Concurrent Heterosexual Partnerships, HIV Risk, and Related Determinants among the General Population in Zimbabwe

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PSI is a Washington, DC-based nonprofit organization that harnesses the vitality of the private sector to address the health problems of low-income and vulnerable populations in more than 60 developing countries. PSI has programs in malaria, reproductive health, child survival, and HIV/AIDS, and deploys commercial marketing strategies to promote products, services and healthy behaviors that enable people to lead healthier lives. PSI is the leading nonprofit social marketing organization in the world.

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Purpose: In 2005-2006, Zimbabwe had an estimated HIV prevalence of 18% among the general adult population. In the past, reducing the number of sexual partners has been a major focus of HIV prevention initiatives. Recent research suggests that engaging in multiple concurrent partnerships (MCP) may be riskier than engaging in a series of sexual partnerships that do not overlap in time. To better understand concurrent sexual relationships in Zimbabwe, Population Services International commissioned a qualitative study of potential psychosocial determinants for engaging in these relationships.

Methods: The current study design was guided by PSI’s PERForM and the Behavioral Change Framework (Chapman & Patel, 2004). A stratified purposeful sampling strategy was utilized with stratification based on gender, age (18 to 24 years; 25 to 40 years), and residency (urban; rural). Two types of focus groups were conducted: those designed to identify and define emergent determinants (phase one) and those designed to verify and define existing determinants (phase two). Twenty-four focus groups were conducted. Urban participants were from Harare and rural participants were from Nzvimbo, Musiwi, Shamva, Murehwa, and Mubaira, all located within 200 kilometers of Harare. Semi-structured interview guides were utilized to conduct the focus groups. The data analysis included four primary steps: 1) coding of data; 2) compilation of data by codes; 3) synthesis of data; and, 4) review of data to develop/adapt definitions for the identified and verified determinants.

Results: Eight determinants related to engagement in MCP were identified and defined. Determinants from the existing PSI Behavior Change Framework were “social norms,” “locus of control,” “perceived threat,” and “outcome expectation,” the last of which was further separated into three determinants: “perceived costs,” “perceived benefits,” and “response efficacy.” In addition, two emergent determinants were identified and defined: “pressure” and “quality of relationship.”

Conclusion: These qualitative data contribute to a growing body of literature on HIV risks associated with MCP. Data from the current study support previous findings in which social norms regarding engagement with concurrent partners, expectations regarding quality of relationships, and perceptions of men’s “natural” proclivity for multiple partners emerge as important factors associated with concurrency. Additional qualitative data conducted in more varied social settings will help to further elucidate factors associated with concurrency. There is a need for both cross-sectional and longitudinal quantitative studies to provide more generalizable data and to explore possible predictive mediating and moderating effects for engaging in MCP. Researchers should also address high-risk sexual practices within these relationships, including inconsistent condom use.

In terms of future interventions, communication campaigns can emphasize that not everyone is involved in concurrent relationships and at the same time emphasize social norms that support monogamous relationships, positive aspects of monogamy, and skills for building quality relationships, e.g., communication skills. Interventions can be developed to increase skills to avoid or manage negative social and economic pressures to engage in MCP. Interventions can also focus on the need to decrease perceptions of “external” control, encourage individuals to recognize their own ability to make decisions about their relationships, and decrease misperceptions regarding “safe” partners.
INTRODUCTION

The first case of HIV was identified in Zimbabwe in 1985. By 2005, there was an estimated adult prevalence of 18.0%, with higher prevalence among women than men. Since 1990, the HIV epidemic has decreased life expectancy from 61 years to 33 years and more than one million children have been orphaned (UNICEF, 2008). Prevalence is similar across the country, though somewhat higher in small towns and mining towns than major cities or subsistence agricultural regions. The rapid trajectory toward higher HIV prevalence in Zimbabwe has been attributed to the internal migration of men to large cities with frequent visits back to their home villages, and, early in the epidemic, to access to money and the development of sexual networks (UNAIDS, 2005). In relation to the latter, it has been postulated that higher HIV prevalence among wealthier individuals in Tanzania and Kenya is a result of more opportunities to develop and maintain concurrent relationships (Shelton, Cassell, & Adetunji, 2005).

More recent epidemiological data indicate a possible decline in HIV prevalence in Zimbabwe. Explanations for these changes include a decline in HIV incidence, high mortality rates among individuals infected with HIV/AIDS, and changes in sexual behaviors. These changes include greater condom use with non-regular partners, a decline in the number of partners, and a smaller percentage of youth becoming sexually active between the ages of 15 and 24 (Gregson, Garnett, Nyamukapa, et al., 2006). In the wake of recent political and economic upheavals in Zimbabwe, it is unclear how decreased access to goods and services, including healthcare, will affect HIV prevalence rates (Dixon, 2008).

Research suggests that engaging in multiple concurrent partnerships (MCP) may be riskier than engaging in a series of sexual partnerships. Multiple concurrent partnerships (MCP) is defined as overlapping sexual relationships where sexual intercourse with one partner occurs between two acts of sexual intercourse with another partner (UNAIDS 2009). Mathematical modeling demonstrates that concurrency can amplify nascent HIV epidemics by as much as ten-fold, especially in high-prevalence communities (Morris & Kretzschmar, 1997; Watts & May, 1992; Finer, Darroch, & Singh, 1999). These models also show that higher levels of concurrency have a greater effect on prevalence and on the spread of the epidemic than do increases in numbers of partners (Morris & Kretzschmar, 1997).
There is limited information about types of MCP in Zimbabwe or about determinants of engagement in these sexual networks. In this paper, we draw on qualitative data collected from 24 focus groups to describe potential sociobehavioral determinants of MCP among the general population in Zimbabwe. These determinants include both existing constructs within the PSI Behavior Change Framework and other determinants which emerged as potentially salient during data analysis. The qualitative data will be used to develop survey scales to further investigate the significance of hypothesized determinants of concurrency, and later to develop interventions that address concurrency as an HIV risk factor.

**LITERATURE REVIEW**

In the past, HIV prevention initiatives have focused on reducing the number of sexual partners. Emerging findings suggest that while having fewer partners is an important strategy, there needs to be a particular focus on multiple partnerships that overlap in time. In these relationships, trust is more likely to develop with the regular partners (Longfield, 2002). Most couples eventually stop using condoms within long-term concurrent relationships, increasing vulnerability to the entire sexual network (Chimbiri, 2007; Halperin & Epstein, 2004).

Researchers utilizing DHS data from Zambia and Rwanda estimated that approximately 55% to 93% of new heterosexually acquired HIV infections occur within marital or cohabiting relationships (Dunkle, Stephenson, Karita, et al., 2008). Married women are often particularly vulnerable to HIV infection when their husbands are engaged in MCP (Parikh, 2007). In a review of polygyny in sub-Saharan Africa, the practice of having multiple wives was associated with accelerated transmission of sexually transmitted infections for various reasons, including low rates of condom use and gender inequalities within relationships (Bove & Valeggia, 2009).

