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Sexual networks as social capital

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SEXUAL NETWORKS AS SOCIAL CAPITAL:

Why 'multiple concurrent sexual partnerships' may be rational responses to unstable social networks

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Abstract: While multiple concurrent sexual partnerships (MCPs) are prevalent in southern Africa and have been identified as a primary cause of very high HIV prevalence in this region, many sexually active individuals appear to neglect their biological risk of HIV infection in order to maximise their 'social capital.' Through increasing the size and diversity of their sexual networks they extend their social networks through sexual liaisons. This maximisation of social capital also maximises their risk of infection. The result seems 'irrational' when viewed from the perspective of any individual actor, but at a larger, social scale, the result is greater 'social capital' and, as a consequence, better access to many other social and economic goods. This article argues that people in ordinary, non-promiscuous relationships, and those who are in unstable and less-connected parts of the network that are most dynamically active in building their sexual networks, thus increasing their exposure to HIV infection. Thus, many populations with very high HIV prevalence, such as intravenous drug users (IDUs), sex workers, heterosexual southern Africans, and men having sex with men (MSMs), have in common their participation in unstable social networks in which individuals try to maximise their 'social capital' by extending the diversity and density of their sexual networks. This paper shifts analytic attention away from 'risky' sexual practices of individuals towards the structure and dynamics of social and sexual networks.

I

In the scientific and scholarly literature, the act of sex is usually imagined only in the context of the individual's pleasures, desires, 'behaviours' and attitudes—and to a lesser degree, now, reproduction. This is true also of the popular imagination, and of the psychological and bio-medical approaches. These dominate the study of sex today.

Similarly, the concept of 'risk', drawn originally from business and economics—especially insurance and financial management industries—is now used to discuss sexual choices made by individuals, and judged as rational or irrational, or as informed or uninformed. The individual is also the focus for all liberal or neo-liberal political paradigms, for medicine's therapies, and for psychologists. These perspectives dominate efforts to intervene in what is usually called 'reproductive health', and in HIV/AIDS prevention programmes. Rarely do prevention, therapeutic or public health programmes take

seriously the larger-scale social structural and cultural aspects of sex as it is embedded in social relations.

By contrast, the approach taken here shifts focus away from the acts of individual sex—often called 'behaviour' in studies of sex and sexuality—and the attitudes, beliefs and practices of the person. It does this in order to show that sexual networks can be understood as a type of social structure with their own characteristic form and dynamics. Examination of these reveals an unsuspected commonality between social categories that are apparently different in almost all other social and cultural respects but that share very high HIV prevalence.

The argument rests on the claim that dynamic properties and specific configurations of sexual networks have real effects on the health of populations by dynamically influencing the transmission of pathogens such as the HI virus. This conceptual approach is fundamentally different from statistical methods that seek to isolate one or a few limited number of specific causes—causal factors, relative risk or 'odds ration', for instance—through examination of statistically aggregated data using correlation methods applied to 'factors' (variables) that are assumed to be causally independent of one another. By contrast, the concepts developed here are 'ecological', concerned with the dynamics of complex structures in which elements interact with all or most other elements of the system.

While the statistical approaches employed in, for instance, randomised controlled trials (RCTs), must assume causal independence of individual actors (assured by 'randomisation'), the structural approach considers complex structures that rest ultimately on connected meanings and relationships among persons that constitute them. We call these sexual networks, that is, social structures constituted primarily by sexual relationships (Thornton 2008). These necessarily involve meanings and emotions (e.g. 'love' and 'jealousy'), social role and structural position (e.g. 'gendered power'), intentional action ('social action'), economic exchange ('transactional sex', 'survival sex'), and many other complex relations and identities. This methodological contrast is fundamental to the style and content of arguments developed here.

Between the large-scale social structural view and the individualist-statistical approaches to HIV prevalence, however, there is something like a middle view. This 'middle view'—somewhat easier to conceptualise—focuses instead on 'multiple concurrent partnerships' (MCPs). In current discussions (for instance, Halperin & Epstein

2004), MCPs are conceptualised from the 'ego's' point of view, with respect to whom (sexual) 'partnerships' can be said to exist, and that can be counted as 'multiple' (as opposed to 'monogamous'), and judged to be 'concurrent' or 'sequential'. In short, MCP is a current technical term for what used to be called 'promiscuity,' now somewhat outmoded and unscientific.

