's expectations. This process was described as men causing women "disappointments" and often motivated women to seek "replacement" partners. Two scenarios were described as key examples of "disappointments." In the first, young men and women could find themselves in a "clutch," a term perhaps derived from the English word "clash," and used to describe the conflicts that arose when young men took on additional partners. In a "clutch," women began both fighting with, and "for" their man. Though this situation was fairly common among young people, it was also always undesirable for both the more recent and longer-standing female partners. The second disappointment related to men's more general unreliability with respect to meeting arrangements or the provision of material goods.

In either situation, women referred to the possibility of seeking an additional partner for themselves. The decision to be with someone new, or to maintain an initial relationship that may have caused a "disappointment," hinged both on how young women felt about these men but also what transpired between them in the time that followed the particular crisis. Some partnerships ended while others continued, partly because women expected such disappointments from the men in their lives. In line with dominant sexual and cultural scripts in the South African context, women were more likely to forgive men for "cheating"

because it was socially accepted that men would inevitably engage in multiple sexual partnerships (LeClerc-Madlala 2009).

Although this may hold true, there often exists a gap between what is known and what can be said, particularly in the context of intimate relationships (Taussig 1999; Hirsch et al. 2009; Hardon and Posel 2012). Young women often knew that their boyfriends had engaged or were continuing to engage in sexual relationships with other women, but chose not to confront their partners. For others, self-deception around a partner's infidelity also may have been at play. Although women did not like being in a situation where a man caused them a "disappointment," it was at times used as an additional justification for seeking other partners. In a conversation about her motivations to find a second partner, Nolutho simply said, "He cheated me, so what must I do?" This response points to women's decisiveness in choosing to take on another partner as a strategy for continuing support and affection, rather than passively accepting their partner's infidelity. It also highlights the instability and flux that often characterised young peoples' relationships.

Aspirations for long-term relationships: managing children and fertility

One reason women kept multiple lines of possibility open in these often rapidly changing relationships was their need to weigh their options and test the suitability of partnerships over time. Young women's motivations to explore partnerships with multiple men were thus partly based on their reading of the often-limited duration of the partnerships. Women's focus on developing longer-term relationships with young men was often catalysed by a pregnancy, heightening their need to clarify the roles that these young men would play in their own and their children's lives.

This was certainly the case for Zola, who I met in 2013 when she was 8 months pregnant with Thandi. Vuyo, Thandi's father, was largely absent. His attendance at school was at best inconsistent and he, like many other young people in Town Two, was using drugs. Zola lamented that Vuyo's abuse of *intsangu* (marijuana) and *tik* (methamphetamine) meant that he heard voices in his head, was unable to sleep, and had been known to have violent outbursts directed at strangers in the street. Despite this, Zola explained "It is my hope ... my dreams to marry Vuyo because Thandi won't love another man the same way." In many ways it was clear to Zola that Vuyo would make an unsuitable long-term prospect. He was involved with gangsterism and drugs, and like many young men who are unemployed and living in poverty, was unable to live up to the gendered ideal of being a "provider" in their relationship, a challenge discussed by other scholars working in a similar contexts (Bhana and Pattman 2011; Dworkin et al. 2012). Even so, Zola described Vuyo as her "boyfriend," and maintained her connection with him in the hope that they might have a different kind of relationship in the future.

Although marriage is relatively uncommon among young people in South Africa compared with some other southern African countries, the idea that children should be born or brought up within marriage is still an important, if aspirational, social ideal (Harrison 2008; Harrison and O'Sullivan 2010). This also points to the dominance of community social norms about how young people ought to behave sexually. Partly in response to this societal pressure, women like Zola who had children at a young age outside of marriage, hoped to marry the

fathers of their children later on. Meanwhile, they pursued other partnerships, which sometimes overlapped with that of the father of their children.

Young men, on the other hand, often had different ideas about how to manage fertility in the context of sexual relationships. A common refrain used by young men, especially with recently initiated partnerships with women who already had children by different men was “this thing is between me and you, not me and your child.” After some time, men might consider caring for a woman’s child if he “really loved her,” but as often as not, they would persist in saying that, “If it’s not my child, it’s not my responsibility.” It is unlikely that a man’s initial decision to engage in a sexual relationship with a woman would be informed by whether she has children. However, if he perceives that she hopes (or even expects) him to participate in the practical and emotional dimensions of childcare, he might be deterred from sustaining the partnership.