The distinction between having consecutive partnerships and having partnerships that overlap in time is crucial to the epidemiology of HIV. HIV is more efficiently transmitted through sexual networks comprised of individuals engaged in MCP than through sexual networks comprised of consecutive monogamous relationships or short-term sexual partnerships. The virology of HIV makes those in MCP particularly vulnerable to infection. Within three months after seroconversion (after primary infection), an individual’s viral load is very high, which increases the likelihood of
transmission (Hollingsworth, Anderson, & Fraser, 2008). The newly infected individual, if engaging in MCP, will have a greater likelihood of transmitting the virus to multiple partners and their sexual networks.

Recent literature comparing sexual patterns among Africans, Europeans, and North Americans suggests that Europeans and North Americans often have more lifetime partners, typically in sequential monogamous relationships, while Africans average more partners at the same time (Halperin & Epstein 2004; Mah & Halperin 2008). In a 2003 survey in Botswana, nearly one in three sexually active men and 44% of men younger than 25 reported having concurrent sexual partners; 14% of sexually active women did so (National AIDS Coordinating Agency, 2003). In a 2006 survey in Zimbabwe, 32.5% of men and 28.6% of women aged 15-49 reported sexual relationships with more than one “regular” partner (Population Services International, 2006).

Limited data are available regarding psychosocial determinants for engaging in MCP. A qualitative study among African-American men revealed potential determinants of MCP to be social norms, meeting multiple relationship needs, and perceptions of men’s “natural” tendency to have multiple partners (Carey, Senn, Seward, & Vanable, 2008). In another qualitative study of young adults in South Africa, factors associated with concurrency included self-esteem and availability of emotional support, quality of sexual relationships, sexual desire, perceived social norms regarding numbers of partners, peer pressure, and material gain (Parker, Makhubele, Ntlabati, & Connolly, 2007).

In order to identify and define psychosocial determinants of concurrent partnerships in Zimbabwe, we first needed to obtain data on types of male and female sexual relationships, the patterns and contexts of MCP, and use of condoms with concurrent partners. From these data we have learned that common concurrent relationships for men include “wife and commercial sex worker” and “wife and small house” (Taruberekera, Kaljee, Mushayi et al., 2009).

A “small house” is a woman who is seen in almost the same light as a wife. The relationship is generally long-term and the man provides the woman with financial support. While a relationship between a man and a commercial sex worker is usually short-term, some men may engage in a longer-term relationship with a commercial sex worker. Other concurrent partnership patterns reported by men included a wife and a girlfriend, a girlfriend and a commercial sex worker, and a
wife and a “healing mother” (older woman, known as mai muponesi) (Taruberekera, Kaljee, Mushayi et al., 2009).

Among female respondents, the most common concurrent partnership pattern was “husband and boyfriend”. Respondents described married women with boyfriends as either unhappy with their husbands or presented with an opportunity for a relationship when a husband is regularly away from home. Both male and female respondents described relationships between older men (“sugar daddy”) or women (“sugar mummy”) and young girls or boys. In these relationships, the adult provides money, gifts, and entertainment to the youth in exchange for sex. Urban women named “husband and sugar daddy” and “husband and rich man” as the second- and third-most common form of female concurrency. For women, many partnerships were based in exchanges of sex for goods and services including those relationships which provide basic needs and those which provide luxury items, e.g., cell phones. (Taruberekera, Kaljee, Mushayi et al., 2009).

**METHODS**

_Theoretical Framework_

The design for this study was guided by the Performance Framework for Social Marketing (PERForM) and the PSI Behavior Change Framework, which together propose a set of pathways through which social marketing interventions seek to influence behavior and consequently individuals’ health and well-being (Figure 1). According to PERForM, the social marketing intervention acts on the population of interest, improving determinants of health behavior and subsequently leading at-risk individuals to increase their use of protective products or services and/or to increase risk-reducing behavior, with the ultimate goal of improving health status or quality of life.
The second level of PERForM identifies two different sets of factors influencing the behavior of the population of interest: population characteristics and mutable behavioral determinants. The social marketing intervention is designed to influence the behavioral determinants theorized to have the greatest effect on whether or not the protective product, service, or behavior is adopted.

The PSI Behavior Change Framework, a component of the second level of PERForM, categorizes behavioral determinants into 16 summary constructs, which are classified as either opportunity, ability, or motivation determinants. Opportunity determinants encompass institutional or structural factors that influence an individual’s chance of performing a desired behavior. Determinants in this category are outside of an individual’s control. Ability determinants relate to an individual’s skill or proficiencies needed to perform a promoted behavior. These determinants can or have the potential to be observed in an individual’s overt actions. Motivation determinants include factors associated with an individual’s desire to perform the behavior in question.
Within the context of the PSI Behavior Change Framework, the current study utilizes FoQus on Scales, a methodological approach developed by PSI to increase “emic” (insiders’) perspectives in the processes of identifying and defining behavioral determinants for future scale development and adaptation. These scales will be used in surveys to obtain more generalizable data, which can be statistically analyzed to test for relationships between risk and/or protective behaviors and determinants. The FoQus on Scales methodology includes focus group discussions with targeted audiences (in this case, men and women aged 18-40 living in urban and rural areas of Zimbabwe). FoQus on Scales includes two approaches to qualitative data collection. The emergent approach is open-ended and provides respondents with the opportunity to name and describe the social context and “determinants” of a particular behavior (e.g., concurrency). The adaptive approach utilizes program staff insights and current literature to identify potential “determinants,” and presents these determinants to focus group respondents for their input in relation to relevancy and context within the target population and/or region (Astatke, O’Connell, Chapman, Kaljee, 2007). The current study includes two phases of focus group discussions, with the first phase employing the emergent approach, and the second phase, the adaptive approach.

**Research Objectives**

Population Services International/Zimbabwe commissioned a two-phase qualitative study as a follow-up to a 2006 quantitative survey that sought to understand moderating demographic characteristics of MCP (Population Services International/Zimbabwe, 2006). The overall objectives of the qualitative research were to provide descriptive data on types and contexts of MCP and to explore potential determinants of concurrency. Specific aims of the study which are relevant to the current paper include: 1) gauging the relevance of the determinants in the PSI Behavior Change Framework for MCP among the general adult population of Zimbabwe; 2) identifying and defining additional determinants not included in the PSI Behavior Change Framework; 3) describing ways in which the determinants are expressed in the local context; 4) adapting the PSI Behavior Change Framework to explain the relationships between opportunity, ability, and motivation for concurrency in the general population in Zimbabwe; 5) utilizing the qualitative data to develop scales for the determinants to be used in a cross-sectional survey; and, 6) determine potential directions for communication campaigns and other interventions to reduce concurrency.
Sample and Design

The target population for the study was defined as sexually active males and females aged 18-40, residing in both rural and urban areas. A stratified purposeful sampling strategy was utilized with stratification based on gender, age (18 to 24 years; 25 to 40 years), and residency (urban; rural), resulting in eight types of groups. In phase one, two focus group discussions were conducted within each stratified group (N=16) and in phase two, one discussion was conducted per group (N=8) (Table 1). There were six participants per focus group. Urban participants were from Harare, the capital and largest city in Zimbabwe, and rural participants were from Nzvimbo, Musiiwa, Shamva, Murehwa, and Mubaira, all located within 200 kilometers of Harare. Sampling criteria also included socioeconomic status, and participants were purposefully selected from both middle- and lower-income neighborhoods within each site. Research staff provided with these selection criteria approached and screened individuals for participation at the household level. The study objectives were explained to eligible individuals, and verbal informed consent was obtained from those who agreed to participate.

