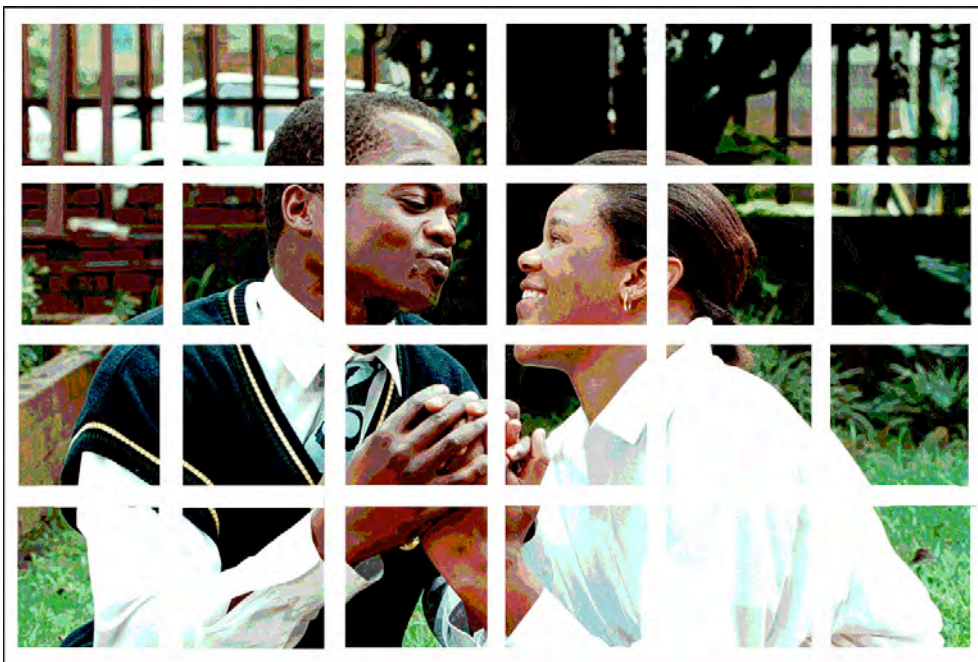


CONCURRENT SEXUAL PARTNERSHIPS AMONGST YOUNG ADULTS IN SOUTH AFRICA

Challenges for HIV prevention communication



JOHNS HOPKINS
Health and Education in South Africa

CADRE

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Challenges for HIV prevention communication**

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Quantitative study

Organisations contributing to the quantitative study included CADRE, Health & Development Africa (HDA), Johns Hopkins Health and Education in South Africa (JHHESA), Johns Hopkins University Center for Communications Programs Health Communication Program, and Soul City.

Qualitative study

Interviews and focus groups were conducted by Pumla Ntlabati and Benjamin Makhubele. Additional translation and transcription by Dulcy Phindile Usinga

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¹ The opinions expressed herein are those of the authors and do not necessarily reflect the views of the USAID.

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Executive summary

During 2006, CADRE, working in partnership with Johns Hopkins Health and Education in South Africa (JHHESA), Johns Hopkins University Center for Communications Programs in Baltimore, Health & Development Africa (HDA)/Khomani and Soul City, conducted a national HIV/AIDS communication survey in South Africa. The survey followed a cross-sectional design with a nationally representative sample of 7006 respondents aged 15-65.²

Survey objectives included:

- Determining the reach and impact of national HIV communication programmes;
- Identifying and exploring impacts of the Department of Health's Khomanani programme at national level and in identified community action sites;
- Identifying and exploring impacts of the Tsha Tsha television drama series;

This survey was followed by a qualitative study comprising interviews and focus groups with respondents aged 20-30 that was conducted by CADRE during October 2006 and March 2007. The objectives of the qualitative study were:

- To explore the context of HIV risk amongst 20-30 year olds;
- To explore the nature of sexual partnerships, particularly concurrent sexual partnerships;
- To identify the implications for HIV/AIDS communication.

This report is one of a number of reports emerging from both studies. The present report explores both quantitative and qualitative data related to the 20-30 year age group with a focus on concurrent sexual relationships amongst heterosexual respondents. Much HIV prevention focus has emphasised risk amongst youth, with youth variously defined in terms of age range, including teenagers and post-teenage groups, but predominantly focusing on young people under 20. This focus on younger 'youth' has resulted in lesser emphasis being placed on understanding of young adults in the 20-30 year age group, as well as other older age groups vulnerable to HIV.

Concurrent sexual partnerships

The term 'concurrent sexual partnerships' is used to define a situation where partnerships overlap in time, either where two or more partnerships continue over the same time period, or where one partnership begins before the other terminates. A sexual partnership is considered to be concurrent in surveys if a person reports having two or more sexual partners in the past month.³

A concurrent sexual partnership is different to having multiple sexual partners over longer periods of time – for example having two or more sexual partners over a period of a year. Multiple partnerships defined in this way may be concurrent, but may also be sequential and monogamous.

2 An additional sample of 1,501 was drawn in five Khomanani Community Action sites, which provided additional data on Khomanani activities.

3 Note that in surveys and related sexual partnership research, overlapping partnerships are typically referred to as 'concurrent' sexual partnerships. Definitions of concurrency also vary. For example, Doherty et al (2005), state that concurrency may be defined as sexual relationships overlapping at the same time, or having at least one casual partner in the same two week period.

Having concurrent sexual partners is well established in the scientific literature as an important factor underpinning rapid growth of the HIV epidemic – particularly in Southern Africa. The findings of this study show that having concurrent sexual partners is common amongst young people aged 20-30 in South Africa. There are many underlying factors to this phenomenon, but for the most part it involves an intersection between socioeconomic and cultural contexts that are intertwined with individual psychological factors related to self-esteem and fatalism.

In the qualitative study, sexual relationships seen as a pathway towards a number of distinct benefits. These include sex as a means of exchange for material goods and money. The concepts of sex and love are often separated, as is sex *with* love for a ‘main’ partner, and sex *without* love for ‘other’ partners. This duality is widely accepted as normative and results in a recategorisation of the concept of faithfulness, whereby being ‘faithful’ shifts in meaning from *de facto* fidelity to a concept where keeping infidelity secret is a sufficient criterion for considering oneself to be faithful.

Being part of a sexual relationship where one’s partner is known to have another partner – often a ‘main’ partner – is not seen as a disincentive for initiating or sustaining a sexual relationship.

All respondents are well aware of the pervasiveness of HIV and related key knowledge via various forms of HIV/AIDS communication. This awareness is intensified through knowing people who were ill or who had died of AIDS. However, such awareness, in conjunction with knowledge of personal risk runs in parallel to contradictions rooted in personal expressions of sexuality which include acknowledgement of risky sexual relationships, as well as acknowledgement of exposure to risk that may flow from one’s partner’s sexual relationships. Such considerations produce a sense of fatalism about the inevitability of HIV infection.

The pathway to HIV risk reduction is neither short nor easy, with realisation and adoption of more stable sexual partnerships being an outcome of a journey through risk, rather than a choice that is made early on in the trajectory of sexual life. These choices – which include love, commitment to a single partner, commitment to consistent condom use, and finding out one’s HIV status – do not appear to be strongly supported by peers or broader social norms. Instead, such stability runs counter to a pervasive norm of sexual partner turnover, sexual partner concurrency and casual sex, which is readily available in clubs, bars and shebeens.

The context of concurrent sexual partnership, in combination with the socioeconomic and cultural underpinnings that reproduce such sexual patternings, is not governed by a strong moral framework, and overall, respondents make few allusions to morality in relation to sexual behaviour. Even concepts such as faithfulness – which is conventionally attached to moral constructs of fidelity – are massaged into new meanings that take into account present lived experience and allowing for faithfulness and infidelity to occupy an overlapping conceptual space.

The challenge for HIV prevention strategy, and in particular HIV prevention communication strategy, is to identify and implement appropriate focal areas and concepts that take into account lived experience in the context of a severe HIV epidemic. HIV prevention communication has been successful in promoting condom use and HIV testing, with upward trends in both practices over the past few years. However, neither of these outcomes have translated into marked impacts on containing the epidemic.

HIV prevention communication has been insufficiently focused on drawing lessons from the science and epidemiology of HIV, and the data shows that awareness of the risks of high sexual

partner turnover, casual sex and sexual partner concurrency are not well recognised. Consequently, an urgent and intensified focus is called for.

Analysis of the data indicates that emphasis needs to be placed on promoting awareness that the following behaviours and practices increase risk of HIV acquisition. These need to be promoted as *primary* risk factors:

- ❑ Having many sexual partners in one's lifetime;
- ❑ Frequently changing sexual partners and having two or more sexual partners in a year;
- ❑ Starting sexual relationships soon after meeting people;
- ❑ Having casual sex and 'one-night stands';
- ❑ Having more than one partner in the same month;
- ❑ Having overlapping sexual partnerships;
- ❑ Having a 'main' partner as well as having 'other' partners.

Interventions should avoid the dualities of meaning embedded in the concept of 'faithfulness' in favour of more direct and pragmatic guidelines. The following key concepts are thus suggested for *primary* HIV prevention:

- ❑ Manage your risk to HIV by managing your relationships;
- ❑ The more sexual partners you have, the higher your risk of becoming infected with HIV;
- ❑ Avoid 'one-night stands' and get to know someone well before starting a sexual relationship;
- ❑ Having more than one sexual partner in the same month puts you at very high risk of becoming infected with HIV;
- ❑ Space your relationships and avoid having overlapping sexual partnerships.

The findings on condom use suggest that although condom use is pervasive, consistent and correct condom use have not necessarily followed, and these latter factors have potentially limited epidemiological impacts. Condom promotion remains an important cornerstone to HIV prevention, but in the present context of high overall HIV prevalence in conjunction with exposure to concentrated sexual networks, it is necessary to focus on reducing concurrency. In this context, condom promotion should focus on promotion of correct and consistent condom use.

HIV testing emerges in the qualitative data as a useful complementary strategy for people in established relationships, or for those considering establishing long term relationships.

The following key concepts related to condoms and VCT are suggested for *complementary* HIV prevention communication:

- ❑ Always insist on condom use during sex;
- ❑ Make sure you know how to use condoms correctly;
- ❑ Use condoms every time you have sex;
- ❑ Know your status. Don't unknowingly infect others. Always use a condom;

- ❑ Go for HIV testing with your main partner. Share your results and plan your future;
- ❑ If you know you are HIV positive, always use condoms.

Promotion of the suggested orientation to HIV prevention communication would need to be adopted urgently, intensified and sustained for a period of at least two to three years, including monitoring and evaluation of progress. It is also suggested that the measures and indicators used in surveys for understanding multiple and concurrent partnerships be expanded beyond number of sexual partners in past year or month.

A number of additional emphases could be explored including promoting understanding of the links between alcohol consumption and high risk sex.

The qualitative data used in this survey has also been analysed in other focal areas including sexual practices (anal sex, oral sex, sex during menstruation, condom use) and a focus on the gender dimensions of sexual relationships. These findings are available as separate reports.

Further qualitative research is suggested based on the findings of the present survey. Potential new focal areas for research include:

- ❑ Relationship between the HIV/AIDS communication milieu and HIV risk perceptions;
- ❑ Exploration of the duration of sexual relationships and factors underpinning late or non marriage in the 25-39 year age group;
- ❑ Prevention responses in relation to VCT;
- ❑ Perspectives on the relevance and authority of HIV prevention communication including formal campaigns, mass media information and interpersonal communication.

INTRODUCTION

During 2006, CADRE, working in partnership with Johns Hopkins Health and Education in South Africa (JHHESA), Johns Hopkins University Center for Communications Programs in Baltimore, Health & Development Africa (HDA)/Khomani and Soul City, conducted a national HIV/AIDS communication survey in South Africa. The survey followed a cross-sectional design with a nationally representative sample of 7006 respondents aged 15-65.⁴

Survey objectives included:

- ❑ Determining the reach and impact of national HIV communication programmes;
- ❑ Identifying and exploring impacts of the Department of Health's Khomanani programme at national level and in identified community action sites;
- ❑ Identifying and exploring impacts of the Tsha Tsha television drama series;
- ❑ Exploring the context of HIV risk amongst 20-30 year olds and identifying the implications for HIV/AIDS communication.

This survey was followed by a qualitative study comprising interviews and focus groups with respondents aged 20-30 that was conducted by CADRE during October 2006 and March 2007. The objectives of the qualitative study were:

- ❑ To explore the context of HIV risk amongst 20-30 year olds;
- ❑ To explore the nature of sexual partnerships, particularly concurrent sexual partnerships;
- ❑ To identify the implications for HIV/AIDS communication.

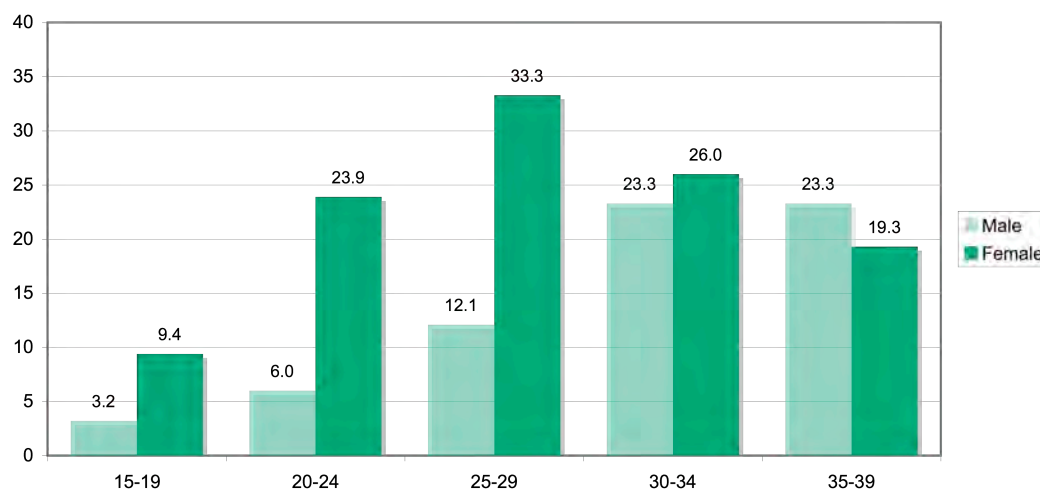
This report is one of a number of reports emerging from both studies. The present report explores both quantitative and qualitative data related to the 20-30 year age group with a focus on concurrent sexual relationships amongst heterosexual respondents. Much HIV prevention focus has emphasised risk amongst youth, with youth variously defined in terms of age range, including teenagers and post-teenage groups, but predominantly focusing on young people under 20. This focus on younger 'youth' has resulted in lesser emphasis being placed on understanding of young adults in the 20-30 year age group, as well as other older age groups vulnerable to HIV.

