

The challenges of MCP prevention in South Africa

**Presenter: Prof Leickness Simbayi, D.Phil.
Social Aspects of HIV/AIDS and Health (SAHA),
Human Sciences Research Council,
Cape Town**

Presentation to a roundtable discussion on
SEX, SOAPS and SENSATIONALISM!

Multiple and Concurrent Partnerships in the Popular Media

Date: Wednesday 4 March 2009

Time: 16h00 for 16h30–18h45

Venue: Goethe-Institut, 119 Jan Smuts Ave, Parkwood,
Johannesburg

Social science that makes a difference



Overview

- **Introduction**
- **Definitions of MCP**
- **The relationship between MCP and HIV infection**
- **Social, cultural, and economic factors in MCP**
- **Implications of MCP for HIV prevention in South Africa**
- **Challenges for MCP prevention**
- **Conclusions**

1. Introduction

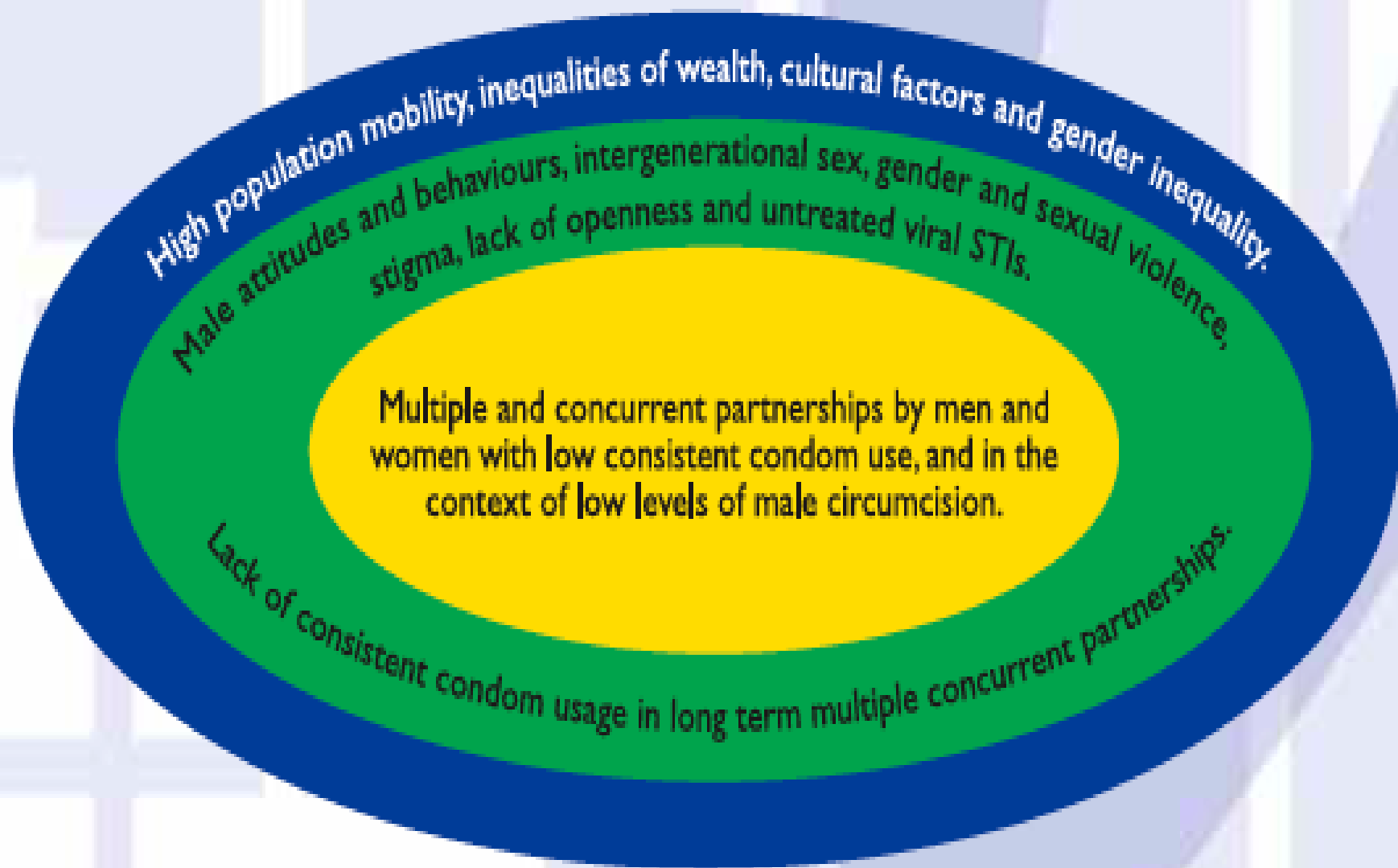
Social science that makes a difference

