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# Multiple and Concurrent Sexual Partnerships in Zimbabwe

**A Target Audience Research Report  
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## Executive summary

The organisation, ACTION, conducted formative target audience research on the topic *HIV prevention through reduction in Multiple and Concurrent Partnerships* in Zimbabwe. The aim of the research was to find out the extent of people's knowledge, awareness, understanding and beliefs as well as to uncover myths and misconceptions around Multiple Concurrent Partnerships (MCP).

The research that this report is based on was done in nine provinces in Zimbabwe: Manicaland, Midlands, Mashonaland Central, Mashonaland East, Mashonaland West, Harare, Bulawayo, Matabeleland North and Matabeleland South. The research used focus group discussions and key informant interviews to source data.

The research highlighted the following findings:

- Different kinds of sexual relationships exist within the target audience communities. These include relationships that married men have with other partners, transactional sex in which one party pays for sex, affairs, casual sex, exploitative relationships where one partner takes advantage of a desperate person and polygamous relationships in which men have more than one wife.
- The target audience understood faithfulness as sticking to one partner and not having affairs or sex outside of the formal relationship.
- The target audience pointed out many reasons why people have MCP. These include neglect in a main relationship and a lack of understanding of the needs of a partner; failure of women to sustain standards of hygiene and fulfil the needs of their partners; and inability of men to control themselves, particularly when drunk.
- Other reasons given by the target audience for why people have MCP include lust, inability to be satisfied with what one has, failure to conceive, use of herbs to stimulate libido, peer pressure, poverty, long distance relationships and the quest for variety.
- Respondents understood that being infected by HIV is a major risk and disadvantage of having MCP. Other problems mentioned include an increase in deaths caused by HIV and AIDS, the suffering brought to bear on children whose parents' cannot financially sustain the multiple families they create, a rise in the number of orphans and the destruction of families through separation and divorce.
- Females in the target audience also said that even if they realise that they are in a risky relationship it is difficult to leave because of the children and the harsh economic environment.

- A prominent concern is that multiple partnerships require secrecy and those involved are not supposed to meet or know of the existence of the other/s.
- Many men feel that it is natural for them to have more than one partner, and that this is not going to change. Women, however, feel that outreach programmes may help decrease MCP, and that men should control themselves.
- Knowledge about HIV is sketchy with many feeling they can tell a person's HIV status by looking at them. Many people said that they do need to be tested for HIV or have protected sex as they have been in a relationship for a long time. In terms of safe sex, men suggested that they would not use condoms if they had paid for sex, as they want value for their money.
- The male target audience highlighted a belief among men that 'a bull is seen by its wounds', which means that a man has to go through a phase of having diseases like STIs.
- The respondents understood certain cultural practices as putting people at risk of contracting HIV, such as polygamy, taking over a dead brother's or sister's spouse, repaying a crime by handing over a girl child and helping an infertile couple conceive.
- The target audience had heard of circumcision and its supposed benefits in reducing HIV infection, but they were not convinced of this, as they know that HIV is transmitted through body fluids. They also feel that the foreskin makes sex enjoyable, and that removing it reduces sexual feelings.

## **Conclusion**

This research confirms that MCP are common in Zimbabwe. It shows that there are varied and gendered attitudes towards MCP. Reasons for these partnerships relate to gender relations, poverty, lust, culture and abuse. The results show that although men and women have some information on MCP, there are big gaps in knowledge, and that certain cultural and social norms need to be addressed in order to reduce the number of people involved in MCP in Zimbabwe.

# 1. Introduction

The organisation, ACTION, was formed in 1987 as a project of the Zimbabwe Trust. Since then, the organisation has been developing educational materials in the form of comic-text magazines and posters, which have been distributed to primary and secondary schools.

ACTION is a part of the Soul City Regional Programme (SCRIP), which uses various media to encourage and support positive behaviour, thinking and change around issues of health and social development. The approach is to use 'edutainment', that is multimedia education and entertainment, to explore different ways of talking about health and social issues.

After five years as part of the SCRIP, ACTION, through its youth brand *Action Pals*, has successfully adapted the following products:

- *Action Pals - Raising Children to be their Best*: this book was distributed to all schools, clinics and hospitals in the country for easy access by parents.
- *Action Pals - Tomorrow is Ours 1 and 2* were also distributed to all schools, hospitals and clinics for easy access by children.
- *Action Pals - Radio Series 1* was aired on National FM in Ndebele and Shona for children to listen to.
- *Action Pals - Helping Children Deal with Difficult Issues* was distributed to schools, clinics and hospitals.

Through its adult brand, *Action for Life*, ACTION has adapted the booklet *Help Stop Violence against Women*, which has been distributed through health centres, post offices, Church-based Organisations (CBOs) and Non-government Organisations (NGOs) and by several stakeholders.

Since 2006, *Action Pals* has researched and developed its materials from topic identification through to writing and designing booklets. As with the adaptation process, a formative research process is followed to ensure that the products developed are:

- relevant to the needs of the Zimbabwean audience
- endorsed by ministry officials and stakeholders
- beneficial to the target audience.

## 1.1 Background

Globally, more than 40 million people are living with HIV, with the bulk living in sub-Saharan Africa. Of these, 2.3 million are children under the age of 15<sup>1</sup>. Southern Africa remains the epicentre of the global AIDS pandemic. Currently, approximately 14 million adults and children are living with HIV in southern Africa – accounting for 51% of all infections in Africa.

The main mode of HIV transmission in sub-Saharan Africa is heterosexual sex<sup>2</sup>. A Southern Africa Development Community (SADC) think tank meeting in Maseru, Lesotho, in May 2006 identified high levels of MCPs between men and women – with inconsistent and incorrect condom use, combined with low levels of male circumcision – as the key drivers of the epidemic in southern Africa. Other contributing drivers fuelling the epidemic include male attitudes and behaviours, in particular intergenerational sex (age differential over 5 years), gender-based violence, stigma, lack of openness about the epidemic and untreated viral Sexually Transmitted Infections (STIs). Underlying these biological and social drivers are the structural factors of high mobility, inequalities of wealth and cultural factors, including gender inequality, which renders young women particularly vulnerable to HIV infection.

## 1.2 Soul City Regional Programme for HIV Prevention

Soul City Institute for Health and Development Communication is coordinating a five-year HIV prevention campaign, aiming at reducing MCP in nine countries in the region, including Zimbabwe. The campaign will be multi-faceted and will combine mass media and social mobilisation. The research upon which this report is based will inform the messages for the campaign in Zimbabwe.

## 1.3 The Formative Research Process

Formative target audience research is the process of obtaining relevant and appropriate information from research respondents to inform the design of health and development communication materials. The formative research process ensures that information gathered is integrated and that high-quality and effective materials are produced.

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<sup>1</sup> UNAIDS, 2005

<sup>2</sup> SADC think tank report, 2006

This process consists of three stages:

1. Desk (literature) research
2. Interviews with interest groups/key informants
3. Target audience research

ACTION has three trained in-house researchers and five fieldworkers who were involved in this research process.

### **Research Objectives**

The general objective of the research was to gather information about participants' views, attitudes and practices around MCP in the context of HIV prevention in Zimbabwe.

The research aimed to:

- Gain insight into people's understanding of sexual relationships and HIV prevention.
- Understand how people view sexuality and circumcision in relation to HIV prevention.
- Understand the issue of MCP and how people perceive their risk in the context of the AIDS epidemic.
- Identify cultural, social and structural factors that render young women and men vulnerable to HIV infection.
- Explore possible interventions to prevent HIV in Zimbabwe and southern Africa.

