



Cultural consensus modeling to measure transactional sex in Swaziland: Scale building and validation

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ABSTRACT

Transactional sex is associated with increased risk of HIV and gender based violence in southern Africa and around the world. However the typical quantitative operationalization, “the exchange of gifts or money for sex,” can be at odds with a wide array of relationship types and motivations described in qualitative explorations. To build on the strengths of both qualitative and quantitative research streams, we used cultural consensus models to identify distinct models of transactional sex in Swaziland. The process allowed us to build and validate emic scales of transactional sex, while identifying key informants for qualitative interviews within each model to contextualize women's experiences and risk perceptions. We used logistic and multinomial logistic regression models to measure associations with condom use and social status outcomes. Fieldwork was conducted between November 2013 and December 2014 in the Hhohho and Manzini regions. We identified three distinct models of transactional sex in Swaziland based on 124 Swazi women's emic valuation of what they hoped to receive in exchange for sex with their partners. In a clinic-based survey ($n = 406$), consensus model scales were more sensitive to condom use than the etic definition. Model consonance had distinct effects on social status for the three different models. Transactional sex is better measured as an emic spectrum of expectations within a relationship, rather than an etic binary relationship type. Cultural consensus models allowed us to blend qualitative and quantitative approaches to create an emicly valid quantitative scale grounded in qualitative context.

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1. Introduction

The term “transactional sex” emerged approximately two decades ago to differentiate between sex work and relationships that focus on sexual-economic exchange but are not perceived as ‘commercial’ by either party (Chatterji et al., 2005; Cole, 2004; Dunkle et al., 2004b; Groes-Green, 2013; Leclerc-Madlala, 2003). In southern Africa transactional sex increases a woman's risk of HIV by up to 50% and is significantly associated with intimate partner violence (IPV) (Dunkle et al., 2010, 2007, 2004b, 2006; Jewkes et al., 2010). Transactional sex is typically operationalized as “the exchange of sex for gifts or money” (Luke et al., 2011; Swidler and Watkins, 2007). To borrow epidemiological language, this

definition is sensitive but not specific. Many relationships contain both some degree of economic dependence and an expectation of sex. While the risks inherent in transactional relationships are often clear in context, “the exchange of sex for gifts or money” could conceivably capture behaviors ranging from sex work to receiving an engagement ring (Brinig, 1990). Women whose sexual relationships are their primary source of economic support may identify the relationship as transactional or commercial, or they may reject those labels and the associated stigma (Cole, 2004; Dunkle et al., 2010; Groes-Green, 2013; Stoebenau, 2009; Stoebenau et al., 2013, 2011). Rather than a binary measurement, transactional sex may be better operationalized as a characteristic present in almost all relationships as a matter of degree (Maganja et al., 2007; Stoebenau et al., 2011; Swidler and Watkins, 2007; Wamoyi et al., 2011).

The nature of transactional sex varies widely across geographical contexts. In southern Africa, women may use transactional sex

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to pay their school fees, acquire basic survival goods such as food or shelter, access fashionable commercial goods to improve their status amongst peers, or some combination of all of these (Groes-Green, 2013; Luke et al., 2011; Mojola, 2015; Stoebenau et al., 2011). While the act of receiving goods from a sexual partner does not pose health risks in itself, transactional relationships are likely to reflect strong gender and economic power imbalances, making it difficult for women to negotiate condom use or sexual encounters (Dunkle et al., 2004a). Transactional sex may also hurt or help a woman's social standing, as these relationships exist within a network of social and financial obligations (Cole, 2004; Groes-Green, 2013, 2014; Stoebenau et al., 2013, 2011; Swidler and Watkins, 2007; Wamoyi et al., 2011, 2010). Peers or family may encourage women to charm their partners for more gifts and financial support, and those who receive nothing in exchange for sex can be mocked as “prostitutes” (Wamoyi et al., 2011, p.9) who have devalued themselves or failed to support their family (Groes-Green, 2013, 2014; Wamoyi et al., 2011). Access to fashionable goods may improve social status, however being seen as promiscuous may result in being cutoff from material help in times of need (Kaschula, 2011; Masvawure, 2010; Strebel et al., 2013).

Despite the importance and social normalcy of economic support from a partner, women must be careful that their relationships are perceived to be motivated by affection, rather than financial gain. Those who do not may be called materialistic, and risk being cut off from support in times of need (Bandali, 2011; Fielding-Miller et al., 2014, 2011; Kaschula, 2011; Stoebenau et al., 2011; Strebel et al., 2013). In a US study, fewer than 10% of women who reported initiating or staying in a relationship because of financial concerns agreed that they had ever exchanged sex for money (Dunkle et al., 2010). Measuring transactional sex based on what women actually receive from their partners, and how they weigh these items when considering their sexual obligations, would more accurately capture the degree of transaction inherent in the relationship than asking women to identify with a possibly stigmatized motive.