40
1968-2008



HSRC
Human Sciences
Research Council

Figure 1: Drivers of the HIV Epidemic in SADC



■ Social & Structural Drivers

■ Contributing Drivers

■ Key Drivers

2. Definitions of MCP

Definitions of MCP

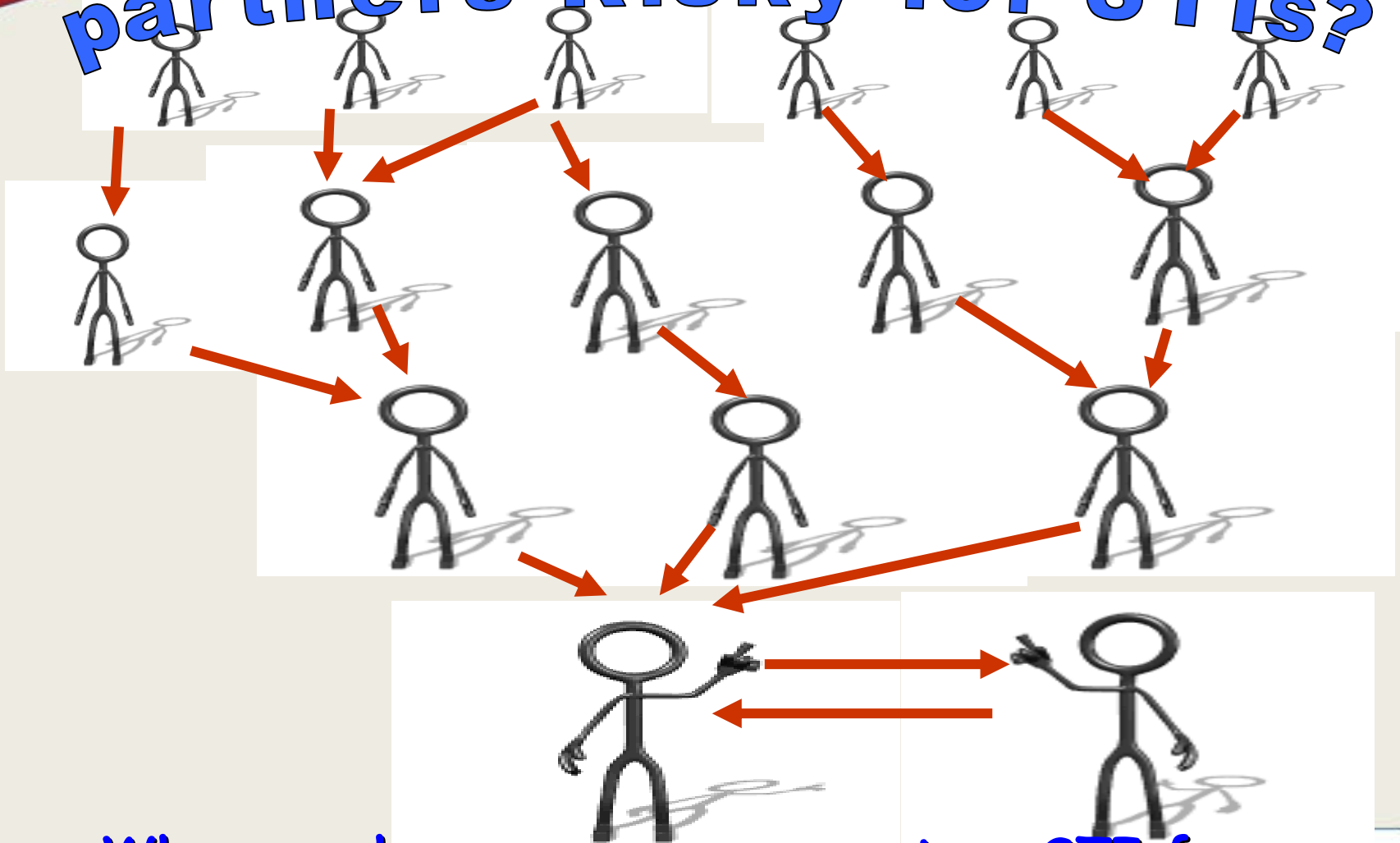
- **Multiple concurrent sexual partnerships are relationships whereby an individual has overlapping sexual relationships with more than one person.**
- **The overlap of one or more sexual partnerships for a period of one month or longer (Mah & Halperin, 2008), in past 3 months (Colvin et al. 1998); or in the past year/12 months (Global Program on AIDS, 1996)**
- **This is contrasted with sequential or serial partnerships or monogamy, whereby an individual engages in a sexual relationship with only one partner, with no overlap in time with subsequent partners.**