Table 1: Composition and Number of Focus Groups by Gender, Age, and Residency

<table>
<thead>
<tr>
<th>Gender</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>18 to 24 years</td>
<td>18 to 24 years</td>
</tr>
<tr>
<td></td>
<td>25 to 40 years</td>
<td>25 to 40 years</td>
</tr>
<tr>
<td><strong>Residency</strong></td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>Phase One Groups = 16</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Phase Two Groups = 8</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Interview Guides

Interview guides based on emergent and adaptive FoQus on Scales generic guides were used to conduct the focus groups (Population Services International, 2007). Focus group pre-tests were carried out and the guides were revised accordingly. During the emergent phase, free-listing and open-ended questions were used to identify determinants relevant to MCP in Zimbabwe. The adaptive phase used open-ended questions to explore determinants suggested by a literature review and by program staff. Copies of the focus group discussion guides appear in Appendices 1 and 2.
Figure 2: Phase One (Emergent) and Phase Two (Adaptive) Focus Groups for Identifying and Defining Determinants of Concurrency among the General Population of Zimbabwe

**Data Collection**

The focus groups were conducted in Shona and Ndebele. All discussions were led by a same-sex moderator and were audiotaped. In addition, a note-taker was present to write down the proceedings. These notes were used to clarify data that were unclear on the audiotapes. During the phase one (emergent phase) free-listing activity, the moderator listed all determinants mentioned by participants on flip-chart paper and continued probing until the group could not name any more determinants.

The audiotapes were transcribed and translated into English. Each discussion took approximately two-and-a-half to three hours. Incentives and transport allowances were provided to participants. The focus group discussions were conducted between September 15 and November 16, 2007.

**Data Analysis**

The qualitative data analysis included four primary steps: 1) coding of data; 2) compilation of data by codes; 3) synthesis of data; and, 4) review of data to develop/adapt definitions for the identified and verified determinants. In October 2007, a three-day training workshop was organized with PSI/Zimbabwe staff, international PSI staff, and three staff members from the local research agency. During the workshop, a code book was developed from transcript data. The transcripts from the phase one focus groups were coded by workshop participants, with half of the transcripts...
double-coded for intracoder reliability. The training allowed for the analysis of the first phase of focus group data and provided qualitative analysis skills to the PSI/Zimbabwe staff and local research staff. Those individuals subsequently coded the data from the phase two focus groups.

The findings from the two datasets were combined and data were compiled and synthesized according to determinants. On the basis of these data, the existing PSI Behavior Change Framework determinant definitions were adapted and the emergent determinants were defined. In some instances, determinants were collapsed under one definition or split into separate determinants. Identified determinants were relevant across gender, age, and urban/rural residence. Additional data analyses and reviews were conducted at PSI’s Washington DC headquarters to ensure that all data were sufficiently accounted for in the process and to identify potential overlap between determinants.

**RESULTS**

A total of eight determinants of concurrent partnerships were identified (Figure 3). The PSI Behavior Change Framework determinant “outcome expectation” was split into three determinants: “perceived costs,” “perceived benefits,” and “response efficacy.” The remaining three determinants from the Behavior Change Framework were “social norms,” “locus of control,” and “perceived threat.” There were two emergent determinants: “pressure” and “quality of relationship.”

**Figure 3: Identified Determinants of Concurrency among the General Population of Zimbabwe**

<table>
<thead>
<tr>
<th>OPPORTUNITY</th>
<th>ABILITY</th>
<th>MOTIVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Norms</td>
<td>Pressure*</td>
<td>Locus of Control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perceived Threat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relationship Quality*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outcome Expectation</td>
</tr>
</tbody>
</table>

*emergent determinant
**Opportunity**

“Opportunity” includes institutional and structural factors that influence an individual’s chance to perform a specific behaviour. Within the context of MCP, opportunity-related determinants are those which encourage or discourage multiple relationships for members of one or more social groups. In the current data analysis, “social norms” was found to be a salient opportunity determinant. Social norms are the behavioural standards which exist in a community – social norms for concurrent partnerships and monogamy consist of perceived standards and practices related to sexual partners for specific groups (e.g., gender).

Monogamy is the perceived norm for sexual relationships within the Christian religion, as well as among some community and family members. However, there are some religious sects that encourage polygamy men, and, in general, men’s engagement in MCP is more acceptable. Social norms often dictate polygamy and other forms of concurrent relationships for men and monogamy for women. Social norms are associated with both African traditions for multiple wives and polygamous practices within families.

If you are a devout Christian, know your Bible which says one man and one woman. You live happily that way in life. [rural female, aged 25-40]

To some extent multiple partners is in our culture. In some areas polygamy is not acceptable but with men it is usually considered acceptable…. In [our] culture it is taboo for a woman to have two men and it is our belief that it is not proper to have two husbands. [urban female, aged 18-24]

Respondents also discussed social norms among contemporaries and peers. These norms may be influenced by cultural perceptions of multiple partners as indicative of wealth and power. Such wealth and power is primarily attributed to men who have concurrent relationships. A woman, on the other hand, may endure negative social responses to having new clothing or other goods if it is assumed that she has exchanged sexual behaviors for material benefit.

If the one [man] with many is living below normal life expectations, I will not follow that, but if he is living a high standard of life, [and] he is prospering, I will follow that to have many wives. [rural male, aged 25-40]

If I leave this place and go sew some clothes then sell them, [and] then I start wearing nice things, my friends will not believe that that’s how I got the clothes. So you end up having many boyfriends because it doesn’t make a difference. [rural female, aged 25-40]
Ability

“Ability” refers to an individual’s skills or proficiencies needed to perform a behavior, and to factors which may support or inhibit such proficiencies. Through the current data, we have identified “pressure” as an ability determinant similar to “social support” in the original PSI Behavior Change Framework.

In this study, “pressure” is defined as perceived expectations from significant people (i.e., friends, peers, family, and pastor) about engaging or not in MCP. Pressure can lead to both negative and positive behavioral outcomes. Respondents discussed negative social pressure to engage in MCP, primarily attributing it to peers’ opinions and behaviors. Male respondents emphasized these social pressures more than female respondents.

You have been “pressurized” by what your friends have been doing. This one says, “last night I had sex with that girl and she was super.” Another one tells you the same thing. You would want to do it also. [rural male, aged 25-40]

When we discuss as girls, so one will be saying, girls I had sex with this man, we did this and this [but] girls are doing it these days. They are not afraid, then you end up saying why is it that mine doesn’t do what this one does, so we want to try someone else. [urban female, aged 18-24]

Social pressure may also come in the form of negative comments about a person’s spouse, or economic and/or social benefits associated with certain types of partners. Respondents talked about wanting to have the same material possessions as their neighbors, friends, and family, and about recognizing that one means of obtaining these goods was through sexual relationships. Not only peers but also family members may put pressure on individuals to help the family/household financially.