As Figure 1 illustrates, amongst males and females aged 15-39, varying proportions of males and females are HIV positive in the South African population.⁵ This includes nearly a quarter of females aged 20-24, a third of females aged 25-29, and nearly a quarter of females in the 31-39 age group. Amongst males, the prevalence of HIV is lower, at a ratio of around 1:3 in comparison to females aged 15-29, but at similar levels for males and females aged 30 and older.

4 An additional sample of 1,501 was drawn in five Khomanani Community Action sites, which provided additional data on Khomanani activities.

5 Shisana et al, 2005

Figure 1: HIV prevalence in South Africa, ages 15-39, 2005



This variation is a product of a range of risk factors including a pattern whereby females tend to have older male partners, as well as other aspects of biological and contextual vulnerability.

Risk of HIV acquisition through sexual intercourse

The risk of acquiring HIV through sexual intercourse at the individual level is related to a number of factors including:

- ❑ The susceptibility of the person exposed to the virus – eg. presence of other sexually transmitted infections (STIs) that would facilitate viral entry;
- ❑ Male circumcision status;
- ❑ The viral load of the HIV-positive sexual partner;
- ❑ The specifics of the sexual act – eg. whether it is anal sex, sex during menstruation, oral sex;
- ❑ The correct use of a barrier method for HIV prevention – ie. a male or female condom.

Sexually transmitted infections

The acquisition of HIV is more likely where ulcerative STIs and/or mucosal inflammation are present.⁶ Whilst many STIs can be treated when detected, it is also emerging that an incurable viral STI, Herpes Simplex Type 2 (HSV2), is increasing in prevalence, and this exacerbates susceptibility to HIV infection.⁷ Risk of transmission where there was genital ulceration or other STIs was found to be many times higher than without an STI.⁸

6 Vernazza et al, 1999

7 HSV2 is often acquired early after the onset of sexual activity, and prevalence is noted to be greater than 50% in many high risk populations. This suggests that HSV2 prevention and management (through treatment with an antiretroviral therapy, acyclovir – which can be used to prevent infection or minimise effects) may be an important HIV prevention intervention. Corey, et al, 2004; Freeman et al, 2006

8 Gray et al, 2001; Ghys et al, 1997

Male circumcision

Randomised controlled trials of male circumcision have shown that sexual transmission of HIV from females to males can be reduced by 50%-60% when a male is circumcised.⁹

Male condoms

Male latex condoms provide an impermeable barrier for the prevention of HIV and other STIs.¹⁰ In a Cochrane review it was estimated that condoms provide 80% protection from HIV infection condoms are used consistently over time.¹¹

Sexual practices and susceptibility during unprotected sex

Sexual practices during sexual intercourse influence the risk of HIV acquisition. The probability of heterosexual HIV infection has been explored in studies of HIV discordant couples. These studies show that for monogamous HIV discordant couples there is a relatively low risk of HIV transmission per coital act – typically ranging from a risk of one in 2000 [.0005] to one in 384 [.0026].¹² In a study in Uganda, the average risk was one in 909 [.0011], and in these partnerships the transmission rate of HIV from male to female and female to male was similar.¹³ Risk of HIV transmission from female to male is two to three times higher during menstruation.¹⁴

The risk of HIV transmission during anal sex is comparatively higher than vaginal sex, and is estimated to be 1.3 times higher risk for the insertive partner, and 10 or more times higher for the receptive partner.¹⁵

The risk of HIV transmission during oral sex is extremely low.¹⁶

Biological susceptibility during unprotected sex is not sufficient, on its own, to bring about the high levels of HIV prevalence seen in South Africa. Rather, it is the increased risk of transmission that occurs in conjunction with a range of biological and behavioural co-factors that exacerbate overall risk and increase HIV incidence – in particular viral load in conjunction with having concurrent sexual partners.

Viral load

Variation in viral load (the proportion of HIV in the blood and other fluids) is recognised as a significant factor contributing to the likelihood of HIV transmission and acquisition. It has been established that HIV concentration in the blood is similar to HIV concentrations in genital secretions and semen. High concentrations of HIV (high viral loads) occur in the first six to eight weeks of HIV infection, before stabilising at lower concentrations for a long period. Viral load increases in the later phase of HIV infection when the immune system is weaker. Presence of some STIs may also increase viral load.¹⁷

9 Bailey et al, 2007; Auvert et al, 2005; Gray et al, 2007

10 Holmes et al, 2004

11 Weller & Davis, 2003

12 Pilcher et al, 2004

13 Gray et al, 2001

14 Leynaert et al, 1998

15 Although not a mode of sexual transmission, needle sharing during intravenous drug use has a very high risk of HIV transmission. Varghese et al, 2002; Leynaert et al, 1998.

16 Campo et al, 2006

17 Vernazza et al, 1999 ; Wawe et al, 2005

The average risk of HIV infection during the high viral load period is one in 122 sex acts [.0082], with risk ranging from one in 66 [.0150] to one in 256 [.0039].¹⁸ This is many times higher than during the latent phase of HIV infection where viral load is lower and relatively stable.

Behavioural factors influencing HIV infection risk

Multiple and concurrent sexual partnerships

The term ‘concurrent sexual partnerships’ is used to define a situation where partnerships overlap in time, either where two or more partnerships continue over the same time period, or where one partnership begins before the other terminates. A sexual partnership is considered to be concurrent in surveys if a person reports having two or more sexual partners in the past month.¹⁹

A concurrent sexual partnership is different to having multiple sexual partners over longer periods of time – for example having two or more sexual partners over a period of a year. Multiple partnerships defined in this way may be concurrent, but may also be sequential and monogamous.

Risk of HIV infection is strongly influenced by overall exposure to sexual contacts and unprotected sex with these partners. The greater the number of individual sexual partners an HIV-negative person is exposed to, the greater the chance that they will encounter a person who is HIV-positive. Unprotected sex with a person who is recently infected with HIV as a product of viral load markedly increases the risk of HIV transmission per sex act. Furthermore, becoming infected with an incurable STI such as HSV2, or having an untreated STI increases overall susceptibility to HIV infection. Risk of HIV acquisition is also influenced by the overall prevalence of HIV in a given context. Thus, high risk sexual behaviours have a low risk of HIV acquisition in countries and contexts where there is low overall HIV prevalence. Conversely, in a high HIV prevalence context, even relatively low risk sexual behaviours may result in a person encountering an HIV positive sexual partner.

Susceptibility to HIV infection greatly increases in situations where people have concurrent sexual partnerships – particularly when such partnerships are concurrent over extended periods of time. Such partnerships are the main contributory factor in producing high prevalence HIV epidemics, as high levels of concurrency result in highly concentrated and interlinked sexual networks.²⁰ In such interlinked networks, where a single individual contracts HIV and has a consequent high viral load, there is a higher likelihood of infecting other individuals in the network. As each new infection occurs, initial high viral loads increase the likelihood that others in the network will be infected, and new HIV infections thus increase rapidly. Concurrent sexual partnerships thus increase the speed at which the HIV epidemic spreads, and the overall size of the epidemic.²¹

18 Wawer et al, 2005

19 Note that in surveys and related sexual partnership research, overlapping partnerships are typically referred to as ‘concurrent’ sexual partnerships. Definitions of concurrency also vary. For example, Doherty et al (2005), state that concurrency may be defined as sexual relationships overlapping at the same time, or having at least one casual partner in the same two week period.

20 Morris & Kretschmar, 1997; Garnett & Johnson, 1997; Lator a et al, 2006

21 Morris & Kretschmar 1997; Morris & Kretschmar, 2000; Halperin & Epstein, 2007

Exposure to concurrent partnerships

Exposure to concurrent sexual partnerships involves high risk for HIV acquisition. However, in any given sexual partnership, such exposure occurs when either one or both sexual partners have other concurrent partners. It is thus possible that one partner in a sexual partnership may have no other partners, but may be unaware that they are exposed to concurrent partnerships as a product of their partner having other sexual partners.

THE NATIONAL COMMUNICATION SURVEY

Survey methodology

The National HIV/AIDS Communication Survey was conducted during 2006, and comprised a cross-sectional household survey of 7006 males and females aged 15-65 (one person per household), stratified by province, race and locality type. Locality types were urban formal, urban informal, rural formal (including commercial farms) and rural informal. Disproportionate sampling was applied to ensure sufficient sample size by race.

The probability of household selection was proportional to the 2001 census distribution of households. If a selected household was empty or did not include a person eligible for the survey, another household three doors away was substituted. One person in each household could potentially be selected from the age group 15-65.

Fieldwork was conducted by AC Nielsen South Africa. Interviewers enumerated household members in that age group and randomly selected the respondent from the list. Questionnaires were administered face-to-face using a Computer Assisted Personal Interviewing system (CAPI). Questions were translated into all eleven South African languages and enumerators offered respondents the opportunity to use their preferred language.

Following completion of the field work, survey data was collated and cleaned. The data was weighted to correct for bias at the sub-place, household and individual levels. Individual sample weights were benchmarked using the mid-year census estimates for 2005 provided by Statistics South Africa. Weighting produced a representative sample according to gender, age, race, locality type and province.

Data was analysed using SPSS v13 and STATA v9.

Quantitative findings

The findings reported here focus mainly on the 20-30 year age group (n=2,723) unless otherwise specified.

Socio-demographic factors

Marital status, child care and poverty

An important feature of South African society is that marriage occurs at a relatively older age. Even beyond the age of 40, more than 40% of people are not married. Table 1 shows marital status by various age groups. In the younger 20-30 age group, only 10.4% of people are

married. This increases to around two out of five (39.7%) in the 31-39 age group, and to just under three out of five in the 40-49 year and 50-65 age groups. Cohabiting amongst unmarried couples in the 20-30 age group is also relatively uncommon – only 7.2% are cohabiting with a boyfriend or girlfriend.

Table 1: Marital status, 15-65, 2006

Demographic characteristics (n=7006)	15-19	20-30	31-39	40-49	50-65
Marital Status					
Unmarried	98.5	82.4	49.2	34.7	37.7
Cohabiting with boyfriend/girlfriend	1.1	7.2	11.2	8.2	2.9
Married	0.4	10.4	39.7	57.2	59.4

Most males (79.1%) were not parents or guardians of children in the sampled households, whilst over half of females (57.4%) were parents or guardians. Over a third (34.4%) of females were caring for at least one child.

Table 2: Child care, 20-30, 2006

Parent or guardian of child in household (n=2723)	Male	Female
No	79.1	42.6
One	14.1	34.4
Two	5.0	17.0
Three or more	1.8	6.0

Poverty and unemployment

Poverty status was measured by asking if respondents had frequently gone without enough fuel for heating or cooking, enough clean drinking water, enough food to eat and medicines or medical treatment in the past year. Around 15% of respondents reported often going without two or more such basic resources in the past year.

Table 3: Poverty, 20-30, 2006

Poverty (n=2,723)	Male	Female
Often go without two or more basic resources	14.4	15.0

Only a small proportion of respondents aged 20-30 were employed – just under a third of males (32.1%) and 18.0% of females. Most respondents were unemployed or full-time school learners or tertiary students. Education levels were overall high, with less than one tenth – 9.6% of males and 8.5% of females having less than Grade 8 education.

Table 4: Employment and education, 20-30, 2006

Demographic characteristics (n=2,723)	Male	Female
Employment		
Employed	32.1	18.0
Unemployed	48.0	58.7
Full-time learner (school)	10.3	6.3
Full-time student (post-school)	4.5	3.4
Other	4.4	2.4
Education		
Grade 7 or less	9.6	8.5
Grade 8 to 11	37.8	39.6
Grade 12	42.6	41.6
Tertiary	10.0	10.2

HIV/AIDS context, knowledge behaviours and practices

The following sections report on respondents aged 20-30 who are unmarried (n=2,448).

Exposure to HIV/AIDS at community level

Respondents had overall high levels of exposure to HIV/AIDS in the past year, with over a quarter of males (28.6%) and over a third (34.0%) of females having an HIV positive person they knew disclose their positive status to them. Around half personally knew someone who had died of AIDS in the past year, with nearly half – 45.0% of males and 44.4% of females – attending one or more AIDS funerals during the past year.

Some 13.9% of males and 19.7% of females had helped care for a person sick with AIDS, and around two in five had worn a red ribbon for AIDS.

Table 5: Exposure to HIV/AIDS at community level, unmarried, 20-30, 2006

Relation to HIV/AIDS in past year (n=2,448)	Male	Female
Someone I know has told me s/he is HIV+	28.6	34.0
I personally know someone who has died of AIDS	51.3	52.6
I have attended one or more AIDS funerals	45.0	44.4
I have helped care for a person sick with AIDS	13.9	19.7
I have worn a red ribbon for AIDS	41.9	41.7

HIV/AIDS knowledge and perceptions

Respondents were asked, without any prompting, which ways they knew of that HIV could be prevented. Nearly all mentioned ‘using condoms’ (males 94.3% and females 93.3%), and just under half the respondents mentioned abstaining from sex. Sticking to one partner and being faithful was however only mentioned by around a quarter – 20.2% of males and 24.5% of females – whilst reducing the number of sex partners was only mentioned by less than 5%.

Follow-on questions were asked that included statements related to sexual partners. Whilst there was strong agreement with the concept that being faithful to one’s sexual partner could reduce

the risk of HIV infection, only around half agreed that by having fewer sexual partners one was less likely to be infected with HIV.

There was little agreement with the statement that it was acceptable for a man to have more than one girlfriend, although twice as many males (12.8%) did not agree with this statement than did females (6.3%).