### **Research Methodology**

#### *Desk research*

Desk research, including a literature review, was commissioned in order to gather data.

#### *Key informants research*

Interviews were conducted in six provinces – Masvingo, Bulawayo, Matabeleland South, Midlands, Mashonaland East and Harare – with individuals with special knowledge on HIV prevention. Recruitment of these key informants was done through their respective organisations or institutions.

#### *Target audience research*

Twelve focus group discussions were held with married men and women, single men and women and youths. Deliberate efforts were made to include those with multiple and concurrent partners.

*Sample areas*

Data collection took place in nine provinces of Zimbabwe, namely Manicaland, Midlands, Mashonaland Central, Mashonaland East, Mashonaland West, Harare, Bulawayo, Matabeleland North and Matabeleland South. Twelve groups of males and females were selected from mining towns and urban, peri-urban and rural areas.

The sample was constructed as follows:

<b>Area</b>	<b>Area Type</b>	<b>Gender</b>	<b>Age Group</b>	<b>Language</b>
Manicaland: Chipinga Checheche	Peri-urban	Females Youths	15–19	Shona
Matabeleland South: Beitbridge	Peri-urban	Females Youths	20–24	Ndebele
Mashonaland Central: Mazowe, Nzvimbo	Peri-urban	Females Married	35+	Shona
Midlands: Lower Gweru, Maboloni	Rural	Males Youths	15–19	Ndebele
Mashonaland West: Kariba Nyaminyami	Rural	Males Youths	20–24	Shona
Mashonaland East: Mudzi, Nyamapanda	Rural	Females Married	25–34	Shona
Matabeleland North: Binga	Rural	Males Married	25–34	Ndebele
Harare: Sunningdale	Urban	Males Married	25–34	Shona
Bulawayo: Mzilikazi Mpopoma	Urban	Females Married	25–34	Ndebele
Matabeleland North: Victoria Falls	Urban	Females Single	25–34	Ndebele
Mashonaland Central: Guruve, Dande	Farm	Males Single	35+	Shona
Midlands: Shurugwi	Mine	Males Married	35+	Ndebele

*Recruitment*

Researchers recruited respondents through Rural District Councils, District HIV and AIDS Councils (DAC) and NGOs operating in the nine provinces.

### *Data Collection Procedure*

Data was collected through focus group discussions. Each group consisted of up to twelve participants. Each discussion was facilitated by a trained researcher and was digitally recorded. The recorded data was then transcribed and translated verbatim and typed electronically for analysis.

### *Data Processing/Analysis*

Data was processed and thematically analysed by ACTION's in-house researchers using ATLAS.ti.

### **Limitations**

The research process was a challenge as it was the first time the research team had to work with a sensitive and personal topic. The fieldwork took three weeks. The recruiters found it difficult to find participants who were willing to talk about the topic.

## 2. Findings

The analysis of the key experts and the respondents' reports show similar findings. The results are common across age, gender and demographic area unless stated.

### Findings from the Key Experts

ACTION carried out individual interviews with ten key experts from six provinces of Zimbabwe. The term MCP was understood to refer to secretive sexual encounters taking place at the same time as other relationships involving male and female, young and old, married and unmarried partners. The experts highlighted the key drivers of HIV infection as:

- commercial sex
- cultural practices such as inheritance and polygamy made possible through the provisions of the African Marriages Act
- the fact that it is considered fashionable in Zimbabwe to be involved in MCP
- the trauma associated with childless marriages
- separation from spouses for lengthy periods due to work commitments, such as truck driving
- prostitution
- economic difficulties which motivate the dependence of women on more economically empowered men for survival.

Experts view MCP as a key cause of infection since partners involved in these relationships often develop a false sense of trust and engage in unprotected sex. The experts called for a strong advocacy strategy across all sectors, including political and traditional leadership, churches, schools and the workplace. The advocacy strategy should promote the fight against MCP by emphasising abstinence, condom use, faithful monogamous relationships and promoting male circumcision. The media should be used to disseminate appropriate messages for behaviour change and HIV prevention.

### Findings from the research respondents

The following section provides detailed feedback on the research findings.

#### 2.1. Multiple and Concurrent Partnerships

##### Types of sexual relationships that exist in communities

###### *Marriage*

The rural respondents felt that in their communities there are proper marriages.

*Here at the border we have proper marriages...*

**Married female, 25–34 years, rural Mashonaland East**

*We also have relationships for married people.*  
**Male, 20–34 years, rural Mashonaland West**

#### *Small houses*

'Small houses' were identified by all age groups in all areas as a common form of sexual relationship. These were said to be relationships where a married man finds a permanent girlfriend who is almost like a second wife. The man will support the small house and may even have children with the woman of the small house. The relationship will remain a secret from his wife.

*I think a small house is a person who is in love with a person, who has a wife that everyone knows about, and then this man has a relationship with another woman or should I say a girl out of his marriage, someone that no one knows about.*  
**Female, 20–24 years, peri-urban Matabeleland South**

*These are relationships that men have that are outside marriage.*  
**Married female, 25–34 years, urban Bulawayo**

*You may have a wife at home and at the same time have a girlfriend who is unknown to her. You will be supporting her. At times you may even have children with this woman while it remains a secret and unknown to your wife at home.*  
**Married male, 35+ years, Midlands mine**

*Small house it's like a second wife to my wife, small house and I have a girlfriend outside and a wife as well so when I get my salary I go and give the small house and she gets a lot more than my wife whom I paid bride for, she washes my clothes but will be suffering...*  
**Single male, 35+ years, rural Mashonaland Central**

#### *Transactional sex*

The respondents raised another very common relationship in which women engage in sex for money, which they term prostitution or commercial sex work. They stated that these people need the money to survive.

*However, unlike other forms of affairs, prostitution is mainly based on affection punctuated by monetary issues. Money available, then services can be rendered.*  
**Married male, 35+ years, Midlands mine**

*We are talking of girls who just start prostitution which is caused by poverty or who have been divorced and the girl will just go to a shebeen to prostitute to get money to survive.*  
**Female, 15–19 years, peri-urban Manicaland**

*The ones where by a person gets into a relationship for money, like tomorrow they will have a relationship so that they get money then the next thing they have sexual intercourse.*  
**Male, 15–19 years, rural Midlands**

*Casual sex*

The married males, females and male youths also talked about incidents whereby people just meet and have sex and never see each other again. The youths felt that these relationships were for enjoyment only.

*The relationships that we have mostly are those whereby you just sleep with anyone you meet for that time...*

**Male, 20–34 years, rural Mashonaland West**

*There is this issue whereby you can just have sex with someone for that time. It's that you may feel you need someone and then you have the relationship for that time. After that you part and maybe don't see each other again.*

**Married male 35+ years, Midlands mine**

*I think that they just want to enjoy themselves.*

**Married female, 25–34 years, urban Bulawayo**

*It's getting a woman who is not your wife just a person that you will hit for one day only. A person you will have sexual intercourse with for one day then you just leave them.*

**Married male, 25–34 years, rural Matabeleland North**

*Taking advantage of those who are stranded*

Men from the mines and rural areas also discussed times when men take advantage of women in desperate situations, for example if they are stranded at night due to transport problems. They offer them accommodation and expect sex in exchange.

*As a man I take advantage of transport problems and I convince the stranded person that I can offer accommodation until she gets transport. I will end up sleeping with that woman after convincing her that I will try and help her get transport. Even if she doesn't get transport but I would have slept with her.*

**Male, 20–34 years, rural Mashonaland West**

*Let's say someone is stuck somewhere during the night. They fail to secure transport and someone takes an advantage of the situation and sleeps with that person (amid laughter in the background).*

**Married male, 35+ years, Midlands mine**

*Relationships with widows*

The rural youths also talked about men and women who have relationships with widows.