Women’s fertility – as both aspiration and threat – therefore played a role in shaping the trajectories of partnerships. For Nothemba, using contraception and avoiding pregnancy was a strategy to keep her options open. Once she had someone’s child, she would be connected to that person through more than emotional and sexual ties, but also through her child. With these ties would come an added layer of responsibility and obligation to provide care. Abongile, on the other hand, chose not to take any contraception, not despite but rather because of her desire to maintain multiple partnerships. She believed that using hormonal contraception would make her lose (and not gain) weight and lead people to think that she had “the 3 letters” (HIV). She believed that this would prevent her from appearing desirable to multiple partners. She already had a young son and did not want to have another child, but this did not stop her from keeping her desirability to such potential partners as a more central concern.

Disclosure and secrecy as strategy

The often complex and overlapping sexual partnerships described so far required quite careful management. Women selectively used both disclosure and secrecy among their peers to manage these partnerships, particularly if they were engaged in more than one partnership at a time. As others have argued, for men, having multiple sexual partnerships is positively associated with masculinity (Jewkes and Morrell 2010; Stern and Buikema 2013). In Town Two, as part of the display of this masculinity, men often discussed them quite openly. Young women, on the other hand, were much less likely to discuss their sexual partnerships, whether single or multiple, in most contexts.

This pattern was challenged, however, by some young women who found ways to discuss their sexual relationships more openly, sometimes even in mixed-gender friendship groups. In these cases, though, women often used careful, euphemistic language to describe their relationships. One afternoon, I sat with Abongile, Zola and a few of their male friends from Town Two, including Madoda and Sipho. Sipho warmly teased Abongile about her many boyfriends: “These two,” said Sipho, pointing at Abongile and Madoda. “They like Science, English and Xhosa” (spelling out “sex” as an acronym).

Through euphemism and allusion, it became clear that Madoda was one of Abongile's sexual partners. Madoda, as well as the others present, were fully aware that he was one of many. While it appeared to be acceptable to discuss Abongile's sexual partnerships amongst friends, it was also significant that they chose to talk about these partnerships euphemistically. Abongile's multiple sexual partners could not be discussed as openly as they could have been if she was a young man. Social situations dictate both what was possible to say, but also how it is possible to say it (LeClerc-Madlala 2009; Hardon and Posel 2012). A young man with lots of girlfriends would be seen as "sharp with girls," particularly by male peers, while a woman with many boyfriends would be known as a "slut" or "*isifebe*" (bitch).

Women tended to be more open about other partnerships with men for whom they did not have strong feelings. With Abongile and Madoda, she told me she was not interested in him in the long term, and thus spoke more openly about her other partners. Nothemba had also employed this strategy with her partners: because she felt less for her boyfriend in Cape Town, she had told him about her boyfriend in Johannesburg, but not vice versa. The strength of their feelings for their partner and their longer-term plans with them also shaped how they felt about their boyfriends' infidelity. For example, Sinathi knew that her partner Siphso had been with someone else, but she forgave him because she loved him, and because they had a child together. Similarly, Nothemba seemed to tolerate the idea of her Johannesburg boyfriend being with other women, partly because of her imagined future with him, but also because she loved him deeply.

Secrecy was also used to manage having a child from a previous partnership. As explained above, many young men were often reluctant to enter into partnerships with women with children. If they did, they were often wary about maintaining the relationship long term, making comments like "I am not looking after a child that's not mine" or "that child is her problem." Zola found herself in this situation when she first met Joseph. She was excited by the prospect of the relationship becoming more serious but said, "But I am worried. He doesn't know about my daughter and I am afraid to tell him because then he might not want to be with me." Despite the fact that many young women living in Khayelitsha have children, it is common for young men to express their aversion to caring for children – particularly those that they have not fathered themselves. Some of these young men were already contributing to the care of their own children with other women and were thus even more reluctant to have to care for another child.

Discussion

This study has provided examples of how young women establish, negotiate and sustain sexual and social relationships as a central life-course strategy. Relationships between young people are complex, fluid, and profoundly shaped by local social networks and economic and cultural contexts. Such sexual relationships are a site through which young people grapple with social norms and expectations, but also imagine and enact individual aspirations. Relationship meanings and practices are thus clearly more than the sum of a set of individual sexual behaviours or rigid cultural scripts.

For example, young women both reinforce but also challenge prevailing social norms and gender roles. While it is widely believed that desirable women are chaste, many young women find ways to speak about their partnerships, which are sometimes multiple and concurrent. For young men, while their hope may be to provide their female partners with material gifts, they often cannot live up to this ideal because of economic constraints. This complicates the ways that gendered sexual relationships are often framed in dominant public health discourses, which tend to perpetuate rigid and reified notions of men's sexuality and women's vulnerability.