The concept of MCPs, however is still morally loaded and moralistic. Such biases, unexamined, can lead to failure of otherwise well-intentioned interventions and prevention programmes. The MCP concept assumes—like most classical liberal thought—that individuals act with *free choice* and can choose sex with single ('faithful', 'monogamous') or multiple ('promiscuous', 'licentious') partners, as informed ('sensible') or uninformed (ignorant) persons making (irresponsibly) risky or safe (responsible, civil) choices on the basis of (irrational) lust or (rational) love. These assumptions set up a contrast between the free but faithful, monogamous, wise, responsible, civil and rational citizen of the sexual republic that is posed against the lust-driven, promiscuous, ignorant, irresponsible and irrational lout or loose woman with many 'partners'. While the 'MCP' approach moves towards a structural understanding, its utility is limited by its implicit moralising, and its ultimate reductionism towards the individual. The 'therapeutic' or 'interventionist' outcome of this approach is called 'partner reduction'.

By focusing attention on the social-structural level, however, we see that the dynamic properties of these networks-as-structures arise from persons acting in strategic ways aimed at maximising their social value, or 'social capital'. There is, however, another moralism in the notion of social capital itself. This theoretical concept often assumes that social capital is necessarily good, its values always 'positive' and outcomes beneficial, providing for the greater good of community and well-being of individuals. As we shall see here, this is not necessarily the case.

Helen Epstein's 'AIDS and the irrational', (2008) is a useful case in point. Epstein's article is framed as an open letter to the new director of United National Joint Programme on HIV/AIDS (UNAIDS), argues that much more attention should be paid to what she and others call 'partner reduction' strategies in AIDS prevention campaigns. Her main complaint is that UNAIDS and other agencies such as USAID do not focus sufficiently on this factor. She argues that while circumcision is also an effective but neglected method, both evidence and critical thought suggest that 'partner reduction' holds the key. She takes issue

with the 'irrational' failure of UNAIDS and other agencies to take this seriously enough.

The 'irrationality' in the title refers to two things. First, UNAIDS policies toward AIDS prevention that are not always based on good science but may be based instead on religious and political commitments of the UN's member nations, and on deeply held beliefs about what will work in AIDS prevention agencies.

The second cloud of references to 'irrationality' is her assertion that some of the UNAIDS policies contribute to the impression that sex, especially in Africa, is in fact 'irrational' and that only technical, bio-medical solutions will stem the tide of HIV in these populations. In particular, Epstein points to the clear evidence that southern Africans continue to have unprotected sex with multiple partners, moving back and forth between them. This is called 'multiple concurrent partnership', and is one of the keys elements to understanding why HIV is so prevalent in this region. What is not clear is why people continue to do this despite the likelihood in some parts of this region that one in two potential new or old partners are likely to be infected with the virus. Is this 'irrational'?

There is indeed much evidence, as Epstein claims, that 'irrational beliefs about AIDS persist' in Africa, including beliefs that 'traditional medicine is more effective than antiretroviral drugs,' and that witches and witchcraft can explain AIDS infections. Thabo Mbeki, former president of South Africa, vehemently rejected the notion that Africans were 'irrational' (Mbeki & Mokaba 2002), but in so doing, he also rejected the evidence that HIV causes AIDS and that AIDS was the leading cause of death in South Africa.

But, while southern Africans continue to practice 'risky sex' in this way, is it irrational to do so? In order to understand this better, we have to examine more critically the notions of 'multiple partnership', 'concurrency', and 'risk' in the southern African context. There may be very good reasons to carry on with 'risky sex', especially where this may lead to creation of 'social capital' and therefore to improvement in many other aspects of life.

The populations of South Africa and the states that surround it—Lesotho, Swaziland, Zimbabwe, Botswana and southern Mozambique—are in constant motion across all these international borders, and since all depend primarily on the South African economy in one way or another, I call the region 'southern Africa' here. The networks of sexual partners span this entire region. While smaller networks of sexual contact between lovers are important, the regional

expanse of the network is as critical as its dynamic properties. A larger vision of sexual networks allows us to consider spatial and temporal aspects that would otherwise be missed. It also allows us to understand better the relation between sexual choices, cultural frameworks, and the social and political history of the region.