Maybe someone will be a widow; she’ll have friends who work, who buy themselves nice clothes. She doesn’t work, maybe she’ll find a man who will be looking for another wife. She will say let me go and have a relationship with him so that I get money to take care of my children. [urban female, aged 18-24]

These pressures can be environmental, like if you look in the neighborhood that you live in, you see that I am not really fitting in but that’s where I want to live. Especially if you look in an area where everyone has a satellite dish. They have plasma television ... and then you look and say I no longer fit in because others have developed…. Then comes family pressures, maybe it’s not even your mother but it’s you within yourselves…. You can really see that this one [your sister] is married to her husband and their life is moving well, this one [your brother] is married to his
Social institutions may also contribute to pressure to engage in polygamy or monogamy. Some religious groups condone polygamy or even demand that men have multiple wives. Alternately, other religious groups strongly discourage sexual relationships outside of a monogamous marriage.

You don’t want to have more than one wife, but you grew up in the Mapostori Church where you are forced by their policies. [urban male, aged 25-40]

Like at our church if you have a boyfriend, you have to tell the elders or your pastor, so if you have sex you have to own up and tell your pastor. Then you are made to stand up in church and tell the whole congregation that we did what is done by people who are married when we are not. [urban female, aged 18-24]

Other pressures to avoid MCP include fear of being observed with a nonspousal partner by family members, including in-laws and one’s children. Positive family pressure may also include expressed values associated with monogamous relationships.

**Motivation**

“Motivation” refers to an individual’s desire to perform a specific behavior. This would include the desire to maintain a monogamous relationship and not engage in concurrent relationships, as well as the desire to have concurrent partners. Four motivation determinants were identified as key to understanding MCP in Zimbabwe: locus of control, perceived threat, quality of relationships, and outcome expectation.

**Locus of control.** Locus of control includes both external and internal factors that are perceived by an individual to affect his or her ability to avoid engaging in concurrent partnerships. External factors perceived to lead to concurrent sexual partnerships include the physical appearance and seductive behavior of others. These factors most often apply to men’s perceptions of women as enticing by their appearance and actions.

Ladies are the cause of men indulging in extra relationships. They come close to you if you are in a bar and greet you. She will do anything to win you over. After a few beers you start to reason with her. She can just take your hand and place it near her private parts to arouse you. You end up sleeping at her place. [rural male, aged 18-24]
Respondents also discussed the use of traditional medicines and being possessed by a spirit as external factors contributing to engagement in MCP. Conversely, some traditional medicines and “faith healing acts” are believed to cause a person to be faithful to one partner.

Some men are not satisfied with their wives and like to sleep with different women. Some men have “spirits” that cause them to be lustful and want many sexual partners. [rural male, aged 18-24]

*Kudyiswa*—traditional medicine. The man [who uses this] will see his wife only; he won’t think of other women. She becomes the only beautiful woman. [rural male, aged 18-24]

Feelings of lust, an inherited high sexual drive, and alcohol use are also cited as controlling factors.

This man can have sex with a woman and is not satisfied. So he likes to “taste” or have sex with different women. The stave is the spirit in him that likes sexual intercourse a lot and continues to do so. Other men cannot afford to spend a day or two without having sex which is why they will end up having many sexual partners. [rural male, aged 25-40]

Beer drinking. Once a man is drunk, he can hire any woman from the bar as he cannot control his sexual feelings. This is when the expenditure becomes high. [rural male, aged 18-24]

Respondents mentioned that self-control is an internal protective factor against concurrent partners, but few individuals are perceived as possessing this characteristic.

Self control is difficult to practice. Very few people manage. [rural male, aged 18-24]

**Perceived threat.** Perceived threat is a perceived dangerous or harmful event that exists in an individual’s surroundings. Threat is comprised of two dimensions: severity and susceptibility. In the context of this study, severity encompasses an individual’s perception of how contracting HIV would negatively alter his or her social, economic, and/or physical well-being. Susceptibility is an individual’s perception of whether he or she is vulnerable to or likely to contract HIV. Individuals may feel more or less susceptible based on assumptions about the types of people who are HIV-positive, or on assumptions or knowledge about behaviors which put a person at risk. Individuals’ perceptions of HIV/AIDS as a personal threat are informed through their general knowledge about the disease, through media information, and/or through personal contact with a person living with HIV/AIDS.
Focus group participants perceived HIV/AIDS to be harmful in relation to an individual's physical, psychological, economic, and social well-being. Individuals fear being sick, suffering, and dying young. Respondents also discussed concerns about spreading the disease to their children, not being able to care for their children due to illness, and leaving their children orphaned.

You become useless, your body is easily affected by diseases, you can’t resist disease because your immune system is weak; you become easily attacked by different types of diseases. [rural male, aged 18-24]

You once saw what happens if you are promiscuous. You are afraid because you have seen one of your relatives die of the disease and you don’t want to go through such pain. You will also give your relatives pain, and you don’t want your family to go through that. [urban male, aged 18-24]

Probably the husband might have died of AIDS, and then [his wife] says if I do it, I will die soon then the kids will be left alone. [urban female, aged 18-24]

Respondents expressed awareness of both the severity of HIV/AIDS and susceptibility to the disease in relation to multiple sexual partners. In regard to susceptibility, certain categories of persons including married and divorced women, adolescent boys and girls, and members of some religious organizations are perceived to be less likely to be HIV-positive and therefore less of a threat.

If it’s a married woman, you can be in love [have unprotected sex] without being afraid of catching HIV/AIDS—you know she is being controlled by the other side. [rural male, aged 18-24]

So what will you say to us Mapostori Apostles [a religious group]? Where do we fit in [when] I have three to four wives but we don’t contract HIV/AIDS? [urban male, aged 25-40]

**Quality of relationships.** An emergent determinant was “quality of relationships,” which relates to how a partner’s positive or negative qualities decrease or increase an individual’s motivation to engage in MCP. Both male and female participants described negative aspects of relationships that lead people to engage in MCP. They also described positive aspects of relationships that discourage MCP.

Lack of sexual satisfaction was a major reason for engaging in MCP. This may result from either the wife or husband refusing to have sex or not being willing to have sex as often as desired by the other partner. Women with older husbands were reported to look for younger partners due to lack of sexual satisfaction.
Women should try to sexually satisfy their husbands in order that he won’t be tempted to look for another woman. [urban male, aged 18-24]

Not satisfied with the husband. Some do it because they are not sexually satisfied, and they think that if they go out, they will get someone to satisfy them. [urban female, aged 18-24]

Having a husband or wife who traveled frequently or was away for an extended period of time was cited as a reason for lack of regular sexual relations and subsequent involvement with another partner.

They do it because, for instance, the husband is a truck driver who goes out for a long time. The vagina will be itching for sex. [urban female, aged 18-24]

The failure of both husbands and wives to meet their spouses’ expectations was reported to be another circumstance leading to concurrent relationships. Not meeting expectations included wives being “lazy” and not caring for the home or children. Women respondents expressed expectations for men including involvement in household decision-making and in some instances responsibility for household tasks and childcare. In addition, women expressed the need for emotional support within marriage.