Having multiple sexual relationships and moving from one relationship to another is common and socially acceptable in part, but is also pragmatic. The ways that relationships play out in geographical space points clearly to this. Young women exercised their agency in their choice to select partners who live nearby in order to meet some of their needs and desires: emotional, physical and material. But selecting partners who lived further away, especially if a woman was engaged in an existing sexual relationship, was an important strategy to avoid the scrutiny of family and community members. It is also important to highlight the fact that while partners may be purposefully selected because they live in a different area, economic insecurity and income poverty may also mean that it would be unlikely for women to be able to travel to see partners they really liked if they lived further away.

In engaging in multiple sexual relationships and making choices about them, women create networks of care, affection and support for themselves and their children. Many young women had aspirations for long-term relationships with the fathers of their children. This points to the ways that young people might not be as reckless and impulsive as members of the older generation perceive them to be. They are also strategising and considering potential avenues to secure more stable relationships in the longer term. This is important to emphasise in the South African context where moralising discourses about "teenage pregnancy" or having children outside of marriage circulate widely.

Relationships become important sites through which to make individual and social meaning, which the often narrow, negative and moralising public health discourses about multiple partnerships and transactional sex tend to obscure. In contrast to some of these public health framings of women's role as vulnerable in sexual relationships, young women are often decisive and strategic in their choice of partners and in the ways that they manage them. For example, instead of understanding women's receiving gifts or material resources from their male partners as a sign of their vulnerability in the context of a transactional sexual relationship, economic support was often a way that young men were able to show empathy and affection for their partners. Women also selectively use secrecy and disclosure as a strategy to either maintain relationships or manage men's expectations of them. Women's choice to disclose or withhold particular kinds of information, like whether they currently have other partners or a child, was also about managing the affective connection between partners.

For the young people who are engaged in them, relationships are thus experienced as a life-affirming activity rather than simply a locus of "risk." Working with young people to make

relationships safer through available public health methods (e.g. HIV testing, sero-status disclosure, condom and contraceptive use) is likely to be more feasible than efforts focused on reducing partner numbers or vilifying the idea of “concurrency.” The data presented here also points to the limitations of an “ABC” approach – “being faithful” is simplistic and not workable for many young people. The more nuanced and multilayered view of relationships presented here takes into account the affective and empathetic dimensions upon which most relationships are based. Understanding such relationships within their complex socioeconomic contexts is critical. Without taking into account this context, including the current nature of health services, standard “prevention” approaches might be less likely to succeed.

References

- Amuyunzu-Nyamongo M, Okeng'o L, Wagura A, Mwenzwa E. Putting on a Brave Face: The Experiences of Women Living with HIV and AIDS in Informal Settlements of Nairobi, Kenya. *AIDS Care*. 2007; 19(S1):25–34.
- Ardington, C., Branson, N., Lam, D., Leibbrandt, M., Marteleto, L., Menendez, A., Mutevedzi, T., Ranchhod, V. Revisiting the “Crisis” in Teen Births: What is the Impact of Teen Births on Young Mothers and their Children. Cape Town: SALDRU, University of Cape Town; 2012. SALDRU Policy Brief 1
- Beauclair R, Kassanjee R, Temmerman M, Welte A, Delva W. Age-disparate Relationships and Implications for STI Transmission among Young Adults in Cape Town, South Africa. *The European Journal of Contraception & Reproductive Health Care*. 2012; 17(1):30–39. [PubMed: 22239263]
- Bhana D, Pattman R. Girls want Money, Boys want Virgins: The Materiality of Love amongst South African Township Youth in the Context of HIV and AIDS. *Culture, Health & Sexuality*. 2011; 13(8):961–972.
- Deliuss P, Glaser C. Sexual Socialisation in South Africa: A Historical Perspective. *African Studies*. 2002; 61(1):27–54.
- Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. Transactional Sex among Women in Soweto, South Africa: Prevalence, Risk Factors and Association with HIV Infection. *Social Science & Medicine*. 2004; 59(8):1581–1592. [PubMed: 15279917]
- Dunkle KL, Jewkes R, Nduna M, Jama N, Levin J, Sikweyiya Y, Koss MP. Transactional Sex with Casual and Main Partners among Young South African Men in the Rural Eastern Cape: Prevalence, Predictors, and Associations with Gender-based Violence. *Social Science & Medicine*. 2007; 65(6): 1235–1248. [PubMed: 17560702]
- Dworkin SL, Colvin C, Hatcher A, Peacock D. Men's Perceptions of Women's Rights and Changing Gender Relations in South Africa Lessons for Working With Men and Boys in HIV and Antiviolence Programs. *Gender & Society*. 2012; 26(1):97–120.
- Garnett GP, Johnson AM. Coining a New Term in Epidemiology: Concurrency and HIV. *AIDS*. 1997; 11(5):681–683. [PubMed: 9108951]
- Grant MJ, Hallman KK. Pregnancy-related School Dropout and Prior School Performance in KwaZulu-Natal, South Africa. *Studies in Family Planning*. 2008; 39(4):369–382. [PubMed: 19248721]
- Halperin DT, Epstein H. Concurrent Sexual Partnerships Help to Explain Africa's High HIV Prevalence: Implications for Prevention. *The Lancet*. 2004; 364(9428):4–6.
- Hardon A, Posel D. Secrecy as Embodied Practice: Beyond the Confessional Imperative. *Culture, Health & Sexuality*. 2012; 14(sup1):S1–S13.
- Harrison A. Hidden Love: Sexual Ideologies and Relationship Ideals among Rural South African Adolescents in the Context of HIV/AIDS. *Culture, Health & Sexuality*. 2008; 10(2):175–189.
- Harrison A, Cleland J, Frohlich J. Young People's Sexual Partnerships in KwaZulu-Natal, South Africa: Patterns, Contextual Influences, and HIV Risk. *Studies in Family Planning*. 2008; 39(4): 295–308. [PubMed: 19248716]