*So someone will indulge in sexual intercourse with a man who will have lost his wife - these will be old people.*

**Male, 15-19 years, rural Midlands**

*Abuse of children for muti (medicine)*

Married women in the peri-urban areas talked about some parents sleeping with their children out of a belief that this could make their businesses more profitable or their crops more productive.

*There is another one whereby some parents use **muti** to get their business running or maybe they use **muti** to harvest lots of crops for that they end up sleeping with their relatives or children.*

**Married female, 35+ years, peri-urban Mashonaland Central**

### *Polygamy*

Polygamous relationships exist in the urban and rural communities. Men are officially married to more than one wife.

*We mean that in relationships you find that a man could have two wives but a woman is a woman and a man is a man.*

**Married male, 25–34 years, rural Matabeleland North**

### *Rape*

The groups talked about some men forcing women to have sex with them against their will which, according to them, is rape. Those from the mines said that if you ask for sex knowing that you don't have the money to pay for it and then force the woman to have sex anyway, that is also rape.

*You can also make someone do it against her own will.... At times he might make a deal, let's say she agrees that I pay \$5 000 for her services and I have \$2 000 ... I force her to have sex with me. I don't have the \$5 000 we agreed on and I force her to have sex against her better judgment and desire...*

**Married male, 35+ years, Midlands mine**

*Someone just rapes you because he wants to sleep with you. There is no agreement, no love, you meet someone on the road and he rapes you.*

**Married female, 35+ years, peri-urban Mashonaland Central**

### *Using muti (magic) to sleep with other people*

The peri-urban married females stated that some men use herbs to create magic so that they can sleep with whoever they want.

*I am talking of those people who use goblins maybe muti (some sort of magic) to sleep with people, whenever they want to without you knowing it.*

**Married female, 35+ years, peri-urban Mashonaland Central**

### **Understanding of faithfulness**

The groups understood faithfulness to mean sticking to one partner and not having sexual relationships outside marriage. Some talked about faithfulness not existing any more.

*Faithfulness is difficult to explain especially these days. It is difficult because I believe faithfulness is no longer there.*

**Married male, 35+ years, Midlands mine**

*I think if you have multiple boyfriends you are unfaithful, if you were faithful you would have one, obviously your relationship is not based on trust but it is just for fun.*

**Female, 20–24 years, peri-urban Matabeleland South**

*It means that if you have got a wife she is the only one you can have sex with and no one else. People should stick to one partner and stop sleeping around.*

**Male, 20– years, rural Mashonaland West**

*Faithfulness means just look for your legal wife and you don't look for outside relationships.*

**Married male, 25–34 years, urban Harare**

### **Why people have Multiple and Concurrent Partners**

*Married women ill treat husbands*

Many men and women agreed that some married women ill treat their husbands, which pushes them to have other partners. They talked about married women getting comfortable and forgetting to take care of their husbands. For example, they don't prepare hot baths and good food, which the men will seek from other partners.

*Our pastor always says that when you get married things are always well then when you are in the home you get comfortable and you forget. Then when your husband comes late he knocks and you go and open the door for him. Then when he asks for his food you tell him to get it himself.*

**Married female, 25–34 years, urban Bulawayo**

*The other reasons why men have small houses it's because ladies treat their husbands badly. They don't prepare hot bathing water for their husband in the morning, there is no romance but at a small house they get that.*

**Married male, 25–34 years, urban Harare**

*“Your socks are over there” – those are the things that make him leave you for a small house where he gets better treatment. And he won't come back. Then when he wakes up he gets special treatment from his girlfriend.*

**Married female, 25–34 years, urban Bulawayo**

*Sexual dissatisfaction in relationships*

Respondents believe that some women cause their husbands to leave home and look for other partners because they do not meet their sexual needs. Men talk about wanting romance and wanting their partners to be more active in love making. They feel that their formal partners at home do not encourage them, thus they seek satisfaction elsewhere. They also complain about women's vaginas being too wet.

*Sometimes it will be nice. Even when you are having sexual intercourse or when she is kissing you she will be sucking your tongue. To the one that will be sucking your tongue and caressing you will be the one who you will enjoy being with the most.*

**Male, 15–19 years, rural Midlands**

*Yes some don't know how to handle men and some women are watery so the men go to the dry one.*

**Married female, 25–34 years, rural Mashonaland East**

*At times women do not please their husbands, that's why they decide to be involved with other partners. At times if a man wants to change styles of sexual practices women question them such that they end up opting for prostitutes who don't question them because they want money.*

**Married female, 25–34 years, rural Mashonaland East**

Similarly, women may also have many partners due to a lack of sexual satisfaction within a primary relationship.

*At times men drink a lot and sleep the whole night without having sex with their wives. This thing will be a daily thing and as a result (she gets) another partner someone who can help her by satisfying her needs.*

**Male, 20–34 years, rural Mashonaland West**

*Women say that their husbands won't be satisfying them.*

**Married female, 25–34 years, urban Bulawayo**

#### *Poor personal hygiene of married women*

Groups talked about married women relaxing their hygiene practices, forgetting to bath so that one can smell their sweat, and neglecting their appearance.

*When you are married to someone who doesn't want to keep herself clean at times you might be tempted to look for someone who is clean.*

**Male, 20–24 years, rural Mashonaland West**

*Yes, there are some women who are undisciplined, they tend to relax. When they get married it is now her home. So when she wakes up she will clean and forget about the bedroom and forget to bath first. Some women don't bath and when you get near them you can smell the sweat.*

**Single females, 20–24 years, urban Matabeleland North**

*Small houses are created by us women. That's what we women don't understand. It's because when we get into the home we no longer treat ourselves the way we used to and you end up looking like a granny.*

**Married females 25–34 years, urban Bulawayo**

#### *Men want to be taken care of*

Men want to be bathed, sprayed with perfume, given good food and welcomed home from work. These are some of the things that are not happening within their marriages and this is why they go to small houses.

*Because that side he will be treated well and she will be bathing him.*

**Single female, 20–24 years, urban Matabeleland North**

*She treats you well. She treats you nicely I could say what's apparent. She treats me well she cooks meat for me the one that I want so that I also don't stray and she gives me good food.*

**Married male, 25–34 years, rural Matabeleland North**

*Men are sprayed perfumes. After bathing you are wiped, dressed and fed but if you go back home you do it yourself.*

**Male, 20–24 years, rural Mashonaland West**

*When you are from work the way you are welcomed might make you decide to go out of the house.*

**Male, 20–24 years, rural Mashonaland West**

#### *People cannot control themselves*

Some respondents argue that another cause of multiple partners is that people lack self control. Some blame men because they know that women stay at their rural homes and remain faithful, but men have girlfriends wherever they are. Others feel that all people are to blame as some have sex with almost everyone who asks them out.

*We fail to control ourselves. A woman can stay at her rural home without doing anything but us men if you just go to town at work you will quickly have a girlfriend. So us men we are the causers.*

**Single male, 35+ years, rural Mashonaland Central**

*And also what cause someone to have many partners is because you don't have self-control. Anyone who asks you out you love that person and all those people would want to sleep with you and you end up sleeping with them. You don't know their status and as a result you spread the HIV.*

**Female, 15–19 years, peri-urban Manicaland**

#### *Lust and variety*

The male target audience felt that another cause of multiple partners is that men are never satisfied by one partner and continue to lust after a variety of women.