Mah, T & Halperin T (2008) Concurrent Sexual Partnerships and the HIV Epidemics in Africa: Evidence to Move Forward. AIDS & Behav

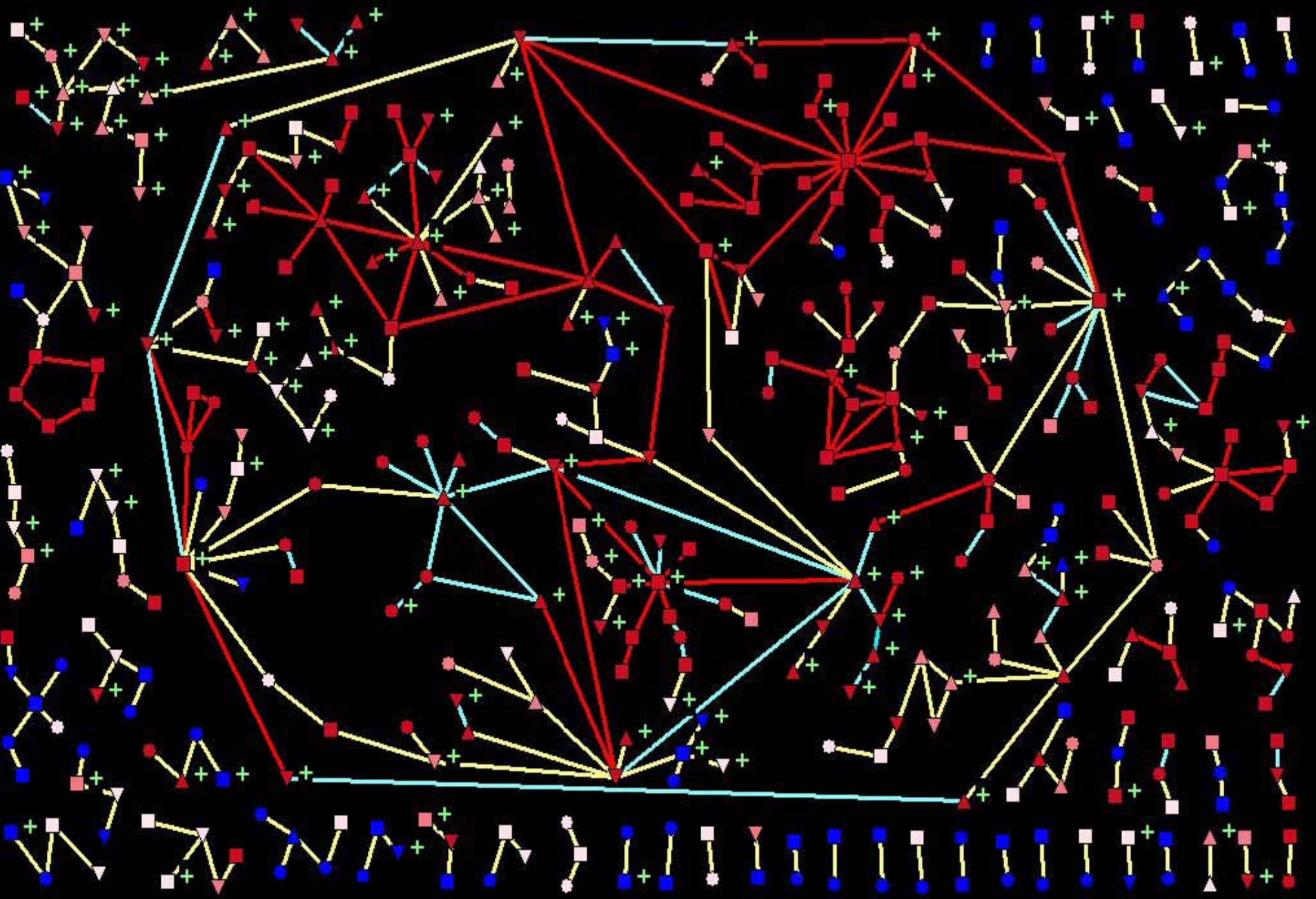
Dimensions of Concurrency

- Length of time of partnership overlap or gap length between partnerships
- Type of partner
 - o Regular, spousal
 - o Casual
 - o Commercial
- Number of partners
- Extent of concurrency in wider society – among men and women (sexual networks)

Why is having multiple partners Risky for STIs?



When you have sex, you can get an STI from your partner's past partners and all of their partners



(Friedman et al., 2007, *AIDS & Behavior*)