Laziness. She does some laundry but the clothes are not clean. She cannot iron clothes properly, even if you teach her, she won’t improve. [urban male, aged 18-24]

Some of the men don’t have time to sit down and discuss with the wife like what are we doing now. No time to sit down and find out what’s missing in our house, future plans. Most of the time he is at work, he is at the bar, has no time to play with the children. If you don’t have someone to tell your problems, you end up having a chikomba [suitor]. [urban female, aged 18-24]

Men also stated that women who talked too much and were disrespectful created a home environment that would cause men to seek other relationships. Men described women as demanding and challenging, and said they caused frequent arguments.

All men whether rich or poor are being harassed by women. Women are selfish, they talk too much, they want things which will benefit them personally. Men need peace of mind; they end up going to the bar to look for someone to entertain them. [urban male, aged 18-24]

Both men and women discussed a partner’s poor personal hygiene as a reason for engaging in MCP. This included poor bathing habits, smelling of cigarettes or alcohol, and being poorly dressed.
When you were still a boy and girl, she was very smart, but now in the house, she thinks it’s no longer important to bathe. You find your wife hasn’t bathed, but she was there the whole day at home. That’s when men go to hure [sex workers] and small houses who are there to attract men. [urban male, aged 18-24]

He was not smoking before marriage but now he comes home late, he will be stinking of beer, you can’t concentrate on sex when he smells of beer. That’s when you go out and have someone who is not a beer drinker and smoker. [urban female, aged 18-24]

Financial issues that were raised included women’s and men’s expectations of material benefits out of a relationship. Women were reported to be motivated to find a concurrent partner if their husband was not contributing enough financially to the household.

I know a woman who fell in love with a man who had a better car than her husband’s. This boyfriend would buy her clothes. The marriage broke up and the boyfriend deserted her. So she lost both ways. [rural female, aged 18-24]

Both women and men who find out that their partner is in another relationship may initiate concurrent partnerships as revenge. Another motive may be to get back at an abusive or violent partner.

You would have been threatened to death by your husband. Or your husband goes to a traditional healer with your panties, and it is fixed in such a way that if you sleep with another man, he knows. There are cultural beliefs that if you have many men you will die. [urban female, aged 25-40]

Children and in-laws were also identified as a factor in the quality of relationships. Male respondents discussed women “shifting” their affections from the man to their children. Other issues included infertility and refusal to have children. Respondents discussed parent-in-laws interfering in household affairs or asking for lobola [bride price], and described disputes between women and their in-laws.

Another issue is in-laws who visit and regularly demand their lobola. They might not actually see their daughter as a married woman yet; she will listen to them. This will cause me to look for another wife. [rural male, aged 25-40]

Positive attributes of relationships that discouraged concurrent partnerships included emotional connections between partners, sexual satisfaction, and sufficient financial stability or material contributions to the household. Emotional connections included trust, “true” or unconditional love for one another, faithfulness, and honesty, as well as being protective of one another and providing comfort and understanding. Respondents discussed men who were monogamous if they felt that
their partner understood them and met their expectations in terms of household duties. Women mentioned tolerance of shortcomings as a reason for not having more than one partner at a time. Good relationships were described as resulting when people have time to get to know one another and develop friendship. Communication was thought to be important in order to have mutual goals for the future as well as being able to communicate about sexuality.

The issue of support reminds me of a certain man and woman in our community. The man was always drunk but every day he would make it a point to buy something for his wife—a meat pie or fresh chips. Each time he gets home the children will know the parcel is for the mother. Other women from the community ended up supporting what this man was doing for his wife. They were saying, “These are what we call a real husband, they drink beer every day but they don’t forget to buy something for the wife and children.” [urban female, aged 18-24]

There are types of people who care and support their family. They make sure the family gets everything. Mutual understanding. If you marry someone you really want, you won’t have extramarital affairs. There are some programmes in the community which help women to shape their families; and these women counsel their husbands. As husband and wife, you need to be open on sexual matters. [rural male, aged 25-40]

**Outcome expectation.** “Outcome expectation” is an existing determinant within the PSI Behavior Change Framework. It is defined as the perception that a particular object or action is effective in fulfilling its purpose. Based on study data, the definition of outcome expectation was expanded to include perceived positive and negative consequences of engagement in concurrent or monogamous relationships. In order to have more stringently defined constructs, outcome expectation was separated into three determinants: perceived costs, perceived benefits, and response efficacy.

**Perceived costs.** Perceived costs are defined as negative outcome expectations. Individuals anticipated a number of negative consequences of having concurrent partners, including not obtaining goals and jeopardizing one’s social status. They also said that being discovered could result in stigmatization, divorce, or violence.

Individuals anticipated that having multiple partners at the same time can result in spending money and not reaching financial goals, or not being able to focus on school.

You don’t want to have many boyfriends because you won’t be able to concentrate on your schoolwork. If you come from school then go to see the teacher, then the sugar daddy, you will not concentrate or manage to complete your schoolwork. [rural female, aged 18-24]
Those with high social standing, such as pastors and deacons, may fear losing their status if they are caught in a concurrent relationship. Respondents also discussed fear of embarrassment if a relationship would be discovered by their partner, the church, or their community. Women expressed concern about verbal attacks from other women.

Some don’t do it because of the key position they hold in the community. A pastor might be an honorable person, well respected, who should lead by example. He can’t have any extramarital affair because it will easily become known, and he is afraid of what people might say, or what he might read about himself in the media. [rural male, aged 18-24]

They shun you. If someone is looking for somebody who has grabbed your husband, they will give a description of somebody light in complexion and you will also be light. They will say “check that yellow house” [laughter]. Later you go to the shopping centre at Machipisa [and] they start trying to pick a fight with you because you have been put on the list of bad names. It affects so many things. [urban female, aged 25-40].

Women anticipated that they would lose financial support from their husbands. A related concern was the consequence of being sued by a partner and losing property. Women also anticipated that if their husbands divorced them, they would be a disgrace to their families, or get sent away from the community by the chief.

**Perceived benefits.** Perceived benefits are defined as positive outcome expectations. Respondents stated that people engage in concurrent sexual partnerships in order to benefit materially, socially, and sexually. Material benefits can include basic needs such as food and shelter, as well as some other supplemental household expenditure such as school fees and transport. Young girls may engage in sexual relationships to obtain basic needs to help support their families. Respondents discussed economic conditions within Zimbabwe and how this has affected concurrent partnerships.

Some school children might be clever in school but poor. They have school requirements to meet like pens so they fall in love with a teacher or businessman. If she hasn’t got shoes, someone will give them to her in exchange for love. [rural female, aged 18-24]

But these days with the harsh economic environment, women are forced to look for means of survival. She will do anything to attract a man. [rural male, aged 18-24]
In addition, respondents noted that men and women may engage in sexual relations to obtain personal luxury goods such as fashionable clothing and cell phones, or to be able to enjoy going out for entertainment.