Table 6: HIV prevention knowledge and perceptions, unmarried, 20-30, 2006

Prevention knowledge, unprompted (n=2,448)	Male	Female
Using condoms	94.3	93.3
Sticking to one partner, being faithful	20.2	24.5
Reducing/limiting number of sex partners	4.9	4.6
Abstaining from sex	45.0	44.4
Avoiding contact with blood	22.7	22.2
Prevention knowledge and perceptions (n=2,448)	Male	Female
If you have fewer sexual partners you are less likely to get infected with HIV (<u>True</u>)	50.0	44.7
You can reduce the risk of HIV infection by being faithful to your sexual partner (<u>True</u>)	91.3	87.7
It is acceptable for a man to have more than one girlfriend (<u>agree, agree strongly</u>)	12.8	6.3

HIV testing

More than two out of five respondents (41.3%) in this age category had been tested for HIV, including more than half of all females. Over half of those had ever been tested reported being tested for HIV in the past year. The higher proportion of females testing for HIV is mainly related to being tested in the context of pregnancy.

Table 7: HIV testing, unmarried, 20-30, 2006

HIV Testing (n=2,448)	Male	Female	Total
Ever been tested for HIV (of all)	31.2	53.0	41.3
Tested in the past year (of all)	17.9	27.3	22.3

Sexual behaviours and prevention practices

Of all respondents in this age group, 79.8% said that they had ever had sex. Those who were unmarried and who had previously had sex were asked about their age at first sex. Of this group, 14.3% of males and 3.3% of females reported having first had sex at age 14 or younger, whilst over a third of males (43.8%) and a quarter of females (25.8%) reported first sex at the age of 16 or younger.

Table 8: Age at first sex, of those who have ever had sex, unmarried, 20-30, 2006

Age at first sex	Male	Female
14 or younger	14.3	3.3
15	12.2	7.2
16	17.3	15.3
16 or younger	43.8	25.8
17	17.1	17.7
18	17.2	21.1
19	11.6	16.0
20 and older	10.4	19.5

Of those who had ever had sex, just over one in ten said they had not had sex in the past year. Around half of males (54.9%) and three quarters of females (75.2%) reported having one partner, whilst nearly a third of males (31.9%) and 12.2% of females reported two or more. Of those who had sex in the past year, around one in six said they had no sexual partner in the past month. Most males (71.9%) and females (76.0%) reported having only one partner, but 12.6% of males and 4.8% of females reported having two or more partners.

Table 9: Sexual partners in past 12 months, of ever had sex, unmarried, 20-30, 2006

Number of partners	Male	Female
Number of partners in past year (n=2,187)		
None	13.2	12.6
One	54.9	75.2
Two or more	31.9	12.2
Number of partners in past month (n=1,907)		
None	15.5	19.2
One	71.9	76.0
Two or more	12.6	4.8

Respondents were asked if they did anything to prevent HIV with the partner with whom they had most recently had sex. Around three quarters of males (73.0%) and over half of females (58.6%) said they had taken steps to prevent HIV. The majority of this group said they had used condoms. When respondents were asked if they had used a condom at last sex, of those who had sex in the past year, around three quarters of males (69.7%) and over half of females (53.6%) said yes.

Table 10: Condom use amongst unmarried respondents who had sex in the past year, 20-30, 2006

Condom use (n=1,902)	Male	Female	Total
With the person you more recently had sex with, did you do anything to prevent HIV? (yes)	73.0	58.6	66.2
We used condoms	72.5	57.2	65.3
Condom used at last sex (of respondents who have had sex in last 12 months)	69.7	53.6	62.1

Condom-related attitudes and perceptions, as well as perceived control over sexual choice were also explored. Most respondents disagreed that they were not afraid to have a ‘one night stand’ without a condom. Most males and females also reported that they were confident that they or their partner were able to use a condom correctly. However, only around half of both male and female respondents disagreed that it was okay for steady partners to stop using condoms.

Nearly all respondents (95.1%) who had ever had sex were confident that they could say no to sex if they did not want it.

Table 11: Attitudes to condom use and sexual choice amongst unmarried respondents who ever had sex, 20-30, 2006

Attitude and perception (n=2,187)	Male	Female	Total
I am not afraid to have a "one-night stand" without a condom (<u>disagree</u>)	84.4	88.7	86.4
I am confident that my partner and I can use condoms correctly (<u>agree</u>)	87.9	78.4	83.5
It is okay to stop using condoms with a steady partner (<u>disagree</u>)	56.2	56.6	56.3
I can say no to sex if I don't want it (<u>agree</u>)	93.8	96.6	95.1

Discussion of quantitative findings

The quantitative findings provide an understanding of the context of 20-30 year olds in South Africa. The pattern of late marriage and/or no marriage frames a situation where most people in this age group are likely to have a series of partners over many years.

Sexual debut occurs at the age of 16 and below for less than a third of respondents, but by the age of 19, most have had sex. Early sexual debut is risky in the context of high HIV prevalence, and, in the case of teenagers, HIV risk is exacerbated when partners are older.

Whilst the reporting of two or more partners in the past year by a third of males and around one in ten females may appear low for people who are unmarried, such annual turnovers of two or more partners can translate to more than 40 cumulative partners over a period of two decades – the likely span of time between first sex and marriage for most people in this age group. Some may also never marry.

Around a third of males and females who have had more than two partners in the past year report having two or more partners in the past month. Whilst this provides some measure of the number of individuals who have concurrent sexual partners, the proportion of people exposed to concurrent partners and wider sexual networks is higher, since some of those reporting one sexual partner may have a sexual partner who has more than one sexual partner. Exposure to sexual networks increases exposure to HIV infection, and these networks are more concentrated where concurrency is higher.

There was low ‘top-of-mind’ awareness of the importance of being faithful or reducing or limiting one’s number of sexual partners for HIV prevention. Even when prompted, only around half agreed that having fewer sexual partners was related to lower HIV risk, although most agreed that being faithful was important, and that a man having more than one girlfriend was not acceptable.

The findings show a strong overall orientation towards condom use as well as positive dispositions towards condom use. Condoms are also the most mentioned method for HIV prevention – the majority of respondents who took steps to prevent HIV said they used condoms, and a high proportion overall report using condoms at last sex. Most respondents are confident that they can use condoms correctly and also agree that condoms should be used for casual sex. There is a relatively high exposure to HIV testing, with more than a third of respondents ever being tested, and of this group, more than half being tested in the past year – a finding that suggests that expansion and promotion of Voluntary Counselling and Testing services via campaigns and service provision, has been impactful. There is also high exposure to HIV/AIDS at community level, and in the past year more than a quarter had the HIV positive status of someone they know being disclosed to them, and around half personally knew someone who had died of AIDS.

THE QUALITATIVE STUDY

The quantitative data provide some insights into the context of young people in the 20-30 year age group. The qualitative study allowed for deeper exploration of particular risk factors for HIV acquisition within the framework of the following objectives:

- ❑ To explore the context of HIV risk amongst 20-30 year olds;
- ❑ To explore the nature of sexual partnerships, particularly concurrent sexual partnerships;
- ❑ To identify the implications for HIV/AIDS communication.

Methodology

The research was conducted in two phases, the first phase during October 2006, and a second phase during March 2007, involving 74 respondents.

Recruitment

Focus group participants and interviewees were recruited in five provinces. This included three cities in the Eastern Cape, Gauteng, and Northern Cape respectively, two informal urban settlements in the Western Cape, and a rural community in Mpumalanga. The specific communities have not been named with a view to protecting the anonymity of respondents.

In the Northern Cape, Western Cape and Mpumalanga interviewers and facilitators contacted organisations working with youth to assist with recruitment, whilst in Gauteng and the Eastern Cape individuals were identified through personal contacts.

The research was conducted in the preferred languages of participants. Languages used included English, isiXhosa, seSotho, Xitsonga, seTswana and sePedi.

Focus groups were conducted with a total of 42 individuals, with groups ranging in size from 5-8 participants. The composition of the focus groups was as follows:

- ❑ Northern Cape (males): five single unemployed males, aged 21, 23, 23, 25 and 27;
- ❑ Gauteng (mixed): two single employed males aged 22 and 25; two single male students aged 21; four single female students aged 20, 20, 21 and 24;

- Eastern Cape (mixed): two single unemployed males aged 25 and 26, one single male student aged 27; three single unemployed females aged 25, 26 and 28; one single employed female aged 27;
- Mpumalanga (female): one cohabiting unemployed female aged 24; seven single unemployed females aged 24, 26, 27, 27, 28, 29 and 30.
- Western Cape (mixed): three single male students aged 19, 22 and 24; one single unemployed male aged 24; three single female students aged 21, 23 and 24; one single unemployed female aged 24;
- Western Cape (male): one cohabiting employed male, aged 23; one cohabiting unemployed male aged 24; six single unemployed males aged 22, 23, 23, 23, 24 and 24;

Focus group participants ranged in age from 19-30 and included individuals who were employed (4), unemployed (27) and students (13). All were unmarried, and three were cohabiting with their sexual partner.

Interview participants ranged in age from 20-30, totaling 32 individuals. These included individuals who were employed (5), unemployed (15) and students (12). All were unmarried, two of whom were cohabiting with their sexual partner (see Table 12).

Approach

At the outset, focus groups were conducted with participants from all research sites. Group discussions sought to establish general concerns and problems for young people and specific concerns about HIV/AIDS. Probing was used to elicit examples throughout the discussion. Perceptions of vulnerability to HIV risk were raised, as well as an exploration of locus of control. Discussions extended to relationships and sexual practices, including multiple and concurrent sexual partnerships, as well as exploration of environments that are seen to be conducive to sex, how relationships are initiated and how they are maintained.

In the case of individual interviews an informal meeting was held with the selected interviewees to establish rapport and to generally get to know them prior to the commencement of the formal interview. This allowed for introduction of the study and obtaining consent, while at the same clarifying any questions about the study.

The data gathered in the interviews involved reflection on previous relationships and specifically focused on the past two years. The interviews mainly focused on decision making and how relationships are managed, as well as examining the advantages and disadvantages of sexual relationships.

Patterns in sexual partnerships were explored in detail, including choice of sexual partner, types and duration of relationships (including number of partners, norms regarding initiation of sex and concurrent sexual partnerships). Reflections on previous sexual partnerships and factors to do with perceived risk were also explored, as were sexual practices.

Interviews and focus groups took approximately two hours each and were conducted in the participant's language of preference. Participants received a small cash payment for their time. Participants were advised of the number of the national tollfree AIDS helpline if they required information on HIV/AIDS following the interviews, and referral to local HIV/AIDS services as needed.

Data capture and coding

All interview and focus group data was tape-recorded. Where data was in a language other than English, the information was translated onto a second tape recording. All data was then transcribed into English.

The data was read by three researchers and a coding scheme was developed for key emerging themes. Data was coded using qualitative data management software – Atlas TI and HyperResearch.

Table 12: Demographics of interview participants

Province	Sex	Age	Employment Status	Cohabiting status
Eastern Cape	Female	28	Employed	Single
Eastern Cape	Male	20	Student	Single
Eastern Cape	Female	20	Student	Single
Eastern Cape	Male	24	Unemployed	Single
Eastern Cape	Female	28	Unemployed	Single
Eastern Cape	Female	25	Student	Single
Eastern Cape	Female	26	Unemployed	Single
Eastern Cape	Female	27	Employed	Single
Eastern Cape	Male	27	Unemployed	Single
Eastern Cape	Male	25	Unemployed	Single
Gauteng	Male	26	Employed	Single
Gauteng	Male	23	Unemployed	Single
Gauteng	Female	22	Unemployed	Single
Gauteng	Male	21	Student	Single
Gauteng	Female	21	Student	Single
Gauteng	Female	20	Student	Single
Gauteng	Male	20	Student	Single
Gauteng	Male	26	Employed	Single
Gauteng	Female	23	Student	Single
Mpumalanga	Female	27	Unemployed	Single
Mpumalanga	Female	26	Unemployed	Single
Mpumalanga	Male	23	Unemployed	Single
Mpumalanga	Male	28	Unemployed	Cohabiting
Northern Cape	Male	20	Unemployed	Single
Northern Cape	Female	30	Unemployed	Single
Northern Cape	Male	21	Student	Single
Northern Cape	Female	20	Unemployed	Single
Western Cape	Female	25	Student	Single
Western Cape	Female	25	Student	Single
Western Cape	Male	23	Unemployed	Single
Western Cape	Male	23	Student	Cohabiting

Qualitative findings

This section of the report focuses on qualitative data related to concurrent sexual partnerships, partner turnover, and related HIV risk. Where quotations from interviews are used, the researcher is referred to as the ‘interviewer’ and the respondent, the ‘interviewee’. In the case of focus groups, the researcher is referred to as the ‘facilitator’ and the respondent, the

‘participant’. Breaks in text are indicated with an ellipsis (...), and text enclosed in square brackets provides explanatory information.²²

‘Main’ and ‘other’ partners

Many respondents described situations where they had a ‘main’ sexual partner and one or more ‘other’ partners. The main partner is the person who is cared for and loved whilst there are few emotional ties to the ‘other’ partners. There were various configurations of ‘other’ partners including ongoing liaisons that were maintained as a product of not formally ending relationships, or accepting from the outset that one’s partner was in an existing relationship. Some respondents did not have any ‘main’ partner, but maintained a series of concurrent sexual relationships.

A ‘main’ partner is typically described as the person one is in love with, or whom one has chosen as a longer-term partner. ‘Other’ partners were seen as unimportant, and not part of longer term plans. Sex with ‘other’ partners was less likely to involve a sense of love or caring.

Interviewee: There are about two or three that I have had sexual relations with during that period. The thing is that I knew that there was someone more valuable than them, someone whom I wanted to protect ...

Interviewer: Can you explain what you mean by this important person?

Interviewee: The important person is the one whom you have chosen as the one you are going to spend your life with.

Interviewer: What do you call the others?

Interviewee: The others are also important but the thing is that we do not have them in our lifetime plans. With them it is a matter of lust, like seeing someone and feeling lust for them and lust is a short term experience, it is not long lasting – it is easily satisfied (Male, 28, Mpumalanga).²³

With your true love you have to be gentle and take care of her. Kiss her in a proper way. With the casuals I would not even kiss them. I would just take down their pants and have sex with them. There’d be no touching and kissing (Male, FGD 20-30, Northern Cape).²⁴

Facilitator: What makes you accept the guy in Nelspruit while you are already involved?

Participant: There is no love (FGD, Female 20-30, Mpumalanga).²⁵

For others, there was a sense that ‘other’ partners could also meet needs for intimacy, but would still not fall into the category of ‘main’ partner.