*Some men will be comparing women or maybe just wanting to sleep with different women for the fun of it and disease will be spreading.*

**Married female, 35+ years, peri-urban Mashonaland Central**

*It's only about being a bull. You want to feel a variety of women.*

**Married male, Shurugwi**

*The problem with men is that they are never satisfied. They keep on looking at and appreciating other women.*

**Married male, 35+ years, Midlands mine**

*I think its lust, because people tend to want to sleep with everyone from white, fat, thin, light in complexion and so on.*

**Male, 20–24 years, rural Mashonaland West**

#### *Drunkenness*

Respondents say that extramarital relationships occur when they are drunk. When you are drunk you find women more attractive.

*What happens is that when you are in beer halls you need pleasure so you end up doing that.*

**Male, 20–24 years, rural Mashonaland West**

*At times it is due to the influence of beer. When you are drunk you just feel to do this and that... Those ladies we see after we have taken some beer, you will see as if they are different from those married wives at home. Laughter...*

**Married male, 25–34 years, urban Harare**

#### *Failure to conceive*

Rural groups felt that failure to conceive causes some partners to go out and look for someone who can give them children. The men felt that at times there is pressure from relatives to do this.

*At times some women can't have children so the man decides to go out.*

**Married female, 25–34 years, rural Mashonaland East**

*At times some couples (stay) for a long time without children. At the end relatives (start) complaining and the people will look for other partners – it's also a problem.*

**Male, 20–34 years, rural Mashonaland West**

#### *Herbs to stimulate libido*

Rural male respondents thought that some men use medicines like *vhuka vhuka* (a local form of Viagra) that stimulate them, causing them to have sex with many women. The medicine is said to be put in beer or *mahewu*.

*In beer halls and in the area there are some people who use African medicines for sexual purposes and in the end they are forced to have sexual relationships with several people.*

**Male, 20–24 years, rural Mashonaland West**

*Medicines like *vhuka vhuka* stimulate people such that you want to sleep with women anytime and you find that maybe your wife is unavailable, you end up picking anyone. These men put the medicine in their beer or *mahewu*.*

**Male, 20–24 years, rural Mashonaland West**

#### *Lack of support for the family*

Lack of support by spouses was also seen as contributing towards multiple partnerships. Some men don't provide their women with essentials like clothing and food so they look for other people who can provide those things.

*If you don't support your wife and she sees a woman from next door getting everything she might be tempted to get another sexual partner so that she can get what a lady from next door gets.*

**Male, 20–24 years, rural Mashonaland West**

*Some men don't support their wives by buying pants, petticoats so if she sees others putting on those things she will say I don't know why I am staying here, its better I go out and by doing so she contracts the virus.*

**Single male, 35+ years, rural Mashonaland Central**

*Peer pressure*

Men say that when they are with other men they talk a lot about sex, and this encourages them to try what they hear they can pay a prostitute to do. They say that friends encourage them when they are in clubs, at discos and in beer halls to have multiple partners.

*You will be ashamed that some people of my age are doing this and that and I am the only one who is left behind.*

**Married female, 35+ years, peri-urban Mashonaland Central**

*You can be encouraged by friends. A friend can say you can have two boyfriends and you will have many things to eat during break time and this also causes you to have many multiple partners.*

**Female, 15–19 years, peri-urban Manicaland**

*What causes many sexual partners is the friends that we choose. If you socialise with John who always gets his entertainment from clubs, what it now means is that as soon as I finish work I will not have time with my wife, I will go to a beer hall.*

**Married male, 25–34 years, urban Harare**

*At times your friend can say to you let's go to a band or disco. When you are there, he'll be having his girlfriend. You are compelled to look for someone there who is alone.*

**Married male, 35+ years, Midlands mine**

*Poverty*

Poverty was also identified as a cause of multiple partners. Group members talked about poor people, both men and women, using transactional sex to survive. They blamed the lack of jobs as a cause of poverty and also as creating too much free time. Youths talked of poverty driving them into affairs with sugar daddies who would be having affairs with other people at the same time.

*There are people like sugar daddies; they take advantage of beautiful girls who are poor... there are things that she needs so they promise to give her everything.*

**Female, 20–24 years, peri-urban Matabeleland South**

*Our parents do not have money for fees, so you would want to go to school so you say if I go out with a sugar daddy he will give you a lot of money. By that time you will already have your young boyfriend who doesn't have money so you continue loving the sugar daddy.*

**Female, 15–19 years, peri-urban Manicaland**

*You find that if one is a girl it is not good for her clothes to always be dirty so because of poverty she will go and look for someone with money and then she will get infected so it increases.*

**Married male, 25–34 years, rural Matabeleland North**

*In poverty people will try and have several partners so that they get a lot of money.*

**Male, 20–24 years, rural Mashonaland West**

*Just for fun*

Some youths felt that those in multiple relationships are in them for fun and not for sex.

*I think people are just in petty relationships just for fun and not for sex.*

**Female, 20–24 years, peri-urban Matabeleland South**

*Most of the time men will be just looking for fun, that thing that you are a man you admire you have that eye.*

**Married male, 25–34 years, rural Matabeleland North**

*Migrant labour*

Respondents felt that many people have multiple partners since they are forced to live apart because of work commitments. The wife will most often stay at the rural home while the husband works in town. They both look for partners in their respective places.

*The other issue is whereby the wife is in another town and the husband is also in another town. In that case a wife can look for a partner and a husband can also look for a partner and you will end up being four instead of two.*

**Male, 20–34 years, rural Mashonaland West**

**Case Study 1****Single male involved in MCP, 24 years, Marondera, Mashonaland East**

I was once married then divorced, then married again; I got married so many times. I married a lot of wives and I ended up divorcing them because we wronged each other. The women wronged me because I caught them with boyfriends since I don't usually stay home, due to work commitments. I stay in Botswana. When I come back home I hear that my wife is going out with another man, so I just divorce her. Those are some of the reasons why I got involved with a lot of women.

Some even end up quarrelling with my parents. At my home I stay with my sisters, my father passed away in 1991. My mother is sick and she stays in Harare. My sisters would quarrel with my wife mainly because of her choice of friends. My wife would be told not to associate with so and so because of such and such. The wife then goes back to her parents. When I'm back I go and take her back and then I go back to my work to look for some money and when I come back again I will find her gone.

I can say there is no girl worth dying for because I can leave my family in poverty or my parents on their own, like me I am the only boy in our family and all the others are girls. When I die there will be no male child, you see.

The days when I used to drink beer, but I stopped, that's when I had a lot of girls; beer encourages bad habits. If I go like to Plumtree I might not get a place to sleep and I end

up going to a beer hall to get a girl. That's when I get a place to sleep for the night and this causes the spread of HIV/AIDS.

Like money, if I have a family and all those ladies I am in love with also need money. If that lady has children she also needs support for her children. Then my wife has one so this is another big problem. I will fail to look after my own family.

Those girls I will be in love with also have other boyfriends and we can meet one day at the same place. I can even be killed or commit murder and get jailed, leaving my family in poverty. The woman causes the clashes because she is searching for support for her family, so she can have a lot of men whilst I think I am the only one. And I can make women fight because so and so will come to see me; maybe I will have lied to her saying that I don't have a wife.

We will be fighting for the woman and it depends on what I will have seen when I met her like those night ladies, the way they do it is different from the way it is done by the wife at home. What is different is the way they cook, they cook as if they want me to be there forever, frying, you know. For sex it's bad to worse. I will reach some of the corners that I have never come across. There are tricks that can be done when having sex and I will never have come across these with my wife or anyone I am in love with.

### *Abuse*

Gender violence and aggression was seen as a reason for having other partners outside of formal relationships. Both men and women are beaten by spouses and find solace in other relationships.