The wife could be married to a man who is not well off. Women don’t get satisfied; they feel that whatever the husband does doesn’t satisfy her. She sees a woman with good fashionable clothes and children who are well dressed. She knows that the other woman’s husband is better paid than her husband, so in order for her to compete for more fashionable clothes, she will think of a boyfriend who could look after her while she continues to live with the father of her kids. [rural female, aged 18-24]

Love with a poor boy will mean wearing pata pata (flip flops) and dusty legs. Someone with a cell phone comes around. I will go for him, then dump him again when I find a better one, and you end up with many boyfriends. These days we are not looking for true love…. We are looking for somebody with a car, a house or two. [urban female, aged 18-24]

Social benefits for engaging in concurrent partnerships include having children, particularly sons, to carry on the family lineage. Alternately, men may limit the number of partners they have in order to limit the number of children and costs associated with raising children.

Your wife is giving birth to girls only and you want boys—you try somewhere to see if there will be a change. [rural male, aged 25-40]

Some of the women go for boyfriends because they want children, to have children only, if they do not get pregnant from their husbands. [urban female, aged 18-24]

Respondents also discussed social benefits and recognition for men and women in concurrent relationships. For both men and women, concurrent partnerships can also provide opportunities to share interests with different partners.

**Response efficacy.** Response efficacy is the perceived degree to which a behavior will reduce risk for a particular disease or condition. In regard to concurrent partners, this translates into expectations about faithfulness and monogamy reducing the risk of contracting HIV/AIDS. Respondents anticipate that faithfulness between partners will result in no risk of HIV/AIDS. Both serial monogamy and having fewer partners are perceived as reducing risk of infection.

To me, fewer partners are one; it’s good to me because I avoid the spread of diseases. I stand by one and trust that one only. I think those are times when people are being educated like what you are doing, you will realize why it is good to have only one partner. [rural female, aged 18-24]
I think it can reduce the disease if you have fewer boyfriends. It doesn’t mean that you’ll have one boyfriend for a long time, because there is no way you can be in love with someone for five years or for three years. It’s only a short time. So at that time, have only one, then after he has gone, you look for another one because having too many will not help you. [rural male, aged 18-24]

In most cases, fewer refers to one. I am faithful to her while she is faithful to me. The chances of contracting AIDS are none. [urban male, aged 25-40]

**DISCUSSION**

The primary objective of this qualitative study was to identify and define psychosocial determinants for engagement in concurrent partnerships among the general heterosexual population in Zimbabwe. MCP pose significant HIV risk, especially in light of inconsistent condom use within these relationships. Also among many of these concurrent partnerships are frequent multiple short-term relationships and high-risk intersecting sexual networks (Taruberekera, Kaljee, Mushayi, et al. 2009).

The importance of theory-based research for HIV intervention program development and evaluation has been well established (Crepaz, Lyles, Wolitski, et al., 2006; Fisher, Cornman, Norton, & Fisher, 2006; DiClemente, Crittenden, Rose, et al., 2008). For the current study, the data collection and analyses were guided by the PSI Behavior Change Framework. Both emergent determinants and existing determinants within the PSI Behavior Change Framework were identified as salient. The qualitative data also provided important context for the adaptation of the PSI Behavior Change Framework specific to concurrent partnerships within Zimbabwe. These data independently and in conjunction with future survey data can be used toward development of communication campaigns to reduce risks associated with concurrent partners.

Within social norms, respondents discussed religious, familial, and broader sociocultural norms for both monogamous and polygamous relationships. Social norms regarding polygamy reflect beliefs that multiple concurrent partnerships for men are acceptable and perhaps even expected. These norms also associate wealth with multiple partnerships, resulting in young men and women exchanging sex for non-essential items such as cell phones or fashion accessories to enhance their status.
Respondents discussed pressure from peers, family, and social institutions to engage in concurrent partnerships. Pressure may stem from perceptions that these relationships increase an individual's popularity or social status, particularly among men. Pressure also may be related to economic conditions and to attitudes that multiple partners are reflective of wealth. These findings are similar to qualitative research conducted in Nigeria whereby men’s extramarital relationships were associated with social constructs related to “masculinity” as well as men's desire for a “modern lifestyle.” (Smith, 2007). Social constructs in relation to women’s roles and responsibilities, however, may discourage engagement in concurrent partnerships, as women are more likely to experience pressure to be monogamous and to be socially ostracized when they have more than one sexual partner.

The remaining determinants identified were categorized as “motivation” within the Behavior Change Framework. Perceptions of a strong external locus of control are evident, especially among male respondents. Factors such as sexual desire, alcohol use, and women’s appearances contribute to men’s perceptions that they have limited ability to avoid engaging in MCP.

“Quality of relationships” is a broad determinant which covers issues around sexual satisfaction, gender roles, personal appearances, and partner violence and abuse. Alternatively, individuals describe positive relationships in terms of good communication, sexual satisfaction, and emotional and financial support.

Men and women express dissatisfaction with sexual relations with their regular partner, most frequently a spouse, and use this dissatisfaction as a reason to explore and engage in sexual relations with others. Boredom is reported to be a major contributor to men and women seeking sexual gratification outside of their regular relationships. Expectations regarding women’s and men’s household responsibilities and poor communication between partners are other aspects of relationships which are thought to influence engagement in MCP.

Relationship quality may be indirectly affected by economic conditions and poor employment opportunities, since men often need to spend significant amounts of time away from home for work. A study in rural Zimbabwe found that half of married women interviewed were not living with their husbands (Boerma, Gregson, Nyamukapa, & Urassa, 2003). Such long-distance
relationships may contribute to poor-quality relationships and increased chances of concurrent sexual partners. In a study of HIV seroconvertors in Zimbabwe in the 1990s, married men not living with their wives, as well as divorced and widowed men, were at high risk of infection (Ray, Latif, Machekano, & Katzenstein, 1998).

Respondents discussed the perceived threat of HIV/AIDS in relation to severity of physical disability, illness, and death. They also discussed social consequences of contracting HIV, including inability to care for one’s children. Despite recognition of these consequences, individuals expressed decreased perceptions of susceptibility particularly in regards to relationships with members of certain groups identified as “safe”.

Beyond the threat of HIV/AIDS, other perceived costs for concurrent partnerships include the economic costs associated with multiple sexual relationships and the social cost in terms of reputation. The latter is of particular concern among women who may even be perceived to be in concurrent relationships when they have more or better material goods than their neighbors. Perceived benefits of engaging in MCP include material gain and increased social status. Research in South Africa suggests that increasing income disparities between social groups and the promotion of luxury goods through the media have contributed to various forms of transactional sexual relationships for both men and women (Delius & Walker, 2002).