I have my main boyfriend whom I have sex with because he is my boyfriend. But you find you meet someone else and become close to that person. You are going to have sex with him for a different reason. That is, not because he is your boyfriend but maybe just that you have grown close to him (FGD, Female 20-30, Gauteng).²⁶

22 Quotations are referenced to the transcription file as well as the relative position of the text in the transcribed document or in the coded AtlasTi or HyperResearch file.

23 Int Male 28 Mpumalanga.txt, 3153,4408

24 FGD Male Northern Cape.txt, 39249, 39495

25 FGD, Female 20-30 Mpumalanga, 3906,4016

26 FGD Mixed 20-30 Gauteng.txt, 43718,44024

You are used to the one you have. You know everything about her – how she talks, what interests her, what she is like in bed. You just want a taste of something different. You may chat to someone and get intrigued by the difference and the new things you see in her and you feel challenged. It may be her beauty, her thinking or how she carries herself, or all kind of things (Male, 25, Eastern Cape).²⁷

Concurrent relationships also occur as a product of previous relationships not being formally terminated. This results in situations where sex may be rekindled at some later point. Concurrent relationships are consciously maintained through spacing of sexual interactions, including the notion that it is ‘not nice’ to have sexual interactions that take place too closely in time.

Amongst the three that I had told you about, one was a one night stand. The other one that I saw for a month or two came into the picture while I was having my current girlfriend. So I would have sex with one this week and have sex with the other the following week. I avoided a situation where I had sex with one today and have sex with the other the following day because it is not nice to do that. What I would do was go and see one and not do anything sexual with her and then pass by the other one and pick her up for the night (Male, 23, Mpumalanga).²⁸

Concurrent relationships with a series of ‘non-main’ partners is also described. This includes having two or more relationships that were sustained concurrently, with sexual contacts alternating between partners. This is underpinned by the sense that sexual relationships do not need to be seen as ‘serious’.

Interviewee: I had three partners at the same time and I'd sleep with all of them at different times, from this one to another...

Interviewer: So there were three at the same time. Can you tell me how this happened, that you got involved with up to three women?

Interviewee: I thought it was the right thing for me at the time...

Interviewer: Did you have one regular partner or was it just the three, no distinction?

Interviewee: No, I was involved equally with all of them. ... I think it was just something to suit the moment. I wasn't really serious at the time. I didn't have a serious partner and I could tell that they were also not serious about me (Male, 27, Eastern Cape).²⁹

Acceptance of other partners

In some instances, concurrent sexual relationships are sustained on the basis of understanding by the ‘non-main’ partner, that their status is that of a casual or less significant sexual partner. This secondary status is readily accepted, particularly if it is agreed to or known to exist at the outset of a sexual relationship.

Facilitator: You are saying that two of the people you are currently having sexual relationships with also have other partners. Can you explain that?

Participant: I found them with these guys [the other partners]... When I signed the

27 Int Male 25 Eastern Cape, 7426,8087

28 Int Male 23 Mpumalanga.txt, 13634,14267

29 Int Male 27 a Eastern Cape.txt, 1684,2400

*contract I knew what I was setting myself up for. I knew. She told me that there is so and so, and our relationship is like – how can I put it – she just calls when she needs a service, there is nothing serious (Male, 20, Gauteng).*³⁰

*The thing is I had to follow procedures set in starting the relationship. I agreed to be understanding of the fact that she has a boyfriend (Male, 27, Eastern Cape).*³¹

*He had a partner and we would see each other once in a while. Maybe I'd see him in town and spend a weekend with him when his girlfriend was away (Female, 26, Eastern Cape).*³²

This understanding of 'other' status may include an understanding that there should be no interference with the primary relationship:

Facilitator: And if you already have a partner, would you say this to the one you are trying to get?

*Participant: You tell them right away so that they do not have impossible expectations or make waves in your current relationship in any way (FGD, Male 20-30, Eastern Cape).*³³

*I can have others in the same area, but they have to know that there is someone in my life. If they can't accept that, then we part ways immediately (FGD, Male 20-30, Western Cape).*³⁴

Relationships also flow into acceptance of concurrent sexual partnerships, and tolerance of these relationships as they unfold.

Interviewer: And at the time they started you were still together?

Interviewee: Yes.

Interviewer: But you were not aware of the other relationship.

Interviewee: Not initially. But I started noticing stuff later on. It was apparent that he had other interests. We would fight and things would get better. Sometimes I would not feel her presence for a month at a time, perhaps she would be away – but as soon as she got back the whole cycle would repeat itself. But we never broke up.

Interviewer: So you continued to see him even while he was staying with his new wife?

*Interviewee: Yes (Female, 26, Eastern Cape).*³⁵

Participant 1: I know that he plays safe because I caught him out this one time. I found used condoms on the floor of his room, and he said at least I'm assured that he uses them when he's not with me.

Participant 2: And you were okay with that?

*Participant 1: Yes, at least he told me the truth (FGD, Female 20-30, Eastern Cape).*³⁶

30 Int Male 20 Gauteng.txt, 16908,17295

31 Int Male 27 b Eastern Cape.txt, 41190,41449

32 Int Female 26 Eastern Cape.txt 27166,27581

33 FGD, Male 20=30 Eastern Cape.txt, 49614,49893

34 FGD Male 20-30 Western Cape.txt, 36848,37091

35 Int Female 26 Eastern Cape.txt, 49614,49893

36 FGD Mixed 20-30 Eastern Cape.txt, 32769,33242

Whilst having concurrent partnerships oneself is easily rationalised, perceived promiscuity amongst others including one's partners, is treated disdainfully – in this instance for example, a partner who is married is referred to as a 'cheater'.

Interviewee: The two are working, the other is a student... One of them has a husband who lives in [neighbouring country] and only comes to Jo'burg on some weekends. The other one is engaged, a Xhosa woman. That is why I am saying Xhosa women are cheaters.

Interviewer: With whom is she cheating?

Interviewee: With me (Male, 22, Gauteng).³⁷

Having a relationship with a person who is married is described as being more open and 'honest' than relationships with people who are single, and who tend not to admit that they have other sexual partners.

With married men, some of them are fair some are not. Like the one that I told you about. He told me the whole truth about himself and his situation. He never lied to me. A boyfriend – I do not imply that I was the only one having an outside of marriage relationship with a married guy – but boyfriends always have a number of girlfriends and they will never tell you that you are not the only one. But when you call him sometimes you will find that his phone is off... Some married men do tell you that they are married, so you decide whether you take him or not. A nice married man will be open with you (Female, 26, Mpumalanga).³⁸

Having ongoing loosely developed relationships also allows for a distancing of responsibility within the relationship, with no particular desire for a close involvement, whilst accepting that being in a relationship is still somehow beneficial.

They are all the same, these people... I don't really feel a tie with any of them. I do miss them occasionally but there's none of that yearning to be with them. I don't feel I really have a claim to their lives and I never confront them about anything, like why they didn't call. I just let them do what suits them. (Female, 26, Eastern Cape).³⁹

Knowing that someone is involved with someone else is seen by some as a signal of their availability as a possible sexual partner, whereas a person who is not in a relationship is seen as potentially being someone who is 'abstaining' and not interested in a relationship.

Interviewee: You can see a person and decide that you're interested... The first thing you want to know is who she is involved with... where she lives and the kind of person she is. Like does she go out to parties at night?

Interviewer: And what does this information mean to you, for example wanting to know who her partner is? What does it tell you about the person?

Interviewee: It seems to me that if I know that she's involved with someone then I stand a better chance of having her because if there's no one it could be that she's not interested in relationships for some reason or another. They are a difficult bunch because some of them are recovering from past hurts and you then have to

37 Int Male 22a Gauteng.txt, 15829,16586

38 Int Female 26 Mpumalanga.txt, 15109,15737

39 Female, 26, Eastern Cape.txt, 16434,16749

*deal with all their baggage. She might even be positive and is abstaining due to this fact (Male, 25, Eastern Cape).*⁴⁰

Sex and 'faithfulness'

The concept of faithfulness has been widely promoted as a fundamental building block for HIV prevention campaigns. However, faithfulness is not necessarily understood as being monogamous. Rather, this concept is related to the notion of protecting a 'main' sexual partner from the knowledge that one is being unfaithful.

*Being faithful is protecting the one you love from hurt. You make sure that he only knows the best about you and you give him the best love. The others are just there when he is not around, to keep you company (FGD, Female 20-30, Gauteng).*⁴¹

*As for me I have my girlfriend, the one that I spend most of my time with. I am faithful to her because even when I have other girlfriends I do not walk around with them for her to see me. I hide the other girlfriends (FGD, Male 20-30, Gauteng).*⁴²

Faithfulness is also viewed one-sidedly to the extent that being unfaithful oneself, as long as it is kept secret, is seen as justifiable. However, a partner who is unfaithful is not readily accepted and is seen as undermining one's sense of self-esteem.

Interviewee: We have spoken about infidelity, she knows how we view it: 'Should you cheat then it is a clear indication that you've had it with this relationship'.

Interviewer: And this only applies to her? If you are the one who cheats then these rules become null and void?

Interviewee: No, it does not apply to me because I do it in such a way that she is never aware of it. She believes that I could never cheat on her. But I have told her that if she ever cheated I will know that she does not want me anymore.

Interviewer: So it is now over between the two of you?

*Interviewee: She knows it, we have spoken about it far too many times and now it has happened... I refuse to be made a fool, to know that someone is laughing at me behind my back (Male, 25, Eastern Cape).*⁴³

Relationships between parents of children

Sexual relationships that culminate in pregnancy and the birth of a child often do not extend into a sustained partnership between parents. However, a bond remains between parents that extends to maintaining an ongoing sexual relationship that potentially overlaps with other relationships.

*When I realised that it was not to be between the two of us I started seeing someone else. After the baby was born... I told him that I have a child with someone and it was not a problem for him. We are very tight and I am still seeing him even now. The thing is... I continue to see both, even though none is aware of the other (Female, 26, Eastern Cape).*⁴⁴

40 Int Male 25 Eastern Cape.txt, 58487,59409

41 FGD Mixed 20-30 Gauteng.txt, 76716,76929

42 FGD Mixed 20-30 Gauteng.txt, 75777,76222

43 Int Male 25 Eastern Cape.txt, 14732,15598

44 Int Female 26 Eastern Cape.txt, 15706,16185

Such relationships are bounded by secrecy, and made more complex by parents living separate lives in other towns, but there remains a sustained sexual relationship and a sense of 'ownership'. In the example below, the relationship is bounded by the dictates of the male partner, who has forbidden other relationships.

I will start with the father of my child. He used to love me but after I had a child, he left me. I have also learnt that to be involved with a married man has its good and bad sides... He is married and on top of that, he got transferred leaving me lonely. He has told me not to get involved with someone else because I am involved with him. The second thing is that he is not even promising to pay lobola for me. I have also told him that I am not prepared to be a second wife. So I have told him that I need to go on with my life, but he does not agree. I have raised concerns about the distance as well, and when he is off or over weekends he goes to his wife... It is difficult for him to come and see me here because of the little free time he has... (Female, 26, Mpumalanga).⁴⁵

Sex and self-esteem

Having concurrent sexual partners provides a sense of confidence and provides a supportive framework that ensures that emotional support is always available. In particular, having another partner provides a cushion of support, should a current relationship end.

We would have one partner, but girls are really not reliable and you end up having a problem with her. Things just do not work out smoothly. It is a way of dealing with stressful situations. Problems inevitably arise, but when you have an alternative arrangement it is easier to deal with problems (FGD, Male 20-30, Western Cape).⁴⁶

And with all these relationships I've tried to weigh if I could have something more stable and permanent in case something bad happens between me and my current girlfriend... Who would fill the gap if we break up? (Male, 25, Eastern Cape).⁴⁷

Interviewer: So the fact that you did not know if he is married and if he really loves you made you unfaithful to him?

Interviewee: Yes, I am unfaithful to him.

Interviewer: How was that helping you?

Interviewee: I was just trying to protect myself in case of an accident, like if he dumps me. I wanted to still be in a relationship even if he can dump me (Female, 26, Mpumalanga).⁴⁸

Concurrent relationships are also initiated because of emotions that engender feelings of being wanted by more than one person, being drawn to 'love' for more than one person and avoiding loneliness.

Interviewer: What led to those situations where you were seeing more than one boyfriend?

Interviewee: What can I say? I was losing control over myself. I was unable to

45 Int Female 26 Mpumalanga.txt, 8430,9692

46 FGD Male 20-30 Western Cape.txt, 52731,53169

47 Int Male 25 Eastern Cape.txt, 18539,19380

48 Int Female 26 Mpumalanga.txt, 19066,19592

control my feelings and ended up agreeing to different men's propositions at the same time... How can I say this? Maybe I love that person while I am involved with another one. It is difficult for me to say no to the person I love, so I end up saying yes (Female, 21, Eastern Cape).⁴⁹

I guess people have spare boyfriends because I mean most people they are afraid to be, alone, like they are afraid. It is their fear to be alone. To think hey, the boyfriend decides that he doesn't want to have sex, so she can go and cry on the other boyfriend's shoulder. So it's always that case (Female, 18, Gauteng).⁵⁰

'Need' for sex

Sexual 'need' including the need for 'good' sex, or particular forms of intimacy were seen as factors contributing to having more than one sexual partner at a given time:

Let us say I am in a relationship, and I have seen Peter before him who was giving me good sex. I have to have sex with this guy because he is my boyfriend, but I will still go to Peter now and then because of the good sex that he gives me. That creates a list of boyfriends I have sex with at that time... [Then] there is Sam as well, whom I have not seen for a long time and we meet again. I will also think that I once had a good relationship with him... and I also have sex with him. Because of such things you end up with up to five people that you have sex with at a given period (FGD, Female 20-30, Gauteng).⁵¹

The rationale for having many sexual partners includes 'greed', overwhelming desire, availability of sexual partners, 'quality' of sex, and the possibility of economic benefit.

Participant: For instance the first time I came here I had about seven partners in one month but I struggled with maintaining all these relationships and ended up losing some of them.

Facilitator: Tell me how this happened, what made you move on to two, and to three and so on?