*Some men are beaten by their wives. That's why some men end up going to small houses.*

**Male, 20–24 years, rural Mashonaland West**

*At times it's because some men beat their wives a lot. You find that a wife can just keep quiet and act, maybe a neighbour can sympathise with your wife and at the end they fall in love.*

**Male, 20–24 years, rural Mashonaland West**

*Another thing is that us women are aggressive – if we get used to our husbands we no longer respect them. He will run away and go.*

**Single female, 20–24 years, urban Matabeleland North**

### *Men have gone wild*

Women felt that sometimes men just become wild, even when there is nothing wrong with the wife. They felt that no matter how well women treat their husbands, they will still look for girlfriends.

*He will have just gone wild, he will not have found something wrong with you because I don't think a person who lives with his wife and four or five children would suddenly find fault. What will have changed on his wife? Nothing! He will just be rebelling.*  
**Single female, 20–24 years, urban Matabeleland North**

*No matter how well you treat him he will still go and get girlfriends.*  
**Married female, 25–34 years, peri-urban Bulawayo**

*Some church sects encourage polygamy*

Church sects such as (Apostolic) Vapostori encourage multiple partners. Some of the Vapostori have up to ten wives.

*Some cultures in different churches like Vapostori can have ten wives and they can have HIV and keep on spreading it to one another.*  
**Female, 15–19 years, peri-urban Manicaland**

*Some churches encourage several partners because they are following what is written in the bible about Abraham marrying another wife so that he could have children and Joseph's father had more than one wife.*  
**Married females, 35+ years, peri-urban Mashonaland Central**

## **Disadvantages of Multiple and Concurrent Sexual Partners**

*Infection with HIV and AIDS*

Interviewees responded that the problem with having MCP is that people become infected with HIV and AIDS and spread diseases to each other. In the end life is disturbed and communities are destroyed.

*The disadvantage is HIV and AIDS; if there were no HIV and AIDS it was alright. If you have another sexual partner and your wife is without HIV and AIDS there is no problem but when there is HIV and AIDS there is a problem.*  
**Male, 20–24 years, Mashonaland West**

*It's risky in that we spread diseases to each other.*  
**Single female, 20–24 years, urban Matabeleland North**

*There are a lot of bad things; people get diseases. There is lot of dirt. People sleep around and that is HIV and AIDS.*  
**Married female, 25–34 years, rural Mashonaland East**

*You can die, because these small houses do not wait for you alone.*  
**Married male, 25–34 years, urban Harare**

*It disturbs life because there might be some diseases because a secret lover can be having other affairs with many different partners, so this destroys the community.*  
**Married male, 25–34 years, urban Harare**

*Children suffer*

Respondents felt that children suffer when parents are involved with multiple partners. The husband concentrates on the second wife and neglects the children. Women also stated

that children's school performance deteriorates as the family struggles to make ends meet.

*Children are disturbed even at school they don't do well. There is no happiness because we will be struggling to make ends meet without any additional people so if there are some people who are also getting the money things will be worse.*

**Married female, 35+ years, peri-urban Mashonaland Central**

*It also disturbs the upbringing of children. At times you may have children outside with your small house. At times you can deny your children at home proper love in preference of the children with the small house. You are ruining your children's upbringing.*

**Married male, 35+ years, Midlands mine**

*We have orphans from these relationships because the disease will have killed their parents.*

**Married female, 25–34 years, rural Mashonaland East**

*Not enough money for two families*

Men said that another disadvantage of having multiple partners is it becomes difficult to meet both families' financial needs.

*Your finances don't properly balance. You are financially inadequate. You can't cater for all the families. Somehow someone will definitely suffer.*

**Married male, 35+ years, Midlands mine**

*The issue of having small houses can cause us not to develop. At times the money was supposed to build a home in the rural area but when you go there you don't just go, just sleeping in the woman's blankets for free. The woman will say she will need soap.*

**Married male, 25–34 years, urban Harare**

*Destruction of marriage*

Respondents said that multiple partnerships break up marriages and destroy families.

*It has never been good to have several partners, it destroys marriages and plans are not followed.*

**Male, 20–24 years, rural Mashonaland West**

*You can destroy your home.*

**Married male, 25–34 years, urban Harare**

*Marriages are destroyed because of small houses.*

**Married female, 35+ years, peri-urban Mashonaland Central**

*Many marriages are breaking up due to these extra marital partnerships. At times if you nap around word will get to your wife. She might decide to leave you and go.*

**Married male, 35+ years, Midlands mine**

### Stress

Respondents felt that having several partners causes stress as one's husband is always coming home late and no longer supports the family. Men felt stressed by needing a reason to convince their wives of where they had been when they delayed getting home.

*The wife is always stressed because the husband does not come home on time and the support for the family changes. The small house will be getting more support.*

**Married female, 25–34 years, rural Mashonaland East**

*This contributes to a person being unsettled in the brains because each day you delay going home, coming from a small house, you will be thinking of what to say to your wife. So each day you have to think of something new to say.*

**Married male, 25–34 years, urban Harare**

### Wives are sexually dissatisfied

Having a small house means that men get home tired and disinterested in sex, which means the wife becomes sexually frustrated.

*At times I might deny my wife her conjugal rights. I might go out and engage with two or more sexual partners. When I go home I'm powerless and I starve my wife sexually. I just nap without talking or doing anything to her.*

**Married male, 35+ years, Midlands mine**

*My wife becomes sexually aroused but there is no one to give her her dues. There is only one end result. She will look elsewhere for sexual satisfaction.*

**Married male, 35+ years, Midlands mine**

### Benefits of Multiple Concurrent Partnerships

The only group that felt there were benefits to having more than one partner was the group of rural men. They felt that if a man is angered by a woman or if he finds a woman having her period, he can always go to another one.

*It's not helpful at all.*

**Married male, 35+ years, Midlands mine**

*As for me I don't see anything good, what you get are diseases.*

**Married male, 25–34 years, urban Harare**

*It helps because when things are not well in the house or maybe you are angry if you go to the small house the anger disappears and the stress is reduced.*

**Male 20–24 years, rural Mashonaland West**

*It's good to have multiple girlfriends because if you find one on her periods you can go to the other one.*

**Married male, 25–34 years, rural Matabeleland North**

### Reasons why people remain in risky relationships

#### Children make it difficult to leave

Married women felt that it's not easy to leave a relationship or a marriage – especially if they have children.

*It's not easy. If you have children it's difficult.*  
**Married female, 25–34 years, urban Bulawayo urban**

*It's not good because if you break the relationship and go to someone, how about the children they will be left out. I think let's try and avoid divorces so that you don't spread diseases.*

**Married female, 35+ years, peri-urban Mashonaland Central**

*Not all married people are having a good time; people just stay so that they can look after their children – one has to be patient.*

**Married female, 25–34 years, rural Mashonaland East**

### *Economic situation in the country*

Married women said that even when there are problems in a relationship; it is difficult to leave as they become accustomed to a certain standard of living. They also felt that the difficult economic environment means they will not be able to take care of the children outside of the marriage.

*At times it's the situation in the country. Others...will be trying to take care of their family because they don't know what they will do with their kids.*

**Married female, 25–34 years, Bulawayo urban**

*You might be having a good living so to leave that becomes hard.*

**Married female, 25–34 years, rural Mashonaland East**

## **Case study 2**

### **Single female involved in MCP, 20–24 years, urban Harare**

Long back I used to have one at a time. I can say I ended up having two because where I was staying my machine was stolen. That machine was my source of money and also my overlocker. The partner that I have... he does not support me. When I told him about my stolen machine he did not take any action. I moved my things from that place to somewhere else. I was now living in poverty, no money for rent, for food... So it just happened that I came across a man whom I fell in love with at that particular time, whilst I was in that poverty situation. He told me that he would assist me. That's how I fell in love with him. I'm telling the truth, I usually have one but as I speak I have two.