Social science that makes a difference

40
1968-2008



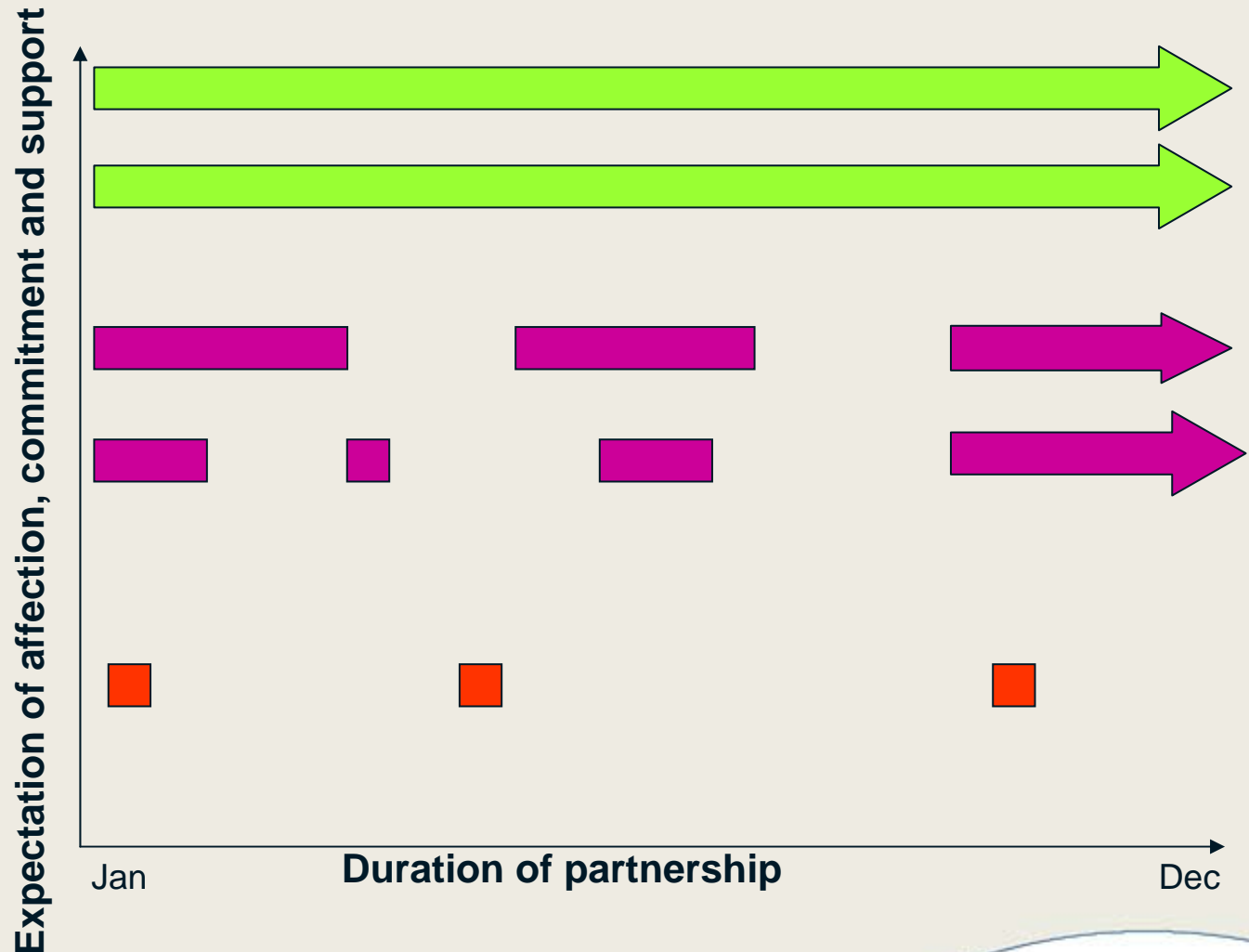
HSRC
Human Sciences
Research Council

Types of Concurrent Partnerships

❖ **Ongoing** (main partner), (co-wife, mistress, 'small house')

❖ **Intermittent or occasional** (co-parents, location dependent relationships, 'little girlfriends')

❖ **One-off** (sex-worker, casual encounter, 'take-aways', 'local bicycles')



Source: S. Leclerc-Madlala (2008) Age-disparate and intergeneration sex in southern Africa: the dynamics of hypervulnerability. *AIDS*, 22 (supp 4): 1-9.

Social science that makes a difference



3. The relationship between MCP and HIV infection

Self-perceived risk of HIV infection in South Africa, 2005

- **66% of respondents thought they are probably or definitely not at risk for HIV**
- **51% of the survey participants who tested positive for HIV thought they would probably or definitely not get infected with HIV**

The role of multiple concurrent partnerships in HIV epidemics

- Multiple concurrent partnerships—in conjunction with **high viral load during acute or early HIV infection** during a period of approximately 6 months when viral loads remain high — and the low level of male circumcision—have contributed to the rapid spread and the high prevalence levels of HIV in southern Africa (Halperin & Epstein, 2007).
- MCP even during the time between infection and development of full-blown AIDS can contribute to the rapid spread of new HIV infections through sexual networks.

Prevalence of multiple concurrent sexual partnerships over the past 12 months, South Africa 2005

Age	MALES		FEMALES	
	N	>partner (%)	N	>One partner (%)
15 – 24 years	972	27.2	1397	6.0
25 – 49 years	2059	14.4	3195	1.8
50+	799	9.8	726	0.3

HIV prevalence and incidence by number of sexual partners (age group 15 - 49 years) [Taken from Rehle et al., 2007].