Participant: It's all to do with greed... Sometimes you're not happy with the quality of the sex and you assume it will be better with the next one, and you won't get rid of the one because you don't know what's in store for you with the other. It could also be because she's got money or some other attribute that draws you to her (FGD, Male 20-30, Western Cape).⁵²

The good thing is that if you have many girlfriends you will just go to the next one, and leave so and so alone. You know, sometimes when you want to have sex it is like you are mad if you do not get it at the very same moment you want it (Male, 23, Gauteng).⁵³

For most of us guys it is about being greedy. There are a lot of beautiful women out there whom you cannot get at the same time... The way it happens is you see someone and want to have her. You get her, but the minute you get her you want to get someone else... At the same time, living like that one never finds or learns

49 Int Female 21 Eastern Cape.txt, 20061,20683

50 Int Female 18 Gauteng.txt, 13280,13635

51 FGD Mixed 20-30 Gauteng.txt, 43107,43715

52 FGD Mixed 20-30 Western Cape.txt, 36328,37021

53 Int Male 23 Gauteng.txt, 24272,24903

*about true love... So basically it is about greediness. You lust for things that are not yours, and you want to make them yours (Male, 22, Gauteng).*⁵⁴

Initiating sex

Initiating a sexual relationship with a stranger does not appear to be particularly difficult, with entrée being made possible through the process of obtaining contact numbers for follow-up contact. Securing a person's numbers is seen as the first step that will inevitably lead to sex.

*Once a girl gives you her numbers, depending on what kind of a man you are, once she gives you her numbers it is already a contract. You just have to sign on the dotted lines. She has already drafted the contract. What you do is to read it and sign. That is how I do it (Male, 22, Gauteng).*⁵⁵

Interviewer: Can you explain that? How you ended up with three sexual partners?

*Interviewee: It is just because of travelling around, going to different places. So when you get to those places you see other things as well. Sometimes you give your numbers to someone and she calls you, or she give you her numbers and she calls you as well and then you feel you should give it a try. And at the end you end up having a sexual relationship even though you have a girlfriend (Male, 26, Gauteng).*⁵⁶

The time taken between meeting someone and initiating a sexual relationship is not particularly long – in some instances, within a few days after meeting.

Interviewer: And how long does it take to sleep together?

*Interviewee: I don't take more than three days then I ask her to visit. We can sit and chat and I know that we will end up having sex (Male, 25, Eastern Cape).*⁵⁷

Interviewer: So on average, how long before you have sex?

*Interviewee: It's just days. Like if you meet over the weekend sometime during the week you will sleep with him (Female, 28, Eastern Cape).*⁵⁸

Sex and mobility

Concurrent sexual partnerships are readily sustained in contexts where people are mobile, including maintaining relationships that have ended without formally breaking them off and then rekindling them at a later point. Sexual contacts occur whether or not the other person is in an existing relationship.

Interviewer: On average how long do these relationships last?

Interviewee: They do last, because even now they're ongoing. The thing is I don't break up with these people. It's more like putting things on hold because of distance and lack of opportunity. I can see any of them, even after months of no contact and even if they have main partners I know they will see me when the need arises. We will get together and have sex... It is the same with all of them, even

54 Int Male 22b Gauteng.txt, 7192,8305

55 Int Male 22b Gauteng.txt, 3758,4229

56 Int Male 26 Gauteng.txt, 11831,12926

57 Int Male 25 Eastern Cape.txt, 27436,27608

58 Int Female 28b Eastern Cape.txt, 40526,41053

after years of not seeing each other. I know with some I haven't seen for ages, but I can go to them and we will start where we left off (Male, 25, Eastern Cape).⁵⁹

I mean you love your girlfriend. You stay with your girlfriend. Then you visit another town and then all hell breaks loose. You try to be honest to your girlfriend. You tell yourself, I have a girlfriend at home. Then your friend invites you one day to meet his friends, one thing leads to another then you end up having someone else in your life (FGD, Male 20-30, Gauteng).⁶⁰

Having a partner in another town is also related to loneliness, sexual desire and having limited means to visit the 'main' partner:

There is one that I am involved with here. The thing is that the one in Vryheid I am unable to see her when I want to because of the distance between us. And I cannot afford to have her come to visit me. That is where I ended up having a local girlfriend. I do understand that a person must try and control himself, but it is not possible to do so for a long time (Male, 23, Gauteng).⁶¹

Short-term casual sexual encounters

Casual sex – which can be understood as brief sexual encounters or 'one-night stands' – may involve concurrent sexual partnerships as a product of taking place in the context of an existing longer term sexual partnership, but may also occur as a pattern of multiple partnerships over time. Casual sex is closely related to alcohol consumption and also to economic factors. Alcohol is clearly recognised as contributing to diminished capacity to rationalise, leading to contradictions between attitudes towards casual sex when sober and drunk. Alcohol also increases the likelihood that casual sex will be unprotected sex.

When we are just chilling alone, we talk about the disadvantages of our behaviour. But once we are in a situation where there are girls we forget all about that... I do not know what happens in our minds, or whether it is the alcohol that makes us like women... But once I drink I love women so much (Male, 26, Gauteng).⁶²

It happens in shebeens because you're drunk and your powers of reasoning are diminished. You can tell yourself not to rush into a sexual relationship but in the shebeen context you go ahead and you may not even use a condom and only realise this the following day (FGD, Male 20-30, Western Cape).⁶³

You know in a club, women are more susceptible to sex, unlike in the office, library and all these formal places (FGD, Male 20-30, Gauteng).⁶⁴

Participant: Girls are easy when they have had a drink, especially if it is brandy.

Participant: You do not have a hope in hell of getting laid if the girl is sober.

Never! They get really bold with drink. I have had one push my hand into her crotch, just like that (FGD, Males 20-30, Western Cape).⁶⁵

59 Int Male 25 Eastern Cape.txt, 23439,24155

60 FGD Mixed 20-30 Gauteng.txt, 49746,50086

61 Int Male 23 Gauteng.txt, 6135,6682

62 Int Male 26 Gauteng.txt, 35944,36634

63 FGD Male 20-30 Western Cape.txt, 19805,19976

64 FGD Mixed 20-30 Gauteng.txt, 59506,59811

65 FGD Male 20-30 Western Cape.txt, 43385,43590

Casual sex and HIV risk in the context of alcohol consumption is also related to bravado and a diminished fear of infection:

I have observed that most people who become HIV-positive are those who drink. When you are drunk everything is easy. You don't reason and only realise the following day that you have made a blunder. And especially if you both drink, no one will take heed of the dangers of their actions. Some people are just not afraid of it. They will tell you: 'AIDS will never do anything to me. I will rise above it with treatment in any case'. They see no need to use condoms because there's nothing to be afraid of (Male, 25, Eastern Cape).⁶⁶

Individuals may view 'one-night stands' differently, as there is ambiguity about whether or not the relationship will continue. In this example, sex is perceived as an entrée into a potentially longer relationship, in contrast to being 'just for sex' – although different perceptions exist between partners

Facilitator: But when you go and sleep with him it is not like you are thinking it will be a one-night-stand.

Participant: When you have sex with a guy you get attached to the person, you feel like you are bonding with the person. Sometimes you have sex with the guy feeling like you are going out with the guy whereas to him you are not going out. It was just sex (FGD, Female 20-30, Gauteng).⁶⁷

'One-night stands' may extend beyond a single sexual encounter, but are not considered to be anything more than informal arrangements oriented around sex. Contexts of mobility also reduce the likelihood that such relationships will progress beyond a brief encounter.

Interviewee: I haven't had a relationship until now.

Interviewer: What do you mean?

Interviewee: With those ones we just had sex, nothing more. Sometimes we would have sex once, sometimes we would have sex now and then, but not be in a relationship. I can say half of them it was a once off thing and the others we would have sex now and then...

Interviewer: You say you do not call these relationships?

Interviewee: I do not know what to call them. It is not like, I can say, original relationships where there is loving (Male, 21, Northern Cape).⁶⁸

When I go to Mpumalanga, you arrive there and you engage with girls or maybe meet someone there. I mean you know you are never going to see that person again. You know, for example, that she'll never see or call you again. That is when we engage in one-night stands (FGD, Male 20-30, Northern Cape).⁶⁹

This lack of commitment may also be directly articulated at the outset to diminish the possibility of moving beyond a once-off sexual encounter.

Interviewee: There are others with whom I did sexual favours. Because others do not want a relationship but they just feel like sex. They call that ukubhayitana (biting each other).

66 Int Male 25 Eastern Cape.txt, 34152,34844

67 FGD Mixed 20-30 Gauteng.txt, 54419,54671

68 Int Male 21 Northern Cape.txt, 2604,3031

69 FGD Male 20-30 Northern Cape.txt, 41374,41620

Interviewer: How do you approach that?

Interviewee: Most of the time she would say, 'Bra, I like you but not that I want a relationship with you but just for sexual favours'. And I think why not. Sometimes it just happens out of the blue, maybe it is the two of us and it just happens (Male, 27, Eastern Cape).⁷⁰

Clubs and bars were seen as settings that were conducive to 'one-night stands', mainly as a product of diminished rationality and confidence induced by alcohol consumption.

Concurrency and social, economic and other factors

Normalisation of multiple sexual partnerships

There was a general sense that having many partners is the norm, and although this intersects with risks of consequences, normalization of multiple sexual partners overwhelms the sense of risk of adverse consequences such as risk of HIV infection or pregnancy.

I actually don't know where lack of trust and faithfulness culturally came from. Everywhere – people are just cheating. I don't know where it came from – when cheating and unfaithfulness became the norm, but I think people think they are invincible. I mean like one of my distant relatives, she fell pregnant and she was like 'I don't know who the father is!' (Female, 25, Eastern Cape).⁷¹

Having many partners is also seen as strongly linked to being male, and notions that this phenomenon has long been part of human culture.

For men it is mainly about variety. I do not know if it is in our genetic structure or what. As someone who has done some religious education, when you look at the Bible it tells that so and so had so many wives... Since the beginning of time men had wives, concubines, girlfriends... (FGD, Male 20-30, Gauteng).⁷²

Men have always had multiple partners. I do not want to talk about whether it is wrong or right but it has always happened. It has always been men's affinity to be like that. Almost instinctive. Something like animalistic instinct. Even the most faithful man right now, has been astray once or twice. I am talking about those who feel that they are most faithful to their wives, who never thought they will ever cheat on them... (FGD, Male 20-30, Gauteng).⁷³

Peer pressure

Peer pressure is put forward as a factor influencing casual sexual encounters. Sexual opportunity in relation to peer pressure also appears to commonly occur in the context of visiting a friend's girlfriend or boyfriend.

Interviewee: There are those that I was forced to have sex with because of peer pressure. It is one of those many situations where your friend tells you: 'Hey, look here, there are two chicks here, so I will have one and you will have the other.' It is mostly in situations where two chicks come together – with one visiting her

70 Int Male 27a Eastern Cape.txt, 26925,27269

71 Int Female 25 Eastern Cape.txt, 80688,81208

72 FGD Mixed 20-30 Gauteng.txt, 50641,50994

73 FGD Mixed 20-30 Gauteng.txt, 50997,51470

boyfriend and the other one just accompanying her friend. So usually you find that the one who is accompanying cannot go back home alone as elders back home will ask where the other one is. So to keep her occupied she has to get a man as well. So to make sure that both of them stay, a guy is pressured to keep her company. It is situations like that. I end up having sex with her to satisfy my friend, to make sure that his girlfriend does not go back home.

Interviewer: How often can you say such things happen in your life?

Interviewee: About forty percent of the time (Male, 20, Gauteng).⁷⁴

A friend of mine invited me to accompany him to visit his girlfriend... We went to a bottle store there as we were waiting for his girlfriend to come. When his girlfriend arrived she was accompanied by her friend and I did not have a girlfriend in that place. So when they arrived we sat together and at some point my friend was concentrated on his girlfriend, so I had to keep the friend busy and chat with her. During our chat I ended up getting tempted and proposed to her. She accepted me... We ended up having to have sex (Male, 28, Mpumalanga).⁷⁵

For some, this sense of pressure to conform to having casual partners is linked to wanting to prove oneself.

You know sometimes there is this thing of wanting to prove yourself. Like if you are a gang, a group of friends. Even if you can tell yourself that you do not do such and such, your friends will always make you do otherwise. It is like four people will tell you one thing, and they will obviously convince you to see things their way. You end up thinking that your ideas were wayward as compared to what they suggest to you. They will convince you that even if you do not want the girl to be your girlfriend, it is okay to while away time with her while looking for someone else, or while the one you love is not around (Male, 26, Gauteng).⁷⁶

They say I am not supposed to focus on one person. They say that if I concentrate on one person and that person disappoints me I would feel like committing suicide. But if you have several, if one tells you stories you do not have to worry yourself. You just go to the next one. Things like that (Male, Gauteng, 23).⁷⁷

Failure to conform is noted to diminish one's status, whereas conformity and having many girlfriends is seen to increase respect from one's peers.

Interviewer: Can you tell us more about this idea of wanting to be popular. Do your peers expect you not to have many girlfriends?

Interviewee: Like when you don't have many girlfriends it is like you are a moshemane (boy). Things like that. They will say you are gay or something. They can mock you.

Interviewer: And if they see you with a whole lot of different girls?

Interviewee: They will say 'hayi uyinja wena' (you are a top dog)! You are the man (Male, 18, Gauteng).⁷⁸

74 Int Male 20 Gauteng.txt, 11007,11889

75 Int Male 28 Mpumalanga.txt, 5963,6677

76 Int Male 26 Gauteng.txt, 27200,29652

77 Int Male 23 Gauteng.txt, 7478,7914

78 Int Male 18 Gauteng.txt, 27014,28293

Sexual relationships and economic benefit

Sex for in exchange for money or goods is often referred to as ‘transactional sex’, suggesting a short term encounter for short-term financial or material gain. A number of sexual relationships were described that included ‘monetary’ advantage – some short-term and some longer-term. This applies to both sexes.

I think we get blinded by money and this often leads to cheating (FGD, Female 20-30, Eastern Cape).⁷⁹

There are no jobs so I keep on looking for the one who has some money. The one that will be able to give me some money (FGD, Female 20-30, Mpumalanga).⁸⁰

Interviewee: I've had relationships mostly with people in employment. Some have been older than me... I do get choosy but money tends to make you overlook all faults. You know I've noticed that women who are not much to look at are aware of this at some level, because they will go out of their way to keep you happy financially.