The response efficacy of decreasing risks for HIV in monogamous relationships is recognized but hampered by those misconceptions about the low risk of engaging in sexual relationships with particular categories of individuals. Respondents stated that young men and women are low-risk because they are perceived to be sexually inexperienced. Not only is this assumption flawed, but the older men and women who are involved with these youth are usually engaged in multiple, overlapping, and unprotected relationships with other partners. In these “dissortative” relationships, gender, social, and economic inequalities affect the younger partner’s engagement in decision-making about condom use (Chopra, Townsend, Johnston, et al. 2009). Young boys are perhaps at greater risk for HIV in their relationships with sugar mummies than young girls in relationships with sugar daddies because the fear of a girl becoming pregnant reportedly encourages older men to use condoms (Taruberekera, Kaljee, Mushayi, et al. 2009).
Within the adapted Behavior Change Framework for concurrent partners in Zimbabwe, there are integrated and overlapping economic, socio-cultural, and individual determinants contributing to concurrent partnerships (Figure 4). This model can provide direction for future research and future intervention programs. The development and implementation of a survey including scales for each of the eight determinants can be used to further refine our understanding of the relationships between these determinants and engagement in concurrent relationships. Integrating the current qualitative findings with the survey data will expand our ability to target those determinants most salient to the issue of concurrency.

**Figure 4: Adapted Behavior Change Framework for Concurrent Partnerships in Zimbabwe**

Through mass media and community-based programming, communication campaigns can seek to alter social norms by emphasizing that not everyone is involved in concurrent relationships and provide evidence of social norms for monogamy. Positive aspects of monogamous relationships and skills for building good relationships, such as communication skills, need to be addressed. Campaigns need to focus on the nonmaterial benefits of monogamy including self-respect and social respect.

Communication campaigns can be developed to increase skills to avoid or manage social and economic pressures to engage in concurrent relationships. A current challenge in Zimbabwe, however, is the economic situation which increases social pressure, affect social norms, and make the material benefits of many of these relationships more acceptable and desirable.
Interventions can also focus on the motivational determinants of engagement in concurrent relationships. There is a need to decrease perceptions of external control and encourage individuals to recognize their own ability to make decisions about their relationships. And while respondents were aware of the severity and negative outcomes associated with HIV infection, they expressed misconceptions about vulnerability, including perceptions about “safe” partners. Interventions need to emphasize that there are behavioral risks regardless of one’s partner, and encourage consistent condom use with all sexual partners. These data can also be utilized to encourage greater uptake of voluntary counseling and testing for both individuals and couples.

Interventions also need to address outcome expectations related to concurrency. Increasing knowledge about risks for contracting HIV through sexual networks can increase perceptions of the efficacy of monogamy as well as contribute to greater perceived costs for one’s self and one’s partners in concurrent relationships.

These qualitative data contribute to a growing literature on HIV risks associated with concurrent partnerships. Our findings are similar in some ways to other qualitative findings from the United States and South Africa (Casey, Senn, Scard, & Vanable 2008; Parker, Makhubele, Ntlabati, & Connolly 2007). Across these datasets, social norms regarding engagement with multiple concurrent partners emerge as an important factor. Likewise, expectations regarding relationship qualities, including sexual satisfaction and emotional support, appear to affect decisions to engage in concurrency. Social constructions of gender, which include perceptions regarding men’s “natural” proclivity for multiple partners, may influence acceptance of these relationships. Additional qualitative data from more varied social settings will help to further elucidate factors which contribute to concurrency. There is also a need for both cross-sectional and longitudinal quantitative data to provide more generalizable data on concurrent relationships. Such data could provide further insight into possible predictive mediating and moderating effects for engagement in these relationships, and for high-risk sexual practices within relationships, including inconsistent condom use.
REFERENCES


Focus Group Interview Guide-Emergent

PSI CONCURRENCY STUDY

NOTES FOR MODERATOR:

I. INTRODUCTION (5 mins)

I. Introduction (5 min)

- Thank the participants for coming
- Explain the purpose of the focus group discussion
- Tell the amount of time the discussion is expected to last
- Introduce the moderator, the note taker and the assistant and explain what each one will be doing
- Assure that the discussion will be kept confidential. Remind the participants that anything which is said in the discussion should not be talked about outside of the group.
- Explain that a tape recorder will be used since the note taker can't write down everything
- Ask for their consent to participate and explain that their participation is voluntary
- Explain that there are no right answers and it is okay to disagree. It is important to respect others’ opinions.
- Ask everyone to speak one at a time
- Have participants to introduce themselves and share something about themselves (e.g. ask each participant to say their name and where they live).
- Ask participants to complete the demographic survey

Study purpose:

We are interested in learning about sexual relationships between men and women. We also want to find out more about situations when men or women have more than one sexual partner over the same period of time. We are talking with you today because we would like to learn how best to define and describe different types of sexual relationships and to understand how people become involved in these relationships. This information will be used to help us to develop and improve our interventions.

II. WARM-UP ACTIVITY (10 mins)
III. DEFINING BEHAVIOUR (30 mins)

BEFORE WE TALK ABOUT THE TYPE OF PARTNERS PEOPLE HAVE AT THE SAME TIME, LET'S TALK ABOUT THE DIFFERENT TYPES OF PARTNERS PEOPLE HAVE

1) What types of sexual partners do men [women] have? How would you describe these partners? Record terms and descriptions on flip chart paper so everyone can see them.

2) (a) Which of these partners do people have at the same time i.e. over the same period? Note taker writes down the combinations of partners people have at the same time on flip chart paper so that everyone can see them. For example a wife, a mistress and a school girl or a ,wife, a girlfriend at work and weekend girlfriend. Note taker physically separates the combination of partners people have at the same time. This can be done be placing a circle or a box around the different types of partners people have at the same time.

   • Which of these combinations are most common or typical? What are the top three combinations that know the most about either because you know someone in such a relationship or you have heard a lot about it. Refer back to groups of partners that were generated in question two. Select out three combinations that the participants know the most about and ask the remaining questions about these combinations.

2 (b) . What are these relationships like? How do men [women] who have two or more sexual partners manage these relationships? What stories do you know or have heard about men (women) in these relationships?

   i. How much time do men [women] spend with each of the partners they have at the same time?
   ii What kinds of activities do men [women] do with each of the partner they have at the same time?
   iii. Where do they spend time with each of these partners? Where do they meet each of these partners?
   iv. Which of these partners do men [women] have for a long time? About how long is this? Which of these partners do men [women] have for a short time? About how long is this? With what type of partners do men [women] replace these partners?

   (NOTE: all probes under this Q above do not need to be asked. Choose only those that are relevant depending on the situation. So for example if someone starts talking about one of these relationships and only talks about the amount of money men spend you can ask one of these questions to get them to describe other aspects of these relationships.

   • 2 (c) Which of these partners do men [women] use condoms with? What are some reasons for this? Which of these partners do men [women] not use condoms with? What are some reasons for this? Refer back to the top three combinations that were identified in Q2b.

3) How do you refer to men [women] who have two or more sexual partners at the same time over the same period?
Instructions: Once participants have provided their responses, review the types of partners, and combination of partners in concurrent relationships and terms for people who have two or more partners at the same time and ask if they would like to add anything.

IV. IDENTIFYING RELEVANT DETERMINANTS-FREE LISTING (60 MINUTES)

From the discussion we just had about people having more than one sexual partner over the same period we now want to understand the reasons why people engage in these relationships.

Instructions: Write responses on flip chart.

4) What are the reasons you think men [women] get involved in relationships with more than one person over the same period?