As Epstein points out there is every reason to recommend partner reduction, even to make it the central part of all HIV/AIDS education campaigns and interventions. UNAIDS prefers to recommend what Epstein calls 'needlessly overcomplex … combination prevention,' that is, multiple approaches including the usual ABC, VCT, treatment of other STIs, education, together with bio-medical research on vaginal microbicides, vaccines, and pre-exposure prophylaxis. A great deal of money has been spent on the bio-medical approaches despite the fact that none of them has shown much evidence of success.

It is eminently clear that 'partner reduction' does indeed break up what Epstein calls the 'HIV superhighway' of transmission that a densely connected set of 'multiple partnerships' creates. The theoretical vision implicit in the term 'multiple concurrent partners', however, directs our attention to small ego-centred groups rather than to larger social contexts and is therefore unable to grasp the dynamics of the larger system.

II

'Multiple concurrent partners' refers to people who have sex with a number of others, not only in series of monogamous relationships, but in overlapping relationships that persist over time. In other words, lovers move within and between a small set of other lovers.

If each set of exchanges is limited to a small group, as in strict polygamy (formal and exclusive marriage), then networks remain limited and do not transmit pathogens efficiently. If sets of MCPs lack effective boundaries and their exchange groups overlap with other sets of MCPs, then pathogen transfer is likely to be highly efficient. In the first case, partner reduction is both ineffective and unnecessary; while in the second case it may act powerfully to limit infection in a population. Attention to the wider social structure in which MCPs is therefore critical.

Depending on a number of other cultural and social factors, these sets of lovers may be smaller or larger, and some may be connected to much larger networks that span large distances. This is particularly true in South Africa. As a result, any 'behaviour change' intervention, including partner reduction, has little impact because the networks

functions like the Internet: the loss of even a great number of transmission 'nodes' has little effect on the overall efficiency of the whole network.

The question, then, is how and why do large sexual networks continue to exist, despite the biological risk of infection?

One factor must be that such networks are not transparent to people who are embedded in them. A lover may be aware that other lovers exist in their lover's life, but ignore this fact, or may conspire with themselves and their friends to remain ignorant of it. The true extent of most social networks of all kinds, including *sexual* networks, is invisible to their participants. They form 'invisible communities' (Thornton 2008). While sexual secrecy, issues of 'respect', decorum and possibly 'stigma' may account for this lack of 'transparency' in sexual networks, it a society as violent as South Africa's one of the principle reasons for not being forthcoming about multiple partnerships is to limit the threat of violence arising from sexual jealousy. The fact that people may have multiple sexual partners does not mean that they do not feel jealous when they discover other lovers of their lovers. Though seemingly 'irrational', this is a common feature of South African violence, some of it lethal.

Making the extent of these networks visible and apparent to their participants may be a more effective educational intervention, then, than merely educating people about their personal 'risk'. (But the threat of violent jealousy may make such strategies impossible or at least difficult if it threatens to indentify actually existing networks of lovers.)

This move involves a shift in the scale of our vision and perspective. By shifting the scale of the analysis from ego-centred partnerships towards much larger sexual networks, we move from a perspective focused on the behaviour of an individual towards larger-scale structure and institutions. The scale of these networks may be regional, nation-wide, sub-continental or even global. They are large-scale, social, self-organising wholes with emergent characteristics that exist only at this scale. This is to be contrasted with a perspective—almost inevitable in bio-medical and behavioural sciences and education—that focuses exclusively on the individual and the (biological) body.

We must also consider the role of time and dynamics at this level. 'Concurrency' implies the perspective of a central sexual actor, 'ego', who has a number of sexual relationships *at the same time*. Because HIV infectivity varies over time, because many similar people engage in the

same types of relationships, and because there are many different types and periodicities of these relationships, the overall configuration and efficiency of transmission of the network varies over time and across locales.

The types of sexual relationships—marital, occasional, monogamous (for those involved with partners who are not monogamous), transactional, polygamous, concubinage, and so on—are determined by social structural factors, cultural values, and opportunity. These affect the overall shape of the network, and thus determine the efficiency with which HIV (and other pathogens) is transmitted. Periodicities—the frequency of sexual contact and the fluctuating magnitude of the viral load—also vary and have an effect on the transmission of pathogens across the network.

Instead of thinking in terms of long-term concurrent sexual partnerships, then, we might rather think in terms of the dynamics and configuration of large-scale sexual networks.