With my first lover we are in deep love but he doesn't care whether I have eaten or not, maybe it's because he is used to seeing me supporting myself by sewing. He just comes in and eats what I have cooked. But the one who has fallen in love with me whilst I'm in this situation knows that I'm in problems, he is helping me a lot. So I just see love in him.

I can say there are no other benefits ...I think it is balancing. This one is not giving me anything but the other one is. The one who is supporting me knows that I have someone

else besides him. The old guy is not aware that there is another guy. I have not experienced any problem with it.

At the moment I don't see them regularly. This helps in avoiding clashes.... There are problems associated with having many partners but what I have heard has not happened to me, but I have heard and seen it happening to others.

Mostly people meet at the same time and a fight starts. And if you are a lodger the landlord doesn't want people to fight at his place, it is difficult.

Also stories of diseases which are now there, it's tight. I am afraid all the time, condemning my behaviour. What I actually want is to compare the two to find out who has true love, as I have said that my first lover is used to seeing me supporting myself.

### **Myths and Misconceptions**

*If people have sex several times then they trust that their partner is free of HIV*

The youths raised a misconception that if one has sex several times with a partner then trust develops and one might think they are free of HIV and stop using condoms.

*People will be thinking that this one she is mine. If you sleep together maybe six times a month you gain trust in her. You will make her a permanent girlfriend.*

**Male, 20–34 years, rural Mashonaland West**

*I think it depends on the maturity of the relationship, because maybe the relationship started soon after the guy got married, maybe the relationship is ten years old and they end up not using condoms and they trust each other.*

**Female, 20–24 years, peri-urban Matabeleland South**

*At times the girlfriend might discourage the use of condoms by telling you that you have been together for a long time and you are the only one. For the girlfriend not to leave you, you stop using the condoms, and maybe that's when you get diseases.*

**Male, 20–24 years, rural Mashonaland West**

### *Condoms cause rashes*

Some youths also talked of people not using condoms because they cause rashes.

*There are different types. There are some called PP (meaning Protector Plus, a brand name for condoms) and some which are not PP. People say some condoms cause a rash.*

**Male, 20–24 years, rural Mashonaland West**

### **Beliefs and Attitudes**

*Men say that 'a bull is seen by its wounds'*

The male respondents felt that a man has to prove his masculinity through having wounds, which means being treated for an STI.

*There is this belief amongst men that if you don't have a Sexually Transmitted Infection (STI) you are not yet a man (laughter).*

**Married male, 35+ years, Midlands mine**

*People had a belief that, in fighting 'bhuru rinowonekwa nemavanga' (a bull is seen through its wounds) so if you are a real man you must have many wives or you have to get sick to have 'siki chaiyo' (STI) and if you are a boy you must have two or three or four, I mean the real boys.*

**Female, 15–19 years, peri-urban Manicaland**

*Women's style of dress makes men want to sleep with them*

The male respondents said that when women dress in a very enticing way they are unable to control their sexual urges.

*The way some of these women dress is too revealing. They leave us quite tempted.*

**Married male, 35+ years, Midlands mine**

*As a man if I see people dressing differently I might end up wanting to sleep with everyone because I am not used to the dress code.*

**Male, 20–24 years, rural Mashonaland West**

*Men need more than one sexual partner*

Respondents agreed that it is natural for men to have multiple partners. They felt that men were created like that.

*You see, a coin has two sides, you cannot define the cause as in why do we want to have multiple sexual relationships? It's natural. It's like why you have sexual intercourse with one woman, can you define that? No you can't.*

**Married male, 25–34 years, rural Matabeleland North**

*We could say a man was created for that. He is embarrassing some days, at times he sleeps with ten. But you as a woman are not created for that, you are not used to it.*

**Married females, 25–34 years, urban Bulawayo**

*Men don't use condoms*

Rural youths said that men don't want to use condoms, as they decrease pleasure.

*Men don't want to use condoms because they want to really feel that they are sleeping with a woman. Men want to enter easily without struggling.*

**Male, 20–34 years, rural Mashonaland West**

## **Barriers to Change**

*Fatalism*

Respondents said people are unlikely to change their behaviour because of the danger of becoming infected with STIs and HIV. They said that people feel that there is no way to escape disease and that everyone will die from one cause or another.

*Well as for diseases there is nothing you can do to run away from them. No one can run away from diseases.*

**Married female, 25–34 years, urban Bulawayo**

*They have that attitude that malaria also kills so which way isn't a route to death?*  
**Single female, 20–24 years, urban Matabeleland North**

Both urban and rural married males felt strongly that there is no way a person can be made to stop having multiple and concurrent partners unless he really wants to.

*I think we replied to you before and we said that this cannot be stopped, it's difficult.*  
**Married female, 25–34 years, urban Bulawayo**

*There is nothing except for if a person wants to stop of his own free will.*  
**Married male, 25–34 years, rural Matabeleland North**

*Some men fence their homes meaning that there is something they do to their wives such that when you sleep with the wives you might die or fall sick. They use some muti. Once a man sleeps with the wife they are in danger ...*  
**Married female, 35+ years, peri-urban Mashonaland Central**

#### *Inconsistent condom use*

Respondents said that condoms are only used as a means of family planning when a woman is not able to take tablets.

*A condom can be used in the family as means of family planning if you want to use it as a means of child spacing it is alright.*  
**Male, 20–34 years, rural Mashonaland West**

*Some people use them as family planning because they cannot have tablets so the man uses the condom.*  
**Married female, 25–34 years, rural Mashonaland East**

### **Case study 3**

#### **Single Male involved in multiple and concurrent partners, Bulawayo**

There are two types of women I love. There is one whom I really love. I don't want to lie to you. I don't have any sexual relationship with her. There is the second one whom I have a sexual relationship with. With this one, there is no love. What we really specialise in or what really binds us is sex. We have a sexual relationship based on no love at all. There are no strings attached, you see.

The last relationship which I had based on love lasted for three years. We could share the same bed without any clothes on but nothing sexual happened. With those I don't love, we can't last five minutes together without any clothes. I will ride on top of her.

I didn't use condoms because I knew she was pregnant. I didn't see the need to put on a condom. Besides this I had many sexual relationships but with these I always used a condom. We used to bump into each other and have a go. I was so ignorant. I did not know that even if a woman was pregnant she could infect you with HIV/AIDS. Somehow I

used to trust her.

Maybe I took solace in the fact that she had a husband. With the rest of the sexual relationships I had, I used condoms. She was the only one I didn't use a condom with.

According to respondents it is taboo to use condoms within a marriage. The male respondents stated that a huge misunderstanding will result if one talks about using condoms. The use of condoms with one's spouse was seen as showing lack of trust between the couple and admitting that one uses condoms elsewhere.

*If you use them at home your wife might think that you usually use them somewhere or maybe you are going to use them outside marriage.*

**Male, 20–34 years, rural Mashonaland West**

*We don't encourage the use of condoms but if you are a woman and husband I don't see you using a condom because when you reach a time of using condoms it means there is no longer trust or there is one who has been detected to have got a virus because a married wife or a man who paid bride price wouldn't want to have sex using a condom...*

**Married male, 25–34 years, urban Harare**

*There will be an argument. What has happened? Why? You suddenly want me to wear a condom, why? At times you are the one who isn't right. Then you disagree then it becomes wrong.*

**Married female, 25–34 years, urban Bulawayo**

*I don't think most of them would because they would say that they are now used to unprotected sex so... it is rare for a man to agree to use a condom if you live together.*

**Single female, 20–24 years, urban Matabeleland North**

The male respondents confirmed that condoms are not being used. They said the reason is that sometimes men are too drunk to care about protection.