Number of sexual partners in the past 12 months	Survey sample (N)	HIV prevalence (%) (95% CI)	HIV incidence (% per year) (95% CI)
One	5 233	18.4 (16.7 - 20.4)	2.1 (1.3 - 3.0)
More than one	468	21.3 (15.9 - 28.0)	3.1 (0.0 - 6.4)

Condom use during last sex act, South Africa 2002 and 2005

Age	Male (%)		Female (%)	
	2002	2005	2002	2005
15-24 yrs	57.1	84.8	46.0	73.0
25-49 yrs	26.7	53.4	19.7	55.3
50 yrs+	8.2	25.2	5.6	18.7

4. Social, cultural, and economic factors in MCP

Social-cultural meanings of MCP

- **For a man:** affirms his **self-worth**, shows **generosity**, expresses **love/appreciation**, helps **restore pride**, validates **manhood**, asserts & **establishes power & authority** in relationship.
- **For a woman:** affirms her **value**, an expression of **love/appreciation**, boost **self-esteem & social status**, helps builds **social networks & capital**, gains **materially**, promotes **dependency and vulnerability**.

(a conundrum for women)

Men's motivations for seeking multiple partners

- Young men: **Peer pressure** to prove normality and **masculinity** identified as the main drivers of MCP. Concurrency also viewed as 'strategic', hedge against disappointment, recreational, means constant availability of a woman.

"It's greed... It's just being a man...It's just not being satisfied with your partner and you wishing to taste other women outside. (Black Male 30-34)

- Older men: Report need for **variety, relief from stress or boredom**, desire for 'clean' partners, desire for **sexual rejuvenation**, also pressure to demonstrate manhood & social worth, feel 'forced' by society.

"You find that days go by with you never having any sex [with your main partner]... So you eventually find someone else who is willing to fulfill your sexual needs" (Black Male 30-34)

- ***"As a man's wealth increases so does his sexual access and social expectations of sexual access increase"*** (Swidler & Watkins 2006).

Socio-economic reasons men use to justify having multiple partners

- The roots of concurrency relates to the **migrant labour system** of mines and industrial areas, which resulted in men and women spending considerable time apart. This had implications for multiple partnering and marital non-exclusivity (Romero-Daza 1994; Spiegel 1991).
- “For reasons not unrelated to post-apartheid ‘liberalisation’ of markets, privatisation, growing urban unemployment, and the media promotion of conspicuous consumption, multi-partnered transactional sexual relationships have come to play an integral role in the lives of many urban young women” (Leclerc-Madlala, 2003).

Women's motivations for seeking multiple partners

- In addition to the possibility of finding **love, affection, or marriage**:
- **Vulnerable victims**-- report hunger, coercion, manipulation, pressure to conform, obey and show 'respect', need for protection, employment.
- **Active agents**-- boast of taking charge, 'milking the cow', seeking fun/adventure/opportunities to make contacts among 'sponsors', 'investors' or 'ministers' for present or future social mobility.

“Material exchange: She is going to see her Roll-On that lives in Site B. That man will buy her train tickets. The other man will give her groceries’ money. The other will give her spending money. It’s just greed and lack of satisfaction”
(Black Male 30-34)

“Maybe he had money. I know that whenever I see him, he will give me money...”
(Black Female, 25-29)

Social, cultural, and economic factors in MCP (contd)

- Kaufman and Stavrou (2002) found that among young people in urban South Africa, **gift-giving and a transactional aspect of relationships was common and widely accepted.**
- Hunter (2002) found that this association between **sex and gifts (i.e. transactional sex)** has been a central factor in driving “multiple-partnered sexual relationships.”
- In examining the gender dynamics of transactional relationships, Hunter (2002) and Leclerc-Madlala (2002) both concluded that women often were not “**passive victims**” of such relationships but rather acted to “**access power and resources.**”

Social, cultural, and economic factors in MCP

- Selikow (2004) found that **male sexuality** in townships was defined by how many sexual partners men have and is encapsulated in the terms such as **ingagara** - a “**real man**” or “**top dog**”- and **isithipa** – an unfashionable man without many girlfriends.
- Motivations for engaging in concurrent partnerships include **exchange of material goods and money**, **sexual dissatisfaction with one sexual partner**, a “**safety-net**” against losing a main partner, **peer and social pressures**, particularly among young people, and the **social acceptance of having multiple partners** (Epstein 2007; Parker et al. 2007; Psaki et al. 2007)

What are the other manifestations of MCP?