III

But even from this larger, social-scale perspective 'concurrency' appears to be irrational. It is not uncommon in southern Africa, however, for a person to have a number of lovers to whom he or she returns repeatedly over a period of time, or even over a lifetime. But, is there a way in which we can understand its rationale, if not its rationality?

This appears to be 'high risk behaviour' in the language of many AIDS agencies, and in the AIDS- related scientific and interventionist discourse. But, as Epstein points out, 'the near exclusive emphasis on so-called high risk behaviour may be the most destructive misconception about AIDS in Africa' (Epstein 2008:1267). It would be difficult indeed to select 'the most destructive misconception' about AIDS in Africa, but this certainly ranks high in the list.

While common, or even normative in the context of southern Africa, the existence of multiple concurrent partnerships is often denied. There are several reasons for this denial.

First, while most southern Africans associate the idea of 'multiple concurrent partnerships' with promiscuity, they do not think of themselves as promiscuous because this undermines their own sense of personal value and moral worth.

Because the number of partners per person are often small—smaller than the number of new partners in many parts of the world—people engaged in concurrent partnerships may not consider themselves to be 'promiscuous'. With the prevention emphasis placed on promiscuity, they do not think of themselves as vulnerable. Yet it is these people who, in their view, are engaged in *ordinary relationships* who appear most susceptible to HIV infection. Why?

Research on sexual networks on Likoma island in Malawi (Kohler & Helleringer 2006; Helleringer & Kohler 2007) shows that it is not the most highly 'linked' people in the densest parts of the sexual networks that are most vulnerable, but rather people on the periphery. They show, for instance that

> an individual with only one partner residing in this giant component may be at a significantly higher risk of contracting any STD than an individual with many more partners who is located in a much smaller disjoint component. (Kohler and Helleringer 2006: 15)

Here, the 'giant component' refers to the 65% of the study population that are linked together in the largest mutually connected part of island's network, while the 'disjoint component[s]' are those that are less well-connected and not connected to the 'giant component'. Paradoxically, it is the 'sparser regions' [less densely connected] of the network that show higher HIV prevalence (Helleringer & Kohler 2007). Epstein (2008: 1265) also speaks of 'people who have watched numerous non-promiscuous friends and relatives succumb to the disease.' This is an experience which I and many others in southern Africa share. Much of the epidemiological and prevention literature holds 'high risk' individuals—commercial sex workers, truck drivers, 'sugar daddies' (and sugar mommas)—to blame. This view is not supported by the limited knowledge that we do have of sexual networks.

The key to the conundrum may be that multiple concurrent partnerships may offer 'risk reduction' for those who are involved in them. The risk that is reduced, however, is not their biological risk of infection, but rather the risk to their self-esteem, their social capital, and their position in social networks. In other words, it is not the risk of infection that they are primarily concerned with, but rather the risk to their other social relationships and their own emotional well-being.

It is self evident, given the very high HIV prevalence in some areas of southern Africa, that many are not correctly assessing their biological risk. This is either because they are irrational and uncaring, that they

are ignorant of the risk or that they are prioritising other risks. Let's consider the last option.

Where sexually active individuals seem to neglect their biological risk, they they may do so in order to maximise their 'social capital' through increasing the size and diversity of their social networks. One very important part of their social networks is their sexual network. By extending their social network through sexual liaisons, they maximise their social capital but also their risk of infection. The result seems 'irrational' when viewed from the perspective of any individual actor, but at a larger, social scale, the result is greater 'social capital'.

Social networks often constitute the primary form of what has been called 'social capital' (for instance Bourdieu 1972; Coleman 1988; Becker 1996; Putnam 2000; Lin 2001; Halpern 2005). 'Social capital' is the value inherent in informal social connections with others and with the community. The notion of networks has become extremely important in social science in the last decade or so and the accumulation of 'social capital' has come to be seen as consequence of 'social networks' (Quillian & Redd 2006). Some argue that increasing social capital by means of developing social networks will help to ameliorate poverty by developing local economies through community-based micro-lending, for instance, or reduce community and family violence.