Interviewer: So for you, having money would be a major consideration?

Interviewee: It weighs in the person's favor (Male, 25, Eastern Cape).⁸¹

There is a girl in the house I live in and she has about seven different cars visiting her. And she says she does it for transport, so if she wants to go some place and one car is busy she has access to another. As well as money, so she can get money. She has men who get paid on the 15th, 20th, 30th... (Male, 20, Eastern Cape).⁸²

You do not have any emotional stuff with the others. You keep that for your main man. It is just to get some of the things [economic benefits] that your main man may not have. You have got to get those from these others (FGD, Mixed, 20-30, Gauteng).⁸³

Being unemployed results in needs for basic items such as food or money. Sexual exchange provides a means for survival.

Some of us girls, we tell ourselves 'I am unemployed, where will I get money?' So when my boyfriend asks me to visit him I will go because I know that when I get to his place and please him the way I will please him, he will give me some money. When I get home... I will be able to buy maize meal, I will buy relish. Most women I know live like that and most of the girls I know live alone. So as they live alone they survive like that. They know that when a boyfriend comes to pick them up there is something that he will give them. It is like this, as we know that we are unemployed, we have to think of other ways in which we can survive (Female, 22, Gauteng).⁸⁴

Economic dependence on a sexual partner may also be disempowering in relation to HIV prevention. In this example, a female participant talks about asking her cohabiting boyfriend to

79 FGD Mixed 20-30 Eastern Cape.txt, 38871,39147

80 FGD Female 20-30 Mpumalanga.txt, 4484,4797

81 Int Male 25 Eastern Cape.txt, 15600,16160

82 Int Male 20 Eastern Cape.txt, 37464,37966

83 FGD Mixed 20-30 Gauteng.txt, 44315,45532

84 Int Female 22 Gauteng.txt, 23128,24045

use a condom. This is seen as a signal that she is unfaithful, and the threat of withdrawing economic support is the consequence.

The man that I live with at home, he is the one that gets me everything that I need in life. So if I come up with the issue of him having to use a condom he will say that it means that there is someone else whom I will be having unprotected sex with. When I ask him to buy groceries for the house he will only buy a bag of mealie meal and say that the other man will buy electricity (FGD, Female 20-30, Mpumalanga).⁸⁵

Risk and fatalism

The potential for becoming infected with HIV was viewed, fatalistically, as inevitable.

Interviewer: Do you think people do not believe that AIDS is there?

Interviewee: Some of them say I rather die of AIDS because that is the way I was produced [i.e. sexually] (Female, 23, Gauteng).⁸⁶

The sense that multiple partnerships are common contributes to a heightened sense of fear that a partner will inevitably be unfaithful. This sense of inevitability also intersects with fears about the possibility of the risk of HIV infection.

I also have one partner that I'm very close to and I may spend up to six or eight months without having sex with any other person. We don't use condoms and sometimes it occurs to me that she could maybe place my life in jeopardy by having affairs on the side. I always end up mulling this possibility over, but what can I do? (FGD, Male 20-30, Western Cape).⁸⁷

I may tell myself that I'm sticking with my partner but she may be unfaithful to me. This is not really a safe alternative. A lot of people have been caught out in that way, while they have just the one partner (FGD, Male 20-30, Western Cape).⁸⁸

We know that we are committing suicide (by having multiple partners), but you may be infected even when you are faithful (FGD, Female 20-30, Mpumalanga).⁸⁹

Fatalism is also linked to the notion that there is little one can practically do to avoid infection, given that even taking practical steps such as using condoms includes the possibility of condom failure with the result that a person remains vulnerable.

That is why I said we are walking corpses all of us. We are dead. You do not know when you will die or who will infect you where and when. It is just that we are living each day as if it is our last day. So the only thing we can do is to condomise. But still if the condom bursts you are infected. So you see nothing is guaranteed when it comes to being infected. At least we are trying to avoid the chances of being infected (Male, 22, Gauteng).⁹⁰

85 FGD Female 20-30 Mpumalanga.txt, 41388,43219

86 Int Female 23 Gauteng.txt, 12839,12997

87 FGD Male 20-30 Western Cape.txt, 15676,16042

88 FGD Male 20-30 Western Cape.txt, 13033,13273

89 FGD Female 20-30 Mpumalanga.txt, 11220,11662

90 Int Male 22a Gauteng.txt, 31626,32520

Condoms and HIV prevention

Whilst there is an overall sense that HIV prevention is important, there are strong distinctions drawn between condom use with a ‘main’ partner and ‘other’ partners, with condom use with a ‘main’ partner less likely than with an ‘other’ partner.

Facilitator: I am talking here about the main one, do we use condoms with those?

Participant: There are very few who use condoms with those, most of us do not condomise with our main boyfriends.

Facilitator: What HIV prevention strategies are used with the main boyfriend?

Participant: There is nothing.

Facilitator: Nothing? Are we aware that we can get HIV because of that?

Participants: Yes.

Facilitator: So what do you do about it?

Participant: There is nothing that we are doing about that (Female, FGD 20-30, Mpumalanga).⁹¹

Loving one’s ‘main’ partner, and by implication, trusting him or her, diminishes the likelihood that condoms will be used.

It depends on how I love him. If I really love him I will also forget about the condom. That is what most of us young people do, we simply relax when someone we love does not want to use a condom (FGD, Female 20-30, Mpumalanga).⁹²

Commitment to condom use varies. For some, it is possible to use condoms consistently on an ongoing basis, even with a ‘main’ partner. For others, condom use diminishes over time. With ‘other’ or casual partners, there are also variations, with some individuals being strongly committed to condom use and others less so. Using a condom with an ‘other’ partner is also seen as a sign of ‘faithfulness’ to one’s main partner.

Participant: I’ll tell you how I do it with my regular partner. I don’t use a condom because I know that I’m faithful, but with anyone else I do, or else she can go because my need for her is not that much...

Facilitator (following further discussion): But doesn’t faithfulness mean being with your one partner?

Participant: That’s not how we regard it. You only have unprotected sex with your main partner. To us faithfulness is about using a condom on other partners because you love your girlfriend and you go to lengths to protect her. If I cheat she shouldn’t know about it, and if I sleep with others then I use a condom (FGD, Male 20-30, Western Cape).⁹³

With the other partner I used condoms till kingdom comes. There is no way I can trust those ones because sometimes it can happen that she ends up having information that she is your second best and also decides to have someone to keep her busy while you are away. And you do not know the status of the person who will keep her busy in your absence (Male, 28, Mpumalanga).⁹⁴

91 FGD Female 20-30 Mpumalanga.txt, 4037,40681

92 FGD Female 20-30 Mpumalanga.txt, 927,1600

93 FGD Male 20-30 Western Cape.txt 12095,12342; 26399,26778

94 Int Male 28 Mpumalanga.txt, 25112,27119

Especially when it comes to one-night stands. I do not know what they have been doing where ever they have been so I just have to use a condom to protect myself from being infected (Male, 22, Gauteng).⁹⁵

Condom use is accepted as normal by some respondents and appears to occur easily whether it is initiated by the male or female partner. There is, however, a need for one or the other partner to be proactive about condom use, at least to the extent of mentioning a desire to use a condom.

Interviewer: How do you convince men to use condoms?

Interviewee: I just tell him to use it.

Interviewer: And he agreed?

Interviewee: He asked me if I do not trust myself and I said that I do trust myself but let us use condoms. He agreed and we used them. He uses them up to this day (Female, FGD 20-30, Mpumalanga).⁹⁶

Interviewer: Is it easy to use condoms?

Interviewee: Yes it is easy... With me I always have condoms in my bag. Wherever I go I carry them in my bag. I am not seeing anyone at the moment but it can happen. As I said, men are good at changing our minds. I might meet someone who convinces me to a point that I accept his request. I should be ready for such times (Female, 27, Mpumalanga).⁹⁷

She just kept quiet. She never asked me where is the condom or why am I not putting on the condom. She just kept quiet. But when I did it I wanted to see what her reaction would be. So she kept quiet and I just continued. Then afterwards I asked her why she did not stop me and she asked me why I did not use a condom. So it was like we were pointing fingers at each other. So if we were infected we would be dead (Male, 22, Gauteng).⁹⁸

Arousal reduces the likelihood that a condom will be used, and is combined with the fear that by breaking the moment to find a condom, there is a possibility that sex will not take place. Rationalisation and regret follows a failure to use a condom.

You're romancing on the bed and you're ready to get going and you consider that the wardrobe is too far to go and get a condom because by the time you get back the mood will be over. It's only in the morning that you start thinking straight (FGD, Male 20-30, Western Cape).⁹⁹

At that particular moment you feel like everything feels right. Even though at the back of your mind you know that what you are doing is not right. At that moment you want it so bad that you do not even think of getting AIDS. Even if you do think about it the thought does not convince you enough, you feel that okay. It is only the next morning that you regret and go like 'My God, what did I do?' (FGD, Female 20-30, Gauteng).¹⁰⁰

There is also a sense of fatalism that emerges when a condom is not used on one occasion in that this decreases the likelihood of using condoms in future.

95 Int Male 22 Gauteng.txt 32522,32791

96 FGD Female 20-30 Mpumalanga.txt, 13683,14047

97 Int Female 27 Mpumalanga.txt, 13311,14018

98 Int Male 22 Gauteng.txt 34644,35100

99 FGD Male 20-30 Western Cape.txt 5381,5672

100 FGD Mixed 20-30 Gauteng.txt, 2836,3306

Sex without a condom, you do know the consequences both in your heart and in your mind. And the next day when you are alone, or when you go back to her it is like you throw in the towel, you give yourself up. You say to yourself, I have already done it, what if I contracted it yesterday. So those thoughts keep you going, you keep on doing the same mistake again and again, even with different girls. The thing is, in your mind you say it is the same, I have already done it and what if I already have the disease and still deny myself the pleasure (FGD, Male 20-30, Gauteng).¹⁰¹

Alcohol impedes the likelihood that condoms will be used.

It has happened that I may go with someone and I'm drunk and in a hurry to sleep with her and at these times I have often found that I didn't use a condom (FGD Males 20-30, Western Cape).¹⁰²

You can go to a party and when you see that this chick is all over you, the only consideration is that its someone new and you won't just want to pass up a chance like that. And alcohol has the effect of making you forget about condoms. If you can't find one immediately then that's it (FGD Males 20-30, Western Cape).¹⁰³

A number of male respondents also reported various forms of deception when using a condom. This included breaking the tip off the condom, or removing the condom prior to ejaculation. This was largely related to wanting to improve sexual sensation.

Relating risk to vulnerability

Risk is positioned as being a product of being young and self-destructive. This perceived norm may, however, be noted to be contradicting value for one's own life.

People don't want to understand that in this world of HIV we have to protect ourselves every time. Unfortunately there are people who know the risks but just do not care, that is the other problem. Some people do not care. To me some people do not care if they die. I do not think like that because I value my life (Male, 21, Northern Cape).¹⁰⁴

I'd say a lot has changed because now I know the value of using condoms, and I'm gradually losing interest in women because you never know who has the virus or not. You may see a beautiful lady and get excited about her but this could prove to be your undoing (Male, 25, Eastern Cape).¹⁰⁵

Exposure to people living with HIV intensified feelings of vulnerability and contributes to HIV prevention practices:

Interviewer: Can you say the information that you have about HIV/AIDS has changed your sexual behaviour?

Interviewee: When I started having sexual relationships I never used condoms. I would just enter plainly. Even after hearing about it I did not believe that such a thing exists. I started believing after seeing an HIV positive person. After seeing

101 FGD Mixed 20-30 Gauteng.txt, 5111,5771

102 FGD Male 20-30 Western Cape.txt, 13397,14040

103 FGD Male 20-30 Western Cape.txt, 4655,4952

104 Int Male 21 Northern Cape.txt, 20161,20555

105 Int Male 25 Eastern Cape.txt, 56897,57871

the way the person was. The first person I saw was fat and fit and when she got to the AIDS stage she was shockingly thin. That is what hit me and created fear of the disease to a point that I started using condoms (Male, 28, Mpumalanga).¹⁰⁶

Interviewer: Secondly, you're saying it's fear of contracting HIV.

Interviewee: I'm not saying I'll never get infected but I don't want to 'meet it halfway', so to speak.

Interviewer: You're being careful, in other words.

Interviewee: Yes. My decision is also affected by the fact that my aunt has lost three of her children to AIDS in three consecutive years. One had just broken up with a partner and went back to someone she had been involved with in the past. So that rang a warning bell for me... that I must be careful (Female, 28, Eastern Cape).¹⁰⁷

Developing longer-term relationships

For some, it has been possible to envision and develop longer-term relationships. Such relationships are strengthened by concepts of love and commitment.

Interviewee: Now I am in love... With the others it was more of trying to be one of the guys you see, to be able to say I also have sexual relations. But now I am in love, I know that I do not want to use her. I do not want anything to happen to her so I am taking it easy...

Interviewer: How can you describe your relationship with her?

Interviewee: It is out of this world. It is different from the other ones I had. If I have to put it in one word I would say that I am committed now.

Interviewer: What does that mean?

Interviewee: I show her my affection and I give her attention whenever she needs attention from me (Male, 21, Northern Cape).¹⁰⁸

Facilitator: How can you describe your current relationship?

Participant: We are like friends. We talk about everything and anything. There is communication and I can see that this relationship is going somewhere, unlike the other ones that I can say were based on sex. Whenever we met we would 'bang'. But I think the current one is going to be a long-term thing (Female, 23, Gauteng).¹⁰⁹

Sustained monogamy includes a sense of pride.

Interviewer: What can you tell us about your current boyfriend?

Interviewee: I feel good about him. We have been through a lot together. He is just unique. There is just no one like him. I just do not have words to describe him.

Interviewer: Are you faithful to him?

Interviewee: Yes I am. I have been faithful to him for the past four years. And I feel great and proud for staying faithful to him (Female, 20, Gauteng).¹¹⁰

106 Int Male 28 Mpumalanga.txt, 22983,23638

107 Int Female b 28 Eastern Cape.txt, 48434,49070

108 Int Male 21 Northern Cape.txt, 8723,9277

109 Int Female 23 Gauteng.txt, 7383,7680

110 Int Female 20 Gauteng.txt, 5250,5674

Shifting perspectives on relationships results in the cementing of new pathways for relationships. This includes a sense of maturity and of learning from the past.

