Sugar Rush

Cross-generational, “sugar daddy” sex ignites the HIV-infection rate in Africa and America—and exposes gender vulnerability of global proportions.

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Last summer, a report issued by the Ugandan government highlighted a centuries-old phenomenon that has become a present-day reality: Cross-generational sex between older men and young women 10 to 20 years their junior is likely fueling the spread of HIV throughout the East African nation.

According to the report, the HIV infection rate among Ugandan women ages 15 to 24 is four times greater than that of young men in that age range. This reflects the fact that young girls often enter into relationships with older men—or “sugar daddies”—in exchange for gifts or financial support. Since many of the men have had multiple sexual encounters in the past—and the implicit power dynamic makes it difficult for their sex partners to insist on condom use—the young women face a high risk of contracting HIV in a country where about 7 percent of adults are living with the virus.

“Young women in most of the world, but especially in sub-Saharan Africa, are really disadvantaged,” says Beth Fredrick, executive vice president of the International Women’s Health Coalition. “This really is a chronic problem of not investing enough in education for young women, not giving them enough options [and not] giving their families enough of a boost to actually value their girls’ not [being] dependent on anyone—including older men.”

To fully understand how young women become infected through cross-generational sex, however (and to discover the means for stopping these infections), we must first get past the subject’s considerable *ewww* factor. We must also pursue a deeper understanding of the cultural and universal dynamics that make women in Uganda especially vulnerable to infection—often the same dynamics that endanger people around the world: sub-Saharan and suburban, men and women, young and old, rich and poor, gay and straight, of every race and ethnicity. “The sugar daddy phenomenon is one that you see in various parts of the world, and it masks bigger problems such as the desperation that causes you to trade your body for basic, fundamental things or a [lack of] bodily autonomy,” says Fredrick.

Extreme poverty drives many of the young women to view their bodies as a form of trade. A recent study showed that women in Botswana and Swaziland who face “food insufficiency”—not

having enough to eat over a 12-month period—were almost twice as likely to engage in high-risk sexual activity (such as selling sex for money or using condoms inconsistently) as women who had enough food. “Targeted food-assistance and income-generation programs…may play an important role in decreasing HIV transmission risk for women,” the study researchers report.

What’s more, universal gender inequalities, arising from ingrained cultural norms, put women everywhere, of all ages, at risk for HIV. Consider the rising infection rates among African-American women—or the data that show that almost a third of new infections in Thailand occur among married women.

The sugar daddy phenomenon perhaps most deftly illustrates the concept of how *all* HIV infections are, in a way, a product of vulnerability. It can result from stigma around men who have sex with men, a lack of sexual education that would allow children and youth to make safe and informed decisions, and a denial of clean needles and services to prevent infections in IV-drug users. Tackling the forces behind these vulnerabilities and promoting self-empowerment in all people can help fight the epidemic.

A Zimbabwe study recently found that encouraging condom use among sugar daddies would be more effective in combating HIV than discouraging cross-generational sex. Fredrick says she feels that everyone should have access to condoms, sugar daddies included, but says this can’t be used as a “quick fix.” Young women must also be empowered—because Daddy doesn’t always know best.

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