Probe for more details on reason (if not spontaneously mentioned): Use the following probes as appropriate after each response. Hopefully the respondents will understand the level of detail that you are looking for after you have done this for the first few responses. If not continue to probe. The goal is to get as much detail as possible on each reason including the ones you getting using the additional probes below from the participants’ point of view.

- What do you mean by [INSERT REASON]? How would you describe [INSERT REASON]?
- What is an example of an [ INSERT REASON ] that leads to having …
- How does [INSERT REASON] lead to having concurrent partnerships?

5. What are the reasons men [women] don’t have more than one partner at the same time?

Probe for more details on reason (if not spontaneously mentioned):

- What do you mean by [INSERT REASON]? How would you describe [INSERT REASON]?
- What is an example of an [ REASON ] that leads to having …
- How does [INSERT REASON] lead to having concurrent partnerships?

V Wrap up [10 min]

The purpose of today’s discussion was to:

- Find out how concurrent relationships are defined
- Find out reasons that lead people to practice these relationships

Is there anything else that you like to add to help us better understand the things that we talked about today?
Focus Group Interview Guide-Adaptive

I. Introduction (5 min)

- Thank the participants for coming
- Explain the purpose of the focus group discussion
- Tell the amount of time the discussion is expected to last
- Introduce the moderator, the note taker and the assistant and explain what each one will be doing
- Assure that the discussion will be kept confidential. Remind the participants that anything which is said in the discussion should not be talked about outside of the group.
- Explain that a tape recorder will be used since the note taker can’t write down everything
- Ask for their consent to participate and explain that their participation is voluntary
- Explain that there are no right answers and it is okay to disagree. It is important to respect others’ opinions.
- Ask everyone to speak one at a time
- Have participants to introduce themselves and share something about themselves (e.g. ask each participant to says their name and where they live).
- Ask participants to complete the demographic survey

Study purpose:

We are interested in learning about sexual relationships between men and women. We also want to find out more about situations when men or women have more than one sexual partner over the same period of time. We are talking with you today because we would like to learn how people become involved in these relationships as well as make decisions about using condoms. This information will be used to help us to develop and improve our interventions.

II. Warm up activity (10 minutes)

III. Defining [Behavior] 10 min)

In order to make sure that we are all talking about the same thing, we need to talk about what we mean when we say that someone is having sex with more than one partner at the same time and what we mean when we say that people are using condoms.

Ask participants for their definitions of what it means to have more than one sexual partner at the same time. Once they have provided their definitions, review and consolidate to include: When we talk about having more than one sexual partner at the same time we mean having sex with two or more partners at least once during a period of one month or less.
Now let’s talk about what we mean when we say people are using condoms. What do people do when they use condoms? What are the steps for using condoms? What do they do first? When do they put them on? When do they take them off?

IV. RELEVANCE OF DETERMINANTS IN THE FRAMEWORK; CONTEXTUALIZING DETERMINANTS

Instructions: Ask about 5 determinants identified based on the PSI framework, a literature review and input from program and research staff. Use easy to understand definitions of determinants with examples (see appendix for definitions and example questions)

- What does it mean if someone [INSERT DETERMINANT IDENTIFIED]? How likely is [INSERT DETERMINANT IDENTIFIED] to encourage youth in this [town/village/region] to use condoms?

For positive statements

What are some times when adults have more than one partner at the same time because of [INSERT DETERMINANT IDENTIFIED]?

(i) What are some places where adults have more than one partner at the same time because [INSERT DETERMINANT IDENTIFIED]?

(ii) What are some social situations in which adults have more than one partner at the same time because [INSERT DETERMINANT IDENTIFIED]?

For negative statements

What are some times when adults do not have more than one partner because of [INSERT DETERMINANT IDENTIFIED]?

(i) What types of partners do men/women not have at the same time because of [INSERT DETERMINANT IDENTIFIED]?

(ii) What are some places where adults do not have more than one partner at the same time of [INSERT DETERMINANT IDENTIFIED]?

(iii) What are some social situations in which adults don’t have more than one partner at the same time because [INSERT DETERMINANT IDENTIFIED]?

(SEE ATTACHED APPENDIX FOR DETERMINANTS & EXMAPLE QUESTIONS)
VI Condom use with concurrent partners:

1) We talked about reasons why people may or may not have more than one partner at the same time. We are also interested in reasons why people do or do not use condoms when they have more than one partner at the same time.

2) What are some reasons men [women] don’t use condoms with their partners when they have more than one sexual partner at the same time?
   - What do you mean when you say [INSERT REASON]?
   - What is an example of an [ ] that leads to don’t using condoms.

3) What are some reasons men [women] use condoms with their partners when they have more than one sexual partner over the same period of time?
   - What do you mean when you say [INSERT REASON]?
   - What is an example of an [ ] that leads to using condoms.

VII Wrap up [10 min]

The purpose of today’s discussion was to:

- Find out reasons that some adults have more than one partner at the same time and reasons why others don’t
- Find out situations (places, people, social events) in which these reasons are important
- Find out reasons that some adults who have more than one partner at the same time use condoms and reasons why others don’t

Is there anything else that you like to add to help us better understand the things that we talked about today?

Appendix

1. Threat

(a) What does it mean if someone thinks that having HIV/AIDS can be harmful? How likely is someone that thinks this way to have more than one sexual partner at the same time?
   Probe on:
   - What are situations when men/women have sexual relationships with more than one sexual partner even when they know about the dangers of HIV infection?
   - When do men/women not have sexual relationships with more than one sexual partner because of fears of HIV infection?
2. **Social Norms**

(a) What does it mean if someone thinks others in their community have more than one partner at the same time? How likely is someone that thinks this way to have more than one sexual partner at the same time?

Probe on:
- What times do men/women have sexual relationships with more than one sexual partner because they think lots of people in their communities have more partners at the same time? And
- What times do they not engage in these relationships because they think that lots of people in their communities do not have many partners at the same time?

3. **Beliefs**

(a) What does it mean if someone has positive beliefs about having more than one sexual partner at the same time? How likely is someone who has these beliefs to have more than one sexual partner at the same time?

Probe on:
- When do men/women engage in sexual relationships with more than one partner at the same time because of their beliefs?
- When do men/women stop engaging in sexual relationships with more than one person at the same time because of their beliefs?
- How do men’s/women’s perceived inherent sexual drives to have more sex and the need to have different partner types lead them to having more than sexual partner at the same time?

4. **Outcome expectation**

(a) What does it mean if someone thinks that having fewer partners lowers their chance of getting HIV/AIDS? How likely is someone who believes this to have more than one sexual partner at the same time?

Probe on:
- What times do men/women engage in sexual relationships with more than one partner at the same time even when they think that having more than one partner does not increase their chances of getting HIV/AIDS? and
- What times do men/women not engage in sexual relationships with more than one partner at the same time because they think that having only one partner reduced their chances of getting HIV/AIDS?

5. **Pressure**

(a) What does it mean if someone is feeling pressured to have more than one sexual partner at the same time? How likely is someone that experiences this type of pressure to have more than one sexual partner at the same time?
Probe:

- When do men and women have sex with more than one sexual partner at the same time because they feel pressured to do so?
- When do they not have sexual relationships with more than one partner at the same time even if they are under pressure to do so?