I have now realised that having more than one girlfriend at a time is not a good thing... I have realised that to be a real man I should have a stable relationship. I still stay with the guys [peer group]... but I am changing in life and one of those changes is for me to reduce the number of sexual partners. Where I am heading now is towards manhood, it is towards the winning line... It is one of those things that we have to do as men to prove that you have played your role as an outie in your time. But you need to know when to stop, when to outgrow that stage (Male, 23, Mpumalanga).¹¹¹

You waste your time in such relationships. The person wastes your time and delays you from getting married. The other thing I have learnt is that when you have problems in a relationship you have to wait, six months to a year, and not rush into another relationship. If you wait the right person will come at the right time (Female, 26, Mpumalanga).¹¹²

Having other partners is seen as disadvantageous to sustaining a relationship – in particular if one is in love and interested in sustaining the relationship.

Interviewer: Do you think this is the concept [of being faithful] can apply to your life in future with this partner?

Interviewee: I really do not know. But I do not plan on doing that because I would not like my girlfriend to do it as well. So why should I do it to her.

Interviewer: What do you think are the disadvantages of being unfaithful?

Interviewee: Losing the person that you love, that is the biggest risk. What if she dumps you and you are left alone? (Male, 21, Northern Cape).¹¹³

Whilst peer norms are recognised as favouring having many partners, contrasting individual values may be sustained.

Everybody today has this mindset that men cannot date one woman. But to me it depends on what the individual wants. You can have one partner, and be satisfied, not entirely obviously, because no one person has everything. I believe that it is a mindset that people have that a man cannot date one woman. To me it is a lie, a total lie. You can date one woman and be satisfied with that person (Male, 22, Gauteng).¹¹⁴

Most of my friends have many boyfriends, like three or four boyfriends. So when they see me sticking to one guy they take me as someone who thinks is better than them, who is not in style. It is not like I do not want to do it but I think about my life. If I can have more than one boyfriend I will not manage to satisfy them because I am alone. It is better if it is one person. I cannot manage to do things for more than one boyfriend. I will not manage (Female, 22, Gauteng).¹¹⁵

111 Int Male 23 Mpumalanga.txt, 14410,15267

112 Int Female 26 Mpumalanga.txt, 9694,10023

113 Int Male 21 Northern Cape.txt, 11245,11865

114 Int Male 22a Gauteng.txt, 8118,8818

115 Int Female 22 Gauteng.txt, 14630,15097

Nowadays we live in a dangerous world, there are HIV and AIDS, STIs and such things so if you share a girl with another man you do not know how many other girls is the other guy sharing with the girl that you are also involved with. It may happen that I and him share this one girl, but he also shares her with four other girls. So that is why I do not like sharing a girl with someone else. I actually do not like it and I do not do it (Male, 23, Mpumalanga).¹¹⁶

Fear of the inevitability of a partner being unfaithful is however seen as a factor that undermines the potential to sustain a long-term relationship.

I wish I could just settle down and have one stable relationship. But my problem with having one partner is that in most cases, she is going to start cheating on you and will do things that you don't like because she knows that you don't want to hurt her. Then you will end up doing things behind her back because most men will not tell a girl directly that they don't like her anymore (Male, 19, Eastern Cape).¹¹⁷

HIV testing

Whilst some respondents express fear of HIV testing, others see testing as a 'proper' action, and an alternative to depending on a sexual partner's 'honesty'. HIV testing is also seen an important proactive step to take in relationships.

We are scared to test. We are scared to find out our status. While scared of knowing our status, when we meet a guy the guy will advice you to go on contraceptives so that you do not get pregnant. But we do not look at the HIV and AIDS side, they do not talk about going for an HIV test so that when they know their status they can prevent being infected by having sex with only one person (Female, 21, Gauteng).¹¹⁸

I know what I am doing. Like whenever I have to start engaging in sexual relations with a man I have to go testing first. Not to just go around and have sex with anyone (Female, 23, Gauteng).¹¹⁹

We were just chatting and it just came up, we'd both been for a test before we met and as it kept coming up we decided to go and make sure. I had not been sure at that stage though but I was prepared to brave it out and it turned out that we were both negative... (FGD, Male 20-30, Western Cape).¹²⁰

I think that women have misguided trust. They think I have been doing this with this person therefore knowing this person for this long. That for them is enough to trust you, which I think is a misguided way of trusting someone. The only way to trust a person should be to get tested, get married and then you can trust that person. We are actually misguiding ourselves (FGD, Male 20-30, Gauteng).¹²¹

116 Int Male 23 Mpumalanga.txt, 6392,6831

117 Int Male 19 Eastern Cape.txt, 43098,43772

118 Int Female 21 Gauteng, 34500,35305

119 Int Female 23 Gauteng.txt, 14248,14592

120 FGD Male Western Cape.txt 16568,16933

121 FGD Male Female 20-30 Gauteng.txt 22604,22976

DISCUSSION OF QUANTITATIVE AND QUALITATIVE FINDINGS

Risk of exposure to HIV is linked to having numerous sexual partnerships, with higher risk of HIV acquisition being closely associated with having concurrent sexual partnerships.

Concurrency is not well measured in present quantitative survey questions, given that there are variations of risk amongst people who might respond in the affirmative to the question: “*Have you had two or more sexual partners in the past month*”. Variations in risk would relate to people who have had a one-night stand in the context of having an existing longer-term relationship, or people having a series of short encounters. Risks of these limited sexual encounters are potentially lower than a situation where an individual has two or more relatively long-term concurrent sexual relationships. Having longer-term concurrent partners results in higher incident exposure and also results in sustained exposure to wider and potentially more concentrated sexual networks.

Asking the survey question about concurrency in the past month temporally binds the response to the point of data gathering and provides less information on whether this practice might have occurred over the past year. Measuring concurrency in this way does not provide full understanding of individual exposure to sexual networks. For example, individuals who are monogamous may still be exposed to sexual networks as a product of their sexual partner having other sexual partners.

In the present study, these limitations have been addressed to a certain extent through the qualitative exploration of concurrency and revealing widespread occurrence of this practice amongst unmarried people aged 20-30.

All risk of HIV acquisition is magnified by the prevalence of HIV, which is high in South Africa, and is particularly high in poorer communities. It is clear that there is very little recognition by respondents in the national survey, that having many partners is a significant risk factor for HIV. When asked to state methods of HIV prevention that they knew of, less than a quarter of 20-30 year olds mentioned sticking to one partner as an HIV prevention strategy, whilst only five percent mentioned limiting or reducing one’s number of partners. When asked directly, less than half agreed that having fewer partners reduced the risk of HIV acquisition.

In the qualitative data, there is also not a strong sense that having many partners or having concurrent partners is a major risk factor for HIV transmission.

The cultural normalisation of late marriage in South Africa results in a high likelihood of sexual partner turnover and high lifetime numbers of sexual partners. Over 80% of 20-30 year olds in this study were unmarried. There is also very little cohabitation with a sexual partner prior to marriage – only 7.2% of 20-30 year olds were cohabiting with a boyfriend or girlfriend.

Reasons underlying the pattern of late marriage are multifaceted and are a product of a range of interlinked factors including labour migration, urbanisation and unemployment.¹²² Other factors are potentially also related, including early childbearing and separation from the father of the child, and general instability of sexual partnerships.

Unemployment is widespread amongst young people aged 20-30, with the vast majority being unemployed or full-time school learners or tertiary students. This limits the likelihood of

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economic independence, and the connection between sex and economic advantage was readily conceded by respondents as a reason underlying some of their sexual relationships. Economic rationale for sex include being *'blinded by money'*, and looking for *'the one that will be able to give me some money'*. The concept of economic advantage contributed to selecting sexual partners on the basis of what they could bring to a short or longer-term sexual liaison, in a context where there was little underlying commitment beyond sex – *"I will please him. He will give me money"*. If a 'main' partner was unable to meet one's economic needs, this justified *"getting those [needs met by] others"*. Such transactional arrangements occur amongst people who are living separately, thus reinforcing the economic aspects of the relationship, rather than more nuanced interaction that might extend from living together.

For many respondents, there was little power disparity in such relationships, but for some economic inequality and power had a bearing on demands for fidelity, or determining whether or not condoms were used, or determining the extent of the economic support provided.

Main partners, other partners and faithfulness

The notion of having a 'main' and 'other' partners pervades the cultural construction of sexual relationships. The notion of having 'main' and 'other' partners came across overwhelmingly as being normative, with the distinctive feature between the two forms of partner being framed as 'love and caring' on the one hand and as opportunistic sex on the other. 'Other' partners were not loved, and the relationship with 'others' did not appear to extend beyond sex and for some the sexual liaison was mixed with disdain – *"I would just take down their pants and have sex with them. There'd be no touching or kissing"*.

There was an acceptance of the status of being an 'other' partner amongst some respondents, with this typically occurring where it was acknowledged at the outset of a relationship – *"I agreed to be understanding of the fact that she has a boyfriend"*. This includes tacit agreement *"not to have impossible expectations or to make waves in your current relationship in any way"*.

Having a sexual partner who was married was also seen as falling into a particular category of trust, honesty and 'faithfulness' that was different from having unmarried partners – *"Boyfriends always have a number of partners... some married men do tell you they are married... a nice married man will be open with you"*.

In some instances, being parents of a child together resulted in an ongoing sexual relationship with the other parent, but this took place in the context of other relationships, and was usually kept secret – *"I continue to see both, even though none is aware of the other"*.

The moral boundaries of such relationships had little to do with overwhelming concern and guilt about infidelity, but was more closely related to maintaining secrecy about such liaisons. In the context of secrecy, the moral concept of 'faithfulness' is invoked – not as fidelity, but rather, as flowing into an alternate meaning that has to do with caring for one's partner enough to ensure they do not become aware of one's infidelity. Being faithful *"is protecting the one you love from hurt"* and *"even when I have other girlfriends I do not walk around with them for her to see. I hide the other girlfriends"*.

Mobility was an important influence on the ability to have concurrent sexual relationships with sexual opportunity being shaped by maintaining ongoing relationships in various geographic locales. Such relationships were also maintained as a product of not formally being ended, with

mobility providing the rationale for having other liaisons – *“The thing is I don’t break up with these people... I know with some I haven’t seen for ages, I can go to them and we will start where we left off”*.

Whilst it appears that the general moral framework of concurrent sexual partnership, secrecy, and skewed concepts of ‘faithfulness’ prevail, for some there was a sense of entitlement to infidelity that was not equally accorded to one’s partner – *“That is why I am saying Xhosa women are cheating... [because she is cheating] with me”*.

Casual sex

Casual sex is closely linked to the use of alcohol and meeting up in shebeens and club – *“Girls are easy when they have had a drink”* and *“In a club women are more susceptible to sex, unlike in the office, library and all these formal places”*. For some, such encounters were seen as possible avenues for longer-term relationships, although this did not appear to be a common outcome.

Being able to persuade someone to have sex was seen as relatively easy, even outside of the context of meeting places such as shebeens, and opportunities were strengthened through the availability of cellphone technology – *“Once she gives you her numbers it is already a contract”*. Sex also appeared to flow relatively rapidly following an initial meeting – *“Like if you meet over the weekend, sometime during the week you will sleep with him”*.

Casual sex occurred as a product of peer pressure or being in a context where one was required to divert or occupy the time of another. For example, where a girlfriend might visit her boyfriend in the company of a friend – *“So usually you find that the one who is accompanying cannot go back home as the elders will ask where the other one is. So to keep her occupied, she has to get a man as well”*. Peer pressure was also manifest as the endorsement of having many partners which was related to masculinity – *“They say I am not supposed to focus on one person”* and if one has many partners *“They will say, ‘hayi, uyinja wena’ (you are top dog)”*.

Sex and the self

There were various rationale for having concurrent sexual relationships that related to emotional protection of the self and self-esteem. Having a ‘back-up’ was seen as important to ensuring that one was never lacking in support of another person and sex was a conduit for such support – *“I was just protecting myself in case of an accident, like if he dumps me”*.

Being desired sexually also bolstered one’s sense of self-esteem – *“I was unable to control my feelings and ended up agreeing to different men’s propositions at the same time”*.

Physical need for sex was also part of how concurrent sexual relationships were constructed, including the notion that one needed and was entitled to ‘good’ sex, irrespective of one’s relationship context – *“I have to have sex with this guy because he is my boyfriend, but I will still go to Peter now and then because of the good sex he gives me”*.

Need for sex was seen as being related to insatiable desire and being greedy or diminished rationality – *“You lust for things that are not yours, and you want to make them yours”* and *“Sometimes when you want to have sex it is like you are mad”*. Whilst there is deference to multiple partnership as being linked to masculinity – *“Men have always had multiple partners”* – there was also the perception that women both needed to have multiple

partners, and were not particularly concerned about being seen to have multiple partners – *“Everywhere, people are just cheating”*.

Risk, fatalism and managing risk

Whilst all respondents were aware of HIV and its potential dangers and impacts, there was not a strong centering of consideration of HIV prevention in sexual relationships – *“some people do not care”*.

The lack of emphasis on use of condoms in established relationships was pervasive – *“Most of us do not condomise with our main boyfriends”* and *“If I really love him I will also forget about the condom”*. This was accompanied by a sense that no matter what one did, one was always going to be exposed to HIV and that such risks were beyond the domain of one’s individual control: a main partner might be unfaithful, one might be drunk and disinclined to use a condom, or a condom might burst – *“We are walking corpses, all of us. We are dead. You do not know... who will infect you where and when”*.

The likelihood of condom use was diminished by physical arousal and fear that the moment would be lost – particularly in casual sexual encounters. Condom use also diminished as a product of inconsistent use – *“You keep on doing the same mistake again”*. Making a mistake flowed into feelings of regret and resignation the following day. There were also some reports of intentional misuse of condoms by males, such as breaking off the tip of the condom, or removing the condom prior to ejaculation.

Clearly risk is not well managed with ‘main’ partners, and there is an inevitable disinclination to use condoms beyond the early phases of such relationships. This inevitability is balanced by an overall strong commitment to use condoms with ‘other’ partners – *“With the other partner I used condoms till kingdom comes. There is no way I can trust those ones”*, and *“To us, faithfulness is about using a condom on other partners, because you love your partner and you go to lengths to protect her”*. There was also a general sense that condom use could be requested by either partner, and if requested they would ordinarily be used – *“I just tell him to use it [and he agrees]”*.