- Harrison A, O'Sullivan LF. In the Absence of Marriage: Long-term Concurrent Partnerships, Pregnancy, and HIV Risk Dynamics among South African Young Adults. *AIDS Behavior*. 2010; 14(5):991–1000. [PubMed: 20354777]
- Harrison A, Short SE, Tuoane-Nkhasi M. Re-focusing the Gender Lens: Caregiving Women, Family Roles and HIV/AIDS Vulnerability in Lesotho. *AIDS and Behavior*. 2014; 18(3):595–604. [PubMed: 23686152]
- Higgins JA, Hoffman S, Dworkin SL. Rethinking Gender, Heterosexual Men, and Women's Vulnerability to HIV/AIDS. *American Journal of Public Health*. 2010; 100(3):435–445. [PubMed: 20075321]
- Hirsch, JS., Wardlow, H., Smith, DJ., Phinney, H., Parikh, S., Nathanson, CA. *The Secret: Love, Marriage, and HIV*. Nashville, TN: Vanderbilt University Press; 2009.
- Huchzermeyer M. From 'Contravention of Laws' to 'Lack of Rights': Redefining the Problem of Informal Settlements in South Africa. *Habitat International*. 2004; 28(3):333–347.
- Hunter M. The Materiality of Everyday Sex: Thinking Beyond 'Prostitution'. *African Studies*. 2002; 61(1):99–120.
- Hunter, M. *Love in the Time of AIDS*. Bloomington, IN: Indiana University Press; 2010.
- Jewkes R, Morrell R. Gender and Sexuality: Emerging Perspectives from the Heterosexual Epidemic in South Africa and Implications for HIV Risk and Prevention. *Journal of the International AIDS Society*. 2010; 13(1):6. [PubMed: 20181124]
- Leclerc-Madlala S. Transactional Sex and the Pursuit of Modernity. *Social Dynamics*. 2003; 29(2): 213–233.
- Leclerc-Madlala S. Cultural Scripts for Multiple and Concurrent Partnerships in Southern Africa: Why HIV Prevention Needs Anthropology. *Sexual Health*. 2009; 6(2):103–110. [PubMed: 19457288]
- Lewis, D. Representing African Sexualities. In: Tamale, S., editor. *African Sexualities: A Reader*. Cape Town, Dakar, Nairobi and Oxford: Pambazuka Press; 2011. p. 119–216.
- Lurie MN, Williams BG, Zuma K, Mkaya-Mwamburi D, Garnett G, Sturm AW, Sweat MD, Gittelsohn J, Abdool Karim SS. The Impact of Migration on HIV-1 Transmission in South Africa: A Study of Migrant and Nonmigrant Men and their Partners. *Sexually Transmitted Diseases*. 2003; 30(2):149–156. [PubMed: 12567174]
- Lurie MN, Williams BG, Zuma K, Mkaya-Mwamburi D, Garnett GP, Sweat MD, Gittelsohn J, Karim SS. Who Infects Whom? HIV-1 Concordance and Discordance among Migrant and Non-migrant Couples in South Africa. *AIDS*. 2003; 17(15):2245–2252. [PubMed: 14523282]
- Mah TL, Halperin DT. Concurrent Sexual Partnerships and the HIV Epidemics in Africa: Evidence to Move Forward. *AIDS and Behavior*. 2010; 14(1):11–16. [PubMed: 18648926]
- Mah TL, Maughan-Brown B. Social and Cultural Contexts of Concurrency in a Township in Cape Town, South Africa. *Culture, Health & Sexuality*. 2013; 15(2):135–147.
- Marks S. An Epidemic Waiting to Happen? The Spread of HIV/AIDS in South Africa in Social and Historical Perspective. *African Studies*. 2002; 61(1):13–26.
- Masvawure T. 'I Just Need to be Flashy on Campus': Female Students and Transactional Sex at a University in Zimbabwe. *Culture, Health & Sexuality*. 2010; 12(8):857–870.
- Maughan-Brown B. Variation in Concurrent Sexual Partnerships and Sexually Transmitted Diseases among African Men in Cape Town, South Africa. *Sexually Transmitted Diseases*. 2012; 39(7): 537–542. [PubMed: 22706216]
- Maughan-Brown B, Venkataramani AS. Measuring Concurrent Partnerships: Potential for Underestimation in UNAIDS Recommended Method. *AIDS*. 2011; 25(12):1549–1551. [PubMed: 21617519]
- Mayosi BM, Benatar SR. Health and Health Care in South Africa – 20 Years after Mandela. *New England Journal of Medicine*. 2014; 371(14):1344–1353. [PubMed: 25265493]
- Mkhwanazi N. A Tough Love approach Indeed: Demonising Early Childbearing in the Zuma Era. *Agenda*. 2012; 26(4):73–84.
- Murray, C. *Families Divided: The Impact of Migrant Labour in Lesotho*. Cambridge, UK: Cambridge University Press; 1981.