*I would say maybe in beer halls. There are some times when you are drunk so much that you don't care about protection. You don't even look for protector plus condoms. You engage in unprotected sex.*

**Married male, 35+ years, Midlands mine**

*Some men use condoms but they tear them at the end without you realizing and you can still get HIV and AIDS.*

**Married female, 35+ years, peri-urban Mashonaland Central**

*The problem here is that we should have one partner because these men and women don't use protection and you will find that he sleeps with so many people without protection even with prostitutes without protection.*

**Married female, 25–34 years, Mashonaland East**

## 2.2 Culture

### Cultural Practices that Expose People to HIV Infection

*Daughter-in-law sleeps with father-in-law first*

Respondents spoke about the cultural practice where a father-in-law has sex with a new daughter-in-law sleep before the husband. This is done in order to check her virginity.

*Yes, it happens among the – in Tsholotsho and in Nkayi where your father-in-law checks whether you are a virgin or not. If he is HIV positive you will get the virus or if you are positive he will get it from you. Then if a younger son comes he will get it as well.*

**Female, 20–24 years, peri-urban Matabeleland South**

*Taking over a deceased sibling's spouse – Kugara nhaka in Shona*

The practice of *kugara nhaka* still happens. The respondents said that when one's spouse dies then the brother or sister takes over the remaining spouse. They felt that this exposes people to HIV infection as this is done regardless of what killed the brother or sister.

*There is this cultural practice. If a male member of family passes away and leaves his family and wife behind, culture expects his young brother to take over. He must carry out all the duties his late brother did. This is inclusive of satisfying her physically and materially.*

**Married male, 35+ years, Midlands mine**

*Kugarwa nhaka, maybe the wife will have died and the in-laws give the man a young sister, yet the man will have slept with more than one wife so this spreads the virus.*

**Female, 15–19 years, peri-urban Manicaland**

*In our culture we also have a situation whereby when a brother dies, a younger brother has to marry the brother's wife.*

**Married female, 25–34 years, rural Mashonaland East**

*Yes because in our culture if your husband died you would be given another and they wouldn't even know what killed your previous husband.*

**Married female, 25–34 years, urban Bulawayo**

### Relatives help to make babies

The respondents also discussed the practice of relatives helping when a couple cannot conceive.

*Sometimes you find that you have a wife and the machine doesn't work, you don't have children. So you ask a relative.*

**Married male, 25–34 years, rural Matabeleland North**

*If one is barren and someone goes to bear children for the sister or the brother it is also a problem.*

**Married female, 25–34 years, rural Mashonaland East**

*There is also an issue of being barren. If a man can't have children then the brother is asked to sleep with the wife it's also very risky.*

**Married female, 35+ years, peri-urban Mashonaland Central***Nieces and young sisters*

The practice of considering nieces, grandmothers and younger sisters of the wife as additional wives was seen as fuelling multiple partnerships as men then want to sleep with them.

*There are other cultural practices which expose people to the risk of HIV. There is this belief in the Shona culture that a niece is a wife and the grandmother and / or aunt is the wife.*

**Married male, 35+ years, Midlands mine**

*Also this issue that my wife's young sisters are my wives. As a result of this, you might want to sleep with these people.*

**Married male, 35+ years, Midlands mine**

*Repaying a crime through a girl child – Kuripa ngozi in Shona*

The cultural practice of repaying a crime committed by a family member through giving the family of the deceased a girl child puts the girl at risk.

*There is also Ngozi, whereby when one commits a crime to repay that a girl child has to be taken to the family, it's also not safe.*

**Married female, 25–34 years, rural Mashonaland East**

*No HIV protective cultural practices were mentioned*

The respondents failed to come up with any cultural practices that they know of which protect people from being infected with HIV. They spoke about some men in their communities 'fencing' or 'locking' their wives using medicine so that other men cannot have sex with them. They believe that if a man has sex with a 'fenced' women he will be caught or fall ill. They believe that the medicine is administered through a key, knife, fish or snake.

*There are some men who don't trust their wives so they look for medicines which will make their wives not to sleep with anyone except them that can also help. If that wife sleeps with anyone they are caught or maybe the man can fall sick until the owner of the wife is called to witness.*

**Male, 20–24 years, rural Mashonaland West**

*It is said that there are kinds of medicine for those who know, there is the knife, the key, the fish, the snake. It is also said that if a man sleeps with you and you are bewitched his stomach will get swollen and his feet will curve inwardly like a frog.*

**Single female, 20–24 years, urban Matabeleland North**

*There are no such practices. We don't know, maybe one day they will be there....*

**Married female, 25–34 years, urban Bulawayo**

**2.3 Circumcision****Understanding Circumcision**

The respondents understood circumcision as removing the foreskin from the male penis.

*The foreskin is cut (demonstration-laughter), the problem is when they are cutting because they use the same razor (blade) for everyone.*

**Male, 20–24 years, rural Mashonaland**

*Removing the foreskin of the penis is okay so that it will be out in the open.*

**Male, 20–24 years, Lower Gweru**

## **Advantages of Circumcision**

*Lower risk of infection*

The respondents understood that the removal of the foreskin through circumcision helps reduce the risk of becoming infected with HIV and contracting other STIs. They said this is because the foreskin traps dirt, germs and viruses. Some felt that those who are circumcised are clean and those that are not are dirty.

*Those who are not circumcised are more at risk of being infected. Since they have foreskin it traps bacteria and there is a higher risk for you to get infections.*

**Female, 20–24 years, peri-urban Matabeleland South**

*I hear people say when you are circumcised chances of getting HIV and AIDS are slim because of the foreskin that will be cut.*

**Male, 20–24 years, rural Mashonaland West**

*Circumcision can help to stop the spreading of HIV. I have heard that the foreskin removed is the one which keeps viruses in the man and transmit it into the wife. The removal of the foreskin avoids the transmission of the virus in the woman's vagina.*

**Female, 15–19 years, peri-urban Manicaland**

*From what I know circumcision does not reduce the risk of HIV. Rather I think it makes you not exposed to the diseases associated with sex, that is the sexually Transmitted Infections (STIs).*

**Married male, 35+ years, Midlands mine**

## **Myths and Misconceptions about Circumcision**

*Circumcision reduces sexual feelings*

Some respondents felt that circumcision reduces sexual feelings, thereby causing men not to lust for women.

*They do it so that a person is not lustful and they can stay a long time without having sexual relations with their wives and it reduces sexual feelings.*

**Female, 20–24 years, peri-urban Matabeleland South**

*Ah no, that skin is the one that makes things more enjoyable.*

**Married male, 25–34 years, rural Matabeleland North**

*The foreskin doesn't help as HIV is transmitted through fluids*

Many respondents said that they don't see how circumcision protects people from being infected when HIV is transmitted through body fluids.

*The issue of foreskin doesn't help, whether you got it or not it's the same. Exchange of fluids is the most important thing in spreading HIV and AIDS.*

**Male, 20–24 years, rural Mashonaland West**

*I don't see how the prospect of getting that skin cut will protect you.*

**Married male, 25–34 years, rural Matabeleland North**

*Those circumcised have more information*

Males from the rural areas said they were made to believe that circumcised men know more about how to satisfy women.