Some respondents talked about changing their practices including being strongly committed to condom use, and reducing their number of partners. This process that was additionally reinforced by reflection on the broader HIV/AIDS environment – particularly when knowing someone who was ill or who had died of AIDS: *“The first person I saw was fat and fit, and when she got to the AIDS stage she was shockingly thin. That is when it hit me and created fear of the disease to a point that I started using condoms”* and *“My aunt has lost three of her children to AIDS in three consecutive years... so that rang a warning bell for me... that I must be careful”*.

Falling in love and establishing a longer term relationship provides a means to escape the higher risk environment of high partner turnover – *“If I have to put it in one word, I would say that I am committed now”*, and *“I feel great and proud for staying faithful to him”*. Whilst those in longer-term relationships recognised that they were going against the grain of peer expectations, it was possible to think independently – *“I believe that it is a mindset that people have that a man cannot date one woman. To me it is a lie, a total lie. You can date one woman and be satisfied”*. Such thinking included recognition that having multiple partners was difficult to sustain, but also that there was a risk of exposure to HIV.

Respondents in longer term relationships recognised the value of HIV testing as a means to manage longer term relationships and establishing a foundation of trust – “*The only way to trust a person should be to get tested, get married, then you can trust that person*”. HIV testing was also seen as a foundation for any relationship – “*I know what I am doing. Like when ever I have to start engaging in sexual relations with a man I have to go testing first*”.

CONCLUSIONS AND RECOMMENDATIONS

The findings of this study illustrate clearly that having concurrent sexual partners is common in sexual relationships amongst young people aged 20-30 in South Africa. There are many underlying factors to this phenomenon, but for the most part it involves an intersection between socioeconomic and cultural contexts that are intertwined with individual psychological factors related to self-esteem and fatalism.

Sexual relationships are a pathway towards a number of distinct benefits. Sex can be exchanged for material goods and money. The concepts of sex and love are often separated, as is sex *with* love with a ‘main’ partner, and sex *without* love with ‘other’ partners. This duality is widely accepted as normative and results in a recategorisation of the concept of faithfulness, whereby being faithful shifts in meaning from *de facto* fidelity to a concept where keeping infidelity secret is a sufficient criterion for considering oneself to be faithful.

Being part of a sexual relationship where one’s partner is known to have another partner – often a ‘main’ partner – is not seen as a disincentive for initiating or sustaining a sexual relationship.

All respondents are well aware of the pervasiveness of HIV and related key knowledge via various forms of HIV/AIDS communication. This awareness is intensified through knowing people who were ill or who had died of AIDS. However, such awareness, in conjunction with knowledge of personal risk runs in parallel to contradictions rooted in personal expressions of sexuality which include acknowledgement of risky sexual practices, as well as acknowledgement of exposure to risk that may flow from one’s partner’s sexual practices. Such considerations produce a sense of fatalism about the inevitability of HIV infection.

The pathway to HIV risk reduction is neither short nor easy, with realisation and adoption of more stable sexual partnerships being an outcome of a journey through risk, rather than a choice that is made early on in the trajectory of sexual life. These choices – which include love, commitment to a single partner, commitment to consistent condom use, and finding out one’s HIV status – do not appear to be strongly supported by peers or broader social norms. Instead, such stability runs counter to a pervasive norm of sexual partner turnover, sexual partner concurrency and casual sex, which is readily available in clubs, bars and shebeens.

The context of concurrent sexual partnership, in combination with the socioeconomic and cultural underpinnings that reproduce such sexual patternings, is not governed by a strong moral framework, and overall, respondents make few allusions to morality in relation to sexual behaviour. As has been noted, a concept such as faithfulness – which is conventionally attached to moral constructs of fidelity – is massaged into new meanings that take into account present lived experience and allow for faithfulness and infidelity to occupy an overlapping conceptual space.

The challenge for HIV prevention strategy, and in particular HIV prevention communication strategy, is to identify and implement appropriate focal areas and concepts that take into account

lived experience in the context of a severe HIV epidemic. HIV prevention communication has been successful in promoting condom use and HIV testing with upward trends in both practices over the past few years. However, neither of these outcomes have translated into marked impacts on containing the epidemic.

HIV prevention communication has been insufficiently focused on drawing lessons from the science and epidemiology of HIV and the data shows that awareness of the risks of high sexual partner turnover, casual sex and sexual partner concurrency are not well recognised. Consequently, urgent and intensified focus is called for.

Analysis of the data indicates that emphasis needs to be placed on promoting awareness that the following behaviours and practices increase risk of HIV acquisition. These need to be promoted as *primary* risk factors:

- ❑ Having many sexual partners in one's lifetime;
- ❑ Frequently changing sexual partners and having two or more sexual partners in a year;
- ❑ Starting sexual relationships soon after meeting people;
- ❑ Having casual sex and 'one-night stands';
- ❑ Having more than one partner in the same month;
- ❑ Having overlapping sexual partnerships;
- ❑ Having a 'main' partner as well as having 'other' partners.

Interventions should avoid the dualities of meaning embedded in the concept of 'faithfulness' in favour of more direct and pragmatic guidelines. The following key concepts are thus suggested for *primary* HIV prevention:

- ❑ Manage your risk to HIV by managing your relationships;
- ❑ The more sexual partners you have, the higher your risk of becoming infected with HIV;
- ❑ Avoid 'one-night stands' and get to know someone well before starting a sexual relationship;
- ❑ Having more than one sexual partner in the same month puts you at very high risk of becoming infected with HIV;
- ❑ Space your relationships and avoid having overlapping sexual partnerships.

A number of additional emphases could be explored including promoting understanding of the links between alcohol consumption and high risk sex.

The findings on condom use suggest that although condom use is pervasive, consistent and correct condom use have not necessarily followed, and these latter factors have potentially limited epidemiological impacts. Condom promotion remains an important cornerstone of HIV prevention, but in the present context of high overall HIV prevalence in conjunction with exposure to concentrated sexual networks, it is necessary to focus on reducing concurrency. In this context, condom promotion should focus on promotion of correct and consistent condom use in parallel to promoting dual strategies such as avoiding concurrency.

HIV testing emerges in the qualitative data as a useful complementary strategy for people in established relationships, or for those considering establishing long term relationships.

The following key concepts related to condoms and VCT are suggested for *complementary* HIV prevention communication:

- Always insist on condom use during sex;
- Make sure you know how to use condoms correctly;
- Use condoms every time you have sex;
- Know your status. Don't unknowingly infect others. Always use a condom;
- Go for HIV testing with your main partner. Share your results and plan your future;
- If you know you are HIV positive, always use condoms.

Promotion of the suggested orientation to HIV prevention communication would need to be adopted urgently and sustained for a period of 24-36 months, including monitoring and evaluation of progress. It is also suggested that the measures and indicators used for understanding multiple and concurrent partnerships be expanded beyond number of sexual partners in past year or month. Expanded measures and indicators could include the following:¹²³

- During your current or most recent sexual relationship, have you had other sexual partners?;
- If yes, how many other sexual partners have you had?
- How many sexual partners have you had in the past year where you only had sex once with a particular partner?
- How many sexual partners have you had in the past month where you only had sex once with a particular partner?
- Do you think your current or most recent partner has had other sexual partners in the past year?
- How long have you been in your current or most recent sexual relationship?
- How many sexual partners have you had in the past two years (including 'one-night stands'?)
- How many sexual partners have you had in the past two years (excluding 'one-night stands')?
- For respondents who are currently in a sexual relationship (yes/no):
 - I know my HIV status;
 - I know the HIV status of my most recent sexual partner;
 - I have tested for HIV with my most recent sexual partner;
 - I would consider testing for HIV with my most recent sexual partner.

The qualitative data used in this survey has also been analysed in other focal areas including sexual practices (anal sex, oral sex, sex during menstruation, condom use) and a focus on the gender dimensions of sexual relationships. These findings are available as separate reports.

Further qualitative research is suggested based on the findings of the present survey. Potential new focal areas for research include:

¹²³ These would apply to respondents reporting one or more sexual partners in past year. Introduction of such questions into questionnaires would require pre-testing of the questions.

- ❑ Relationship between the HIV/AIDS communication milieu and HIV risk perceptions;
- ❑ Exploration of the duration of sexual relationships and factors underpinning late or non marriage in the 25-39 year age group;
- ❑ Prevention responses in relation to VCT;
- ❑ Perspectives on the relevance and authority of HIV prevention communication including formal campaigns, mass media information and interpersonal communication.

REFERENCES

- Auvert, B., Taljaard, D., Lagarde, E., Sobngwi-Tambekou, J., Sitta, R., et al. (2005) Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: The ANRS 1265 Trial. *PLoS Med* 2(11): e298.
- Bailey, R., Moses, S., Parker, C., Agot, K., Maclean, I., Krieger, J., Williams, C., Campbell, R. & Ndinya-Achola, J. (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: A randomised controlled trial. *The Lancet*, 369(9562): 643-656.
- Blanchard, J.F. (2002). Populations, pathogens, and epidemic phases: Closing the gap between theory and practice in the prevention of sexually transmitted diseases. *Sexually Transmitted Infections*, 78:183-188.
- Campo, J., Perea, M.A., del Romero, J., Cano, J., Hernando, V. & Bascones, A. (2006). Oral transmission of HIV, reality or fiction? An update. *Oral Diseases*. 12(3):219-228.
- Corey, L., Wald, A., Celum, C.L. & Quinn, T.C. (2004). The effects of herpes simplex virus-2 on HIV-1 acquisition and transmission: A review of two overlapping epidemics. *Journal of Acquired Immune Deficiency Syndrome*, 35:435-445.
- Daar, E.S., Little, S., Pitt, J., Sanangelo, N.P., Ho, P., Harawa, N., et al. (2001). Diagnosis of primary HIV infection. *Annals of Internal Medicine* 134(1):25-29.
- Doherty, I., Padian, N.S., Marlow, C. & Aral, S. (2005). Determinants and consequences of sexual networks as they affect the spread of Sexually Transmitted Infections. *Journal of Infectious Diseases*, 191:S42-S54.
- Freeman, E. E., Weiss, H.A., Glynn, J.R., Cross, P.L., Whitworth, J.A. & Hayes, R.J. (2006) Herpes simplex virus 2 infection increases HIV acquisition in men and women: Systematic review and meta-analysis of longitudinal studies. *AIDS* 2006, 20:73-83.
- Garnett, G. P. & Johnson, A. M. (1997). Coining a new term in epidemiology: concurrency and HIV. *AIDS*. 11(5):681-683.
- Ghys, P.D., Fransen, K., Diallo, M.O., et al. (1997). HIV prevalence and risk behavior among clients of female sex workers in Abidjan, Cote d'Ivoire. *AIDS*. 17(11):1691-1694.
- Gray, R., Kigozi, G., Serwadda, D., Makumbi, F., Watya, S., Nalugoda, F., Kiwanuka, N., Moulton, L., Chaudhary, M. & Chen, M. (2007). Male circumcision for HIV prevention in men in Rakai, Uganda: A randomised trial. *The Lancet*, Volume 369 (9562) 657-666.
- Gray, R.H., Wawer, M.J., Brookmeyer, R. & Sewankambo, N.K. (2001). Probability of HIV-1 transmission per coital act in monogamous heterosexual, HIV-1-discordant couples in Rakai, Uganda. *Lancet*, 357:1149-1153.
- Halperin, D. & Epstein, H. (2007). Why is HIV prevalence so severe in Southern Africa? The role of multiple concurrent partnerships and lack of male circumcision: Implications for AIDS prevention. *Southern African Journal of HIV Medicine*, March, 19-27.
- Holmes, K.K., Levine, R. & Weaver, M. (2004). Effectiveness of condoms in preventing sexually transmitted infections. *Bulletin World Health Organisation*, 82(6): 454-461.
- Hunter, M. (2007). The changing political economy of sex in South Africa: The significance of unemployment and inequalities to the scale of the epidemic. *Social Science and Medicine* 64(3):689-700.

- Latora, V., Nyamba, A., Simpore, J., Sylvestre, Diane, S. Sulvere, S. & Musumeci, S. (2006). network of sexual contacts and Sexually Transmitted HIV Infection in Burkina Faso. *Journal of Medical Virology* 78:724-729.
- Leynaert B, Downs AM, de Vincenzi I. 1998. Heterosexual transmission of the Human Immunodeficiency Virus. *American Journal of Epidemiology* 148:88-96.
- Morris, M. & Kretschmar, M. (1997). Concurrent partnerships and the spread of HIV. *AIDS* 997(11):651-658
- Morris, M. & Kretschmar, M. (2000). A microsimulation study of the effect of concurrent partnerships on the spread of HIV in Uganda. Working Paper. Population Research Institute, Pennsylvania State University.
- Pilcher, C.D., Tien, H.C., Eron, J.J., Vernazza, P.L., Leu, S., Stewart, P.W., Goh, L. & Cohen, M. (2004). Brief but efficient: Acute HIV infection and the sexual transmission of HIV. *Journal of Infectious Diseases*, 189:1785-1792.
- Shisana O, Rehle T, Simbayi LC, Parker W, Zuma K, Bhana A, Connolly C, Jooste, S, Pillay V. 2005. South African national HIV prevalence, HIV incidence, behaviour and communications survey. Cape Town: HSRC Press.
- Varghese, B., Haher, J.E., Peterman, T.A., Bernard, M. & Steketee, R.W. (2002). Reducing the Risk of Sexual HIV Transmission: Quantifying the per-act risk for HIV on the basis of choice of partner, sex act, and condom use. *Sexually Transmitted Diseases*. 29(1):38-43.
- Vernazza, P.L., Eron, J.J., Fiscus, S.A. & Cohen, M.S. (1999). Sexual transmission of HIV: infectiousness and prevention. *AIDS* 13:155-166.
- Wawer, M.J., Gray, R.H., Sewankambo, N.K. & Serwadda, D. (2005). Rates of HIV-1 transmission per coital act, by stage of HIV-1 infection, in Rakai, Uganda. *Journal of Infectious Diseases* 191:1403-1409.
- Weller, S. & Davis, K. (2003). Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Systematic Review*. Issue 4.