Both concepts, however, should be regarded as useful metaphors rather than empirical descriptions. The term *networks* draws on an image of the fishing net or woven fabric, and implies that sets of concrete, observable, static links that connect people to each other in 'webs' of stable social relations. In social reality, these connections are episodic and variable, and often depend on implicit values and intangible relations. Similarly, social *capital* is difficult to measure because it also depends on social values such as status, sense of well-being, happiness, fulfilment, and engagement with others, including sexual engagement; a sense of personal identity associated with community involvement is also crucial but intangible. It is held to reduce social alienation and hostility, or to mend a sense of loss or loneliness. The sources of these emotions are often obscure or even opaque to social research and to ordinary people who feel these emotions. As such, both concepts may possess a misplaced concreteness.

However, if we keep the dynamic and often evanescent nature of both these ideas in mind, then we can begin to better understand why multiple concurrent sexual partnerships make sense.

In southern Africa, many people develop a web of sexual liaisons as part of their overall social networking. Men and women seem to develop sexual relationships with a range of other people, often across distances, and across many other forms of social difference such as language, age, ethnicity, even race and class. The sexual networks give access to goods, services and many other kinds of values. My own ethnographic observation—this is often the only and the best knowledge in both network and sexuality studies since these phenomena are usually invisible to other methodologies—suggests that sexual liaisons for many people give access to goods, values and services that conventional social networks may not. Sexual networks therefore extend the effectiveness of other kinds of social networks. Precisely because of the risks involved, sexual liaisons, especially those that involve 'flesh to flesh' (*nyama ne nyama*) and fluid transfers, may be felt to *more serious*, and therefore *more valuable* than other kinds of social relationships.

For instance, young girls may offer sex to older teachers or shopkeepers in exchange for good marks and goods that would otherwise be inaccessible. Immigrants from rural areas or from other countries often seek to develop sexual liaisons as a primary means of integration and access in their new environments. Political leaders, chiefs, religious leaders, and businesspeople—anyone with higher office, privileged access or goods to offer—may develop sexual liaisons with followers and clients as a way of consolidating power or extending their clienteles. On the other hand, these clienteles—or simply the poor and powerless—seek sexual access to 'leaders' as a way to achieve their goals. The top leaders and government ministers of South Africa's ANC government, for instance, are mostly involved in closely overlapping sexual relationships that help to secure their positions and privilege. This pattern is repeated at every level of South African society, and across all of its ethnic and racial segments.

Sexual networks, then, may link people across class, linguistic, ethnic and other social distinctions and so form links that transcend these differences. They often allow people to escape their normal social environments. They may achieve access that is difficult or impossible within otherwise compact communities in which many people know what everyone else is doing. This is one reason that it is often said to be difficult to talk about sex in southern Africa: too much is invested in these otherwise secret sexual networks that provide significant rewards. That is, they are a form of social capital.

Extending sexual liaisons outside of the personal community may be an important way to seek employment, a better life, or simply escape

from the confines of a small town, a farm, or an oppressive household or workplace. Sexual networks are often unpredictable in their form, but offer access to social opportunities that might otherwise be denied. This may be true of exploitative, 'transactional' or even coerced sexual links as well; if not, these may provide merely the hope of access, acquisition or escape.

It follows from these observations then that people who are seeking to develop their social networks—that is, their social capital—may use sexual networking as one means to do this. It also follows that people with fewer relationships, or those with relationships that are already highly constrained, may resort to larger networks of new sexual contacts, and do so more frequently, than those who already possess social capital through their own more stable and productive social networks.

Thus, it is marginal people, not those at the centre of social networks or communities that are more likely to form unstable, changing and heterogeneous networks. Those who are already in less stable networks, with fewer contacts, are also those who will use sexual liaisons to extend their access to other, new and more productive relationships. If social capital is 'accumulated' through membership in stable, secure social networks, then it follows that people with less social capital are more likely to embed themselves in less stable social networks as a means of achieving their goals.

This means that they are more likely to lead social lives—including sex lives—that are also less stable, more insecure, and therefore more likely to include multiple concurrent sexual partnerships. They are also more likely to be at risk of HIV infections. Their risk of infection, however, is *not* due to their 'ignorance' of the facts of HIV and AIDS, their immorality, promiscuity, attitudes or sexual practices (although these may also be involved). Instead, it is the consequence of trying to *limit their social risk by building social capital* through social networks that include sexual relations in addition to other social connections.

This is not, as it may seem, a choice by an individual to *risk* HIV infection. It is a dynamic property of the network itself.