*People think that those who are circumcised have more information on how to handle women than those who are not.*

**Male, 20–24 years, rural Mashonaland West**

### 3. Discussion of Results

#### Multiple Concurrent Partnerships

The findings revealed that the most common type of concurrent relationship in Zimbabwe is 'small houses'. Chingandu (2007)<sup>3</sup> defines small houses as a form of concurrent relationship in which a person is having regular sexual relations with another person, while at the same time continuing to have sex with an existing primary sexual partner. The chances of HIV infection in such relationships are very high. This is mainly due to the fact that condom use is almost non-existent in such relationships, even though the partner of the small house may also be engaging in other relationships. Other common forms of concurrent relationships include transactional sex in which one party pays for sex, casual sex, exploitative relationships where one partner will take advantage of a desperate person and polygamous relationships in which men have more than one wife.

Some of the reasons for MCP include dissatisfaction with marriages, poverty, lust, failure to conceive, herbal stimulation of libido, drunkenness, peer pressure and long-distance relationships due to the economic situation in the country. Chigodora<sup>4</sup> believes that another factor driving people into concurrent relationships is the fact that men have greater access to resources than women. Some women are therefore driven into concurrent relationships for financial gain.

#### Culture and Social Norms

Research results showed that culture and social norms condone male promiscuity. It is seen as normal for men to have more than one sexual partner while it is taboo for women to do likewise. Male domination in relationships has also made it difficult for women to communicate their feelings freely, hence making them susceptible to gender-based abuse.

The Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) aims at promoting dialogue amongst HIV and AIDS organisations and programmers. Some of the key issues that emerged from their month-long Prevention eForum included:

- masculinity as an excuse to justify multiple partnerships
- culture as a disguise for individuals' interests in multiple sexual partners

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<sup>3</sup> Chingandu, L, *Multiple Concurrent Partnerships: The story of Zimbabwe - are small houses a key driver?* Harare, 2007

<sup>4</sup> Chigodora, J writing on the Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) Prevention eForum, 2007

**Knowledge about HIV and Condom Use**

The results showed that many felt they could tell a person's HIV status by looking at them. Some also felt that there is no need to be tested for HIV or have protected sex if one has been in a relationship for a long time. In terms of safe sex, men suggested that they would not use condoms if they had paid for sex, as they want value for their money. Men who participated in the small house Focus Group stressed that condom use is almost non-existent. One man responded, "I do not want to offend the woman by using condoms, because she is just as faithful as my wife at home". This shows the degree of seriousness that is attached to concurrent relationships. They are not viewed as risky by the populace, yet in fact they pose enormous risks of HIV infection.

## 4. Conclusion

This research confirmed that MCP are common in Zimbabwe. It showed that there are varied and gendered attitudes towards MCP. The reasons that people are involved in MCP relate to gender relations, poverty, lust, culture and abuse.

These reasons are further compounded by the difficult economic environment currently prevailing in the country, long-distance relationships, and the fact that men still believe that if they are paying *lobola* for a wife or a fee for a prostitute then they will not use condoms as they want value for their money.

The findings highlighted some cultural practices that put people at risk of contracting HIV, such as polygamy, taking responsibility for a deceased sibling's spouse, having to pay a girl child as punishment for a crime and accepting help from relatives when a couple cannot conceive.

The interviews showed that many respondents know what circumcision is. However, while many understand how it helps reduce HIV infection, others are not convinced. They feel that removing the foreskin reduces sexual pleasure and that infection is transmitted only through body fluids.

The results show that although men and women have some information on MCP, there are big gaps in their knowledge. Cultural and social norms need to be addressed so as to reduce the number of people involved in MCP in Zimbabwe.

## 5. Recommendations

MCP is an issue that needs to be addressed in Zimbabwe. The following are recommendations as to how this practice can be reduced:

- Communicate clearly the risks associated with MCP and the dangers of having more than one sexual partner at a time, or of having a partner who has more than one partner.
- Address male dominance and sexual dissatisfaction by encouraging communication among partners so that they realise the benefits of remaining in a satisfying monogamous relationship.
- Encourage consistent and correct condom use.
- Address cultural practices that condone male dominance and MCP.
- Address gender dynamics, with the aim of empowering women and raising their status in society.

## 6. References

Chingandu L. Multiple Concurrent Partnerships: The story of Zimbabwe – are small houses a key driver? Harare, 2007

Halperin D. and Epstein H. 'Why is HIV Prevalence so Severe in Southern Africa?' Southern African Journal of HIV Medicine, 2007

Matchaba-Hove R. *HIV/AIDS in the Zimbabwe Defence Forces: A civil society initiative*. Institute for Security Studies, 2006

Ministry of Health and Child Welfare. *Zimbabwe National HIV/AIDS Estimates*, 2005

National AIDS Council. The National Behavioural Change Strategy for Prevention of Sexual Transmission of HIV 2006-2010.

SADC, Expert Think Tank Meeting on HIV Prevention in High-Prevalence Countries in Southern Africa Report, Maseru , 2006

Shelton D et al. Partner Reduction is Crucial for Balanced 'ABC' Approach to HIV Prevention. BMJ, 2007

Shelton D, Halperin D et al. Partner Reduction in HIV Prevention: The Neglected Middle Child of 'ABC', Bureau for Global Health, 2003

Stoneburner R and Low-Beer D. 'Sexual Partner Reductions Explain Human Immunodeficiency Virus Declines in Uganda: Comparative analyses of HIV and behavioural data in Uganda, Kenya, Malawi and Zambia', International Journal of Epidemiology, 2004

## 7. Appendix

### Interview Schedule for Multiple and Concurrent Partnerships

Target: Youths and adults

#### Introduction

My name is \_\_\_\_\_ representing Action, an organisation promoting awareness of environmental and health issues through different media. I would like to urge all of you to relax and give your opinions openly and to tolerate the opinions of those which may differ from yours. All the information coming from this discussion will be used by Action. In case I miss out some important details during the discussion, I am asking for your permission to record the discussion. The only people who will listen to the tapes are researchers at Action.

#### HIV Prevention

What is your understanding of HIV prevention?

What factors do you think contribute to the epidemic?

#### Concurrent Relationships

What kinds of sexual relationships exist in our communities?

What kinds of relationships are risky in relation to HIV?

- Explore issues of having one sexual partner in the same period of time

What do you understand by multiple and concurrent partnerships?

- Explore reasons why people engage in MCPs

What does faithfulness mean in sexual relationships?

- Explore issues of using condoms in marriage/long or short-term relationships

How do multiple concurrent partnerships work? (Long term/short term?)

- What are the benefits?

- What are the disadvantages?

- How does it feel to be in a relationship with more than one partner at a time?

What do other people think of those who have multiple and concurrent partners?

- Explore men-men, men-women & women-to-women relationships

What can people do if a relationship is not working or puts them at risk of getting HIV?

Explore issues of leaving the relationship

Explore issues of effective communication within relationships (including sexual, economic and emotional issues)

Explore issues of cultural barriers

Why do people continue to behave in a risky way despite understanding the risks?

**Culture**

What are some of the cultural practices that put people at risk of HIV infection?

What role does culture play in people having more than one relationship?

What are some of the cultural practices that protect us from getting HIV infection?

Should cultural views on sexuality change? If so how? If not, why not?

What do you understand about gender equality in Zimbabwe today, in relation to your sexuality?

- explore income inequality

- explore partner violence

**Circumcision**

What are the possible interventions for HIV prevention in Zimbabwe?

What do you understand about male circumcision?

What does it mean for those who are not circumcised?

What are the traditional teachings around male circumcision?

What do you feel about male circumcision as one of the ways to reduce the risk of HIV infection? Why?

**Advocacy**

What should be done to stop MCPs? By who?