Social science and public health research has at its disposal a large toolkit of methodologies, drawing from a range of epistemologies, paradigms, and research traditions, to better understand the context, prevalence, and correlates of health behaviors and risks such as those associated with transactional sex (Creswell, 2013; Rosenthal and Rosnow, 1991; Schutt, 2004; Tebes, 2005). Etic perspectives allow researchers to compare concepts and behaviors across cultures using a universal “outside” definition, whereas emic perspectives emphasize the local understandings and meanings of a phenomenon (Harris, 1976). While neither emic nor etic perspectives are the exclusive domain of a particular research approach, qualitative research tends to approach research questions from an emic perspective, while quantitative projects more often utilize the latter. Similarly, while no method or research project draws exclusively from a single paradigm, in broad terms quantitative approaches tend to draw on a positivist tradition to measure prevalence and infer generalizable associations, while qualitative approaches originated from interpretivist traditions and typically utilize textual data to understand a research question from local, emic perspectives (Harris, 1976; Hennink et al., 2011; Schutt, 2004; Tebes, 2005).

The traditional operationalization of transactional sex stems from an international, etic, perspective that can be quantitatively compared across cultures. However it does not necessarily reflect women's lived experiences and fails to capture the influence of economic considerations on sexual relationships as a matter of degree. Bridging the gap between the rich streams of qualitative and quantitative research on transactional sex requires a quantitative tool which measures these relationships in a way that captures women's understanding of their own behavior, is grounded in

the pressures of the social landscape, and is capable of measuring associations with both health behaviors and potential social risks and benefits.

Cultural consensus modeling is a systematic measurement approach that moves from interpretive, emic description to positivist, quantitative measurement within one study design (Dressler and dos Santos, 2005; Weller, 2007). The researcher uses rapid ethnographic methods to define the boundaries of a set of knowledge or behaviors shared by a group - a cultural domain - followed by quantitative analysis of numerical data generated in the ethnographic phase. The final product is a cultural consensus model (CCM), an emicly valid operationalization of a cultural domain that can be used in quantitative studies (Weller, 2007).

The consensus analysis process assumes that if informants answer a question about their culture (rather than their personal tastes) in a similar way, they do so because they are drawing on a shared cognitive domain, or realm of cultural knowledge. Cultural consensus analysis (CCA) is essentially an exploratory factor analysis that uses participants, rather than items, as variables of interest and identifies clusters of similar answer patterns. An answer key and competence score for each individual can then be generated. The answer key identifies clusters of similar answers and assumes that these answers are similar - and therefore emicly correct - because participants who share knowledge of a domain answer similarly, while the answers of those without knowledge of this domain will be more scattered. Competence scores reflect the number of culturally correct answers each participant gave, and range from 0 to 1.00. Participants with a competence score of 1.00 are assumed to have perfect knowledge of a domain and would likely make reliable key informants (Hruschka and Maupin, 2013; Romney et al., 1986). Consonance, ie how much an individual aligns with the values or behaviors that relate to the domain, can be determined in a second sample of individuals by assessing whether or to what degree individuals endorse a value or enact a behavior identified. For further details see Romney et al. (1986).

When conducting CCA an eigenvalue ratio greater than 3.0 between participant answer clusters suggests that participants are drawing on a single dominant CCM. An eigenvalue ratio below 3.0 suggests that no single dominant CCM exists within the sample and participant answers are drawing from two or more CCMs.

Our objective was to build an emicly valid quantitative scale of transactional sex that was responsive to both the social and health consequences of transactional sex and based on concrete behaviors rather than subjective assessments of motive. To do this, we used cultural consensus modeling to first create a scale of transactional sex, and then validated our scale by measuring its association with social standing and condom use compared to the etic definition. We used an iterative series of research questions:

- 1) What items do women hope to get in exchange for sex?
- 2) How are these valued in exchange for sex?
- 3) Are there distinct subgroups that value items differently?
- 4) How do these distinct subgroups differ from one another?
- 5) How does level of participation in a CCM affect social status and condom use?

2. Methods

2.1. Setting

Swaziland is a small absolute monarchy in southern Africa with a population of approximately 1.2 million (DHS, 2007). Two thirds of Swazis live on less than \$1.25 a day and 25% are food insecure (“Swaziland loses AGOA benefits,” 2014; Spaul, 2013; WFP, 2009).

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