Similarly, those who already have high levels of social capital by virtue of already having stable and productive social networks are less in need of engaging in dynamic network building. This may also apply to their sexual networks. Those who are in stable and relatively secure social positions (as limiting or oppressive as these may be) are less likely to extend their social networks by means of sex. However, since most southern Africans find themselves in insecure, shifting and changing

social networks, few are in this position. Large numbers are therefore entangled, at some point, in a sexual network that probably spans the sub-continent. By seeing the whole social form of the sexual network, rather than the merely the behaviour of individuals, we may be in a better position to understand the extraordinarily high HIV prevalence in southern Africa.

This finding will go against the grain for many. There are reasons why this is so. First of all, the concepts of social capital and social network(ing) are treated as positive factors in the overwhelming majority of social science studies. Sex and sexuality, by contrast, are held by all but a handful of academic sexuality researchers to be inherently 'risky', 'irrational' (Max Weber and Sigmund Freud are explicit on this, for instance), irresponsible, immoral, or worse. It is difficult therefore to conceptualise apparently 'risky' sex as a form of 'social capital'.

Second, sex is generally considered to be a 'behaviour', a characteristic of the individual and motivated by internal 'biology', as impulse, or as a largely unconscious 'response' to a 'stimulus' from internal physiology or external events. It is rarely considered to be a building block of fundamental social structures—though it certainly is. Since social capital is intrinsically *social*, it is not obvious that such an apparently individual, 'impulsive' behaviour could constitute a form of it.

A third important reason why we are not able to see sexual networks in the light of social capital is that the root metaphor for 'networks' and 'capital' are strongly positive, static and visual. It is difficult to think of them in the dynamic terms demanded here.

In this case, it is not the number of sexual contacts (*multiple* concurrency) that is the issue but rather the frequency with which they *change*, and the fact that this strategy entails maintaining several relationships at the same time, moving between them according to specific needs and opportunities. A static image of a concrete stable network, or *accumulation* of (social) capital, however, implies the opposite. The static image of such a network—built into many simulation 'models' of HIV transmission and prevention programmes—implies the opposite: that it is the *number* of links between sexually active persons, rather than their dynamic shifts that holds the key.

If people actively utilise sex for building social networks, and therefore social capital, they depend on the dynamic shifts in their linkages and

what these may provide them. The greater the social need, therefore, the greater instability and dynamism of the sexual network.

By the same token, those who are on the margins of social/sexual networks are also those who will be the most dynamic actors. This characteristic would include the poor, immigrants, the spatially mobile (such as transport workers, truckers, etc.) and marginalised sexual communities such as men who have sex with other men (including those who identify as gay and those who do not), and prostitutes. What links them may be less their 'choice' to engage is 'risky' sex, or their 'behaviour' that is not adequately informed by public health messages but, rather, their marginal and unstable location in larger social networks.

Gay men are by definition marginal to many types of social network such as procreative families, marital partnerships, conventional church congregations, political parties, and political office, and so on. The more marginal they are, the more susceptible they may be to seeking diversity in their sexual and other social networks. This is not because they are 'gay', or having sex with men, or having anal sex (that is, specific sexual practices), but rather because they utilise sexual networks to build social networks and social capital. This structural strategy puts them in the same category as the poor, immigrants, transport workers and prostitutes. Sex workers, of course, use sex to build *real* capital too—that is, to make money—but that does not mean that they are not also using it to construct social networks and social capital. Indeed, sex workers very often do this, hoping for a change of profession. Romantic comedies such as *Pretty Woman* make such strategies explicit.

This hypothesis also helps to explain the very high rate of HIV in southern Africa. Southern African society, in contrast to most of the rest of the settled world, is very young, and highly unstable. The current South African political order dates from its new constitution in 1994. It is not yet 15 years old. The same is true within a decade or so of all southern African countries. South Africa only came into being in 1910 within its current borders. Before that it consisted of tribes, colonies, states and quasi-states, kingdoms and chiefdoms with complex trade and political linkages between them. None of these contemporary social formations predated 1800 at the earliest, and all were literally in motion across the face of the land for most of the 19th, and often a good deal of the twentieth century. No ethnic or linguistic identity is more than two centuries old. The population itself is, at most, 1000 years old. Almost no South African has any ancestor that lived in current South Africa more than 500 to 700 years ago

(Swanepoel, Esterhuysen and Bonner 2008; Muller 1969). (This excludes the remnants of the Khoi and Bushman people who ceased to exist as autonomous political entities in the late 19th century, although many people, especially those called 'Coloured' in South Africa could trace their genetic ancestry to them, including Nelson Mandela. This is a minority of the South African population.) This can be compared with the populations of Europe, Middle East, North Africa and Asia that are at least a factor of 10, or even 20 times older. Native North American and Australian populations are also much older. Similarly, the foundation of political order in most of the rest of the world is also very much older than southern Africa's.