- Selikow TA, Ahmed N, Flisher AJ, Mathews C, Mukoma W. I am not 'Umqwayito': A Qualitative Study of Peer Pressure and Sexual Risk Behaviour among Young Adolescents in Cape Town, South Africa. *Scandinavian Journal of Public Health*. 2009; 37(2 suppl):107–112. [PubMed: 19493988]
- Selikow TA, Zulu B, Cedra E. The Ingagara, the Regte and the Cherry: HIV/AIDS and Youth Culture in Contemporary Urban Townships. *Agenda*. 2002; 17(53):22–32.
- Setel, P. A Plague of Paradoxes: AIDS, Culture, and Demography in Northern Tanzania. Chicago, IL: University of Chicago Press; 1999.
- Shefer T, Clowes L, Vergnani T. Narratives of Transactional Sex on a University Campus. *Culture, Health & Sexuality*. 2012; 14(4):435–447.
- Spiegel, A., Mehlwana, A. Cooperative Research Programme in Marriage and Family Life. Pretoria, South Africa: 1997. Family as Social Network: Kinship and Sporadic Migrancy in the Western Cape's Khayelitsha. HSRC Report HG/MF-31
- Stats, SA. City of Cape Town – 2011 Census – Khayelitsha Health District. Cape Town: Strategic Development Information and GIS Department and City of Cape Town; 2013. 2011 Census data supplied by Statistics South Africa
- Stats, SA. Morality and Morbidity Patterns among the Youth of South Africa, 2013. Statistics South Africa; Pretoria, Stats SA: 2015. Report No. 03-09-12
- Stern E, Buikema R. The Relational Dynamics of Hegemonic Masculinity among South African Men and Women in the Context of HIV. *Culture, Health & Sexuality*. 2013; 15(9):1040–1054.
- Taussig, MT. Defacement: Public Secrecy and the Labor of the Negative. Stanford, CA: Stanford University Press; 1999.
- Thornton R. Sexual Networks and Social Capital: Multiple and Concurrent Sexual Partnerships as a Rational Response to Unstable Social Networks. *African Journal of AIDS Research*. 2009; 8(4): 413–421. [PubMed: 25875705]
- Thornton, RJ. Unimagined Community: Sex, Networks, and AIDS in Uganda and South Africa. Berkeley and Los Angeles, CA: University of California Press; 2008.

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