South Africa's population, and cultural and political orders, are very young then. As a consequence, they are extremely unstable. All came into existence in comparatively recent historical times. All were in the process—and still are—of incorporating each other culturally, politically, and genetically. South Africa has also incorporated huge refugee population from the rest of southern and central Africa in recent decades. High personal mobility in southern Africa is not a recent phenomenon. South African people have been mobile and unstable as long as they have been in the southern continent. Mobility itself contributes to high HIV prevalence in the case of migrant workers and transport workers, but since there are also highly mobile population in the rest of the world with much lower HIV prevalence, the structural mechanism operating through sexual networks may be a more important factor.

In sum, then, the apparent willingness to engage in risk with respect to sex, far from being irrational, may be the very rational consequence of unstable networks attempting to become more stable, as people who are 'marginal' to these networks seek to increase the density and variability of their social networks, thus increasing their social capital. The effect of this cannot be seen in individual cases, however, but only when the dynamics of time and the larger scale is taken into account. Under these conditions, so called 'risky sex' is an unavoidable but unintended consequence.

References Cited

Becker, Gary S. 1996. *Accounting for Tastes*. Cambridge, MA: Harvard University Press

Bourdieu, Pierre. 1972. *Outline of a Theory of Practice*, translated by Richard Nice. Cambridge: Cambridge University Press

Coleman, James S. 1988. Social capital in the creation of human capital. *American Journal of Sociology* 94 (Supplement): S95–S120

Epstein, Helen. 2008. AIDS and the irrational. *British Medical Journal* 337 (29 November):1265–1267.

Halperin, Daniel and Epstein Helen. 2004. Concurrent sexual partnerships help to explain Africa's high HIV prevalence: implications for prevention. *Lancet* 363: 4–6.

Halpern, D. 2005. *Social Capital*. Cambridge: Polity Press

Helleringer, Stéphan, and Hans-Peter Kohler. 2007. Sexual Network Structure and the Spread of HIV in Africa: Evidence from Likoma Island, Malawi. *AIDS* 21(17): 2323-2332.

Kohler, Hans-Peter & Stéphane Helleringer. 2006. The structure of sexual networks and the spread of HIV in Sub-Saharan Africa: Evidence from Likoma Island (Malawi). PARC Working Paper Series WPS 06-02, Population Aging Research Center, University of Pennsylvania. Presented at Population Association of America 2006 Annual Meeting March 30, 2006 - April 1, 2006 Westin Bonaventure Hotel, Los Angeles, California. [Online: http://www.pop.upenn.edu/rc/parc/aging_center/2006/PARCwps06-02.pdf]

Lin, Nan. 2001. *Social Capital*. Cambridge University Press

Mbeki, Thabo, and Mokaba, Peter. 2002. 'Castro Hlongwane, Caravans, Cats, Geese , Foot & Mouth and Statistics: HIV/AIDS and the Struggle for the Humanisation of the African.' http://www.virusmyth.net/aids/data/ancdoc.htm

Muller, C F J, editor. 1969. Five hundred years: A history of South Africa. Pretoria: Academica.

Putnam, Robert. 2000. *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon and Schuster.

Quillian, Lincoln and Rozlyn Redd. 2006. Can social capital explain persistent racial poverty gaps? National Poverty Center Working Paper Series #06-12. online at the National Poverty Center Working Paper Series index at: http://www.npc.umich.edu/publications/workingpaper06/paper12/working_paper06-12.pdf (viewed 3 December 2009)

Swanepoel, Natasha, Amanda Esterhuysen, and Philip Bonner. 2008. Five Hundred years rediscovered: Southern Africa,

precendents and prospects. Johannesburg: Wits University Press.

Thornton, Robert. 2008. *Unimagined Community: Sex, networks and AIDS in South Africa and Uganda*. Berkeley, CA: University of California Press.

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