- The following pre-marital and marital cultural practices also involve MCP:
 - Pre-marital sex
 - Fertility and virility testing
 - Fertility obligations
 - Exchanging of wives
 - Approved extramarital relations
 - Having a bonus wife
 - Polygamy

5. Implications of MCP for HIV prevention in South Africa

Case studies: Reduction in MCP and HIV incidence in other African countries

- In Uganda, Kenya and Zimbabwe, reduction in multiple concurrent sexual partners was the most extensive contributing factor for incidence decline.
- Comprehensive and mutually reinforcing messages of “zero grazing”, fear, top-level political leadership and a groundswell of community involvement and ownership were key in Uganda, and community engagement was high in Kenya and Zimbabwe.
- In Kenya, delayed sexual debut and increased condom uptake occurred, but at much less significant levels than partner reduction.

Case studies: Reduction in MCP and HIV incidence in other African countries (contd)

- In Zimbabwe, high condom use was a factor, as well as partner reduction, but age at sexual debut, already high, did not change.
- There is limited evidence of the impact at population level of interventions such as VCT, STI treatment, peer education, and women's empowerment, although media are considered to have been influential in changing social norms and behaviours.
- *Over all three countries, reduction in the number of sexual partners was the central change leading to reduced HIV incidence.*

Some ideas for MCP prevention interventions in South Africa

- **The begin with, it must be highlighted that in the countries in southern Africa where HIV prevalence is extremely high, the probability that one's sexual partner is infected with HIV is around one in four to six, making it extremely risky to have unprotected sex with anyone whose HIV status is unknown.**
 - **Most South Africans have a false sense of security about HIV risk. This urgently needs to be addressed first.**
- **Secondly, just as there are various types of drivers of the HIV epidemics which were identified in the SADC model and interventions to reduce MCP must be done at multiple levels.**

Some ideas for MCP prevention interventions in South Africa (contd)

- **Prevention programmes should aim to reduce the occurrence of multiple sexual partnerships, whether or not they are concurrent, and to communicate the likely additional risk of concurrent sexual relationships—including those that are long term and socially accepted.**
- **Among the proposed interventions are:**
 - **Structural interventions directed at both economic and cultural drivers on the one level which must include among others social change communication through mass campaigns or social movements with strong political, religious and community leadership (both top down and bottom up) and endorsed by the mass media to stigmatise and discourage multiple partnerships as a threat to individual and public health.**

Some ideas for MCP prevention interventions in South Africa (contd)

- Address gender issues especially from the perspective of *male involvement and responsibility* for sexual and reproductive health and HIV prevention and support, and specifically to reduce multiple, concurrent partnerships, intergenerational/age-disparate sex and sexual violence through multiple channels, including those noted for (1) above.
- *Unfortunately the penetration of some forms of media in informal and rural areas of South Africa presents a major challenge.*
- *Secondly, changing social values and norms in the face of popular culture promoted mainly through the media will be very hard to change.*

6. Challenges for MCP prevention in South Africa

Main challenges

- **False sense of security about HIV infection in hyperendemic scenario with nearly one in five adults living with HIV/AIDS many of whom are unaware of their HIV status.**
- **Culturally sanctioned gender inequality**
- **High levels of poverty in some communities**
- **Social values and norms that appear condone MCP**
- **The role of the popular media**

7. Conclusions

Conclusions

- **MCP is common and widely accepted in some communities in South Africa.**
- **It is a key driver of HIV infections in Southern African countries with hyperendemic scenarios whereby national HIV prevalence rates among adults exceeds 15%.**
- **MCP is itself driven by various socio-cultural and economic factors including both old and new social cultural norms and values.**

Conclusions

- There is a need for multi-level interventions as social and structural level as well as individual level including through social change communication via the media and community mobilisation or community engagement including the involvement of the religious faiths.
- Ironically, while the popular media itself is identified as one of the main culprits in promoting MCP, it also provides us with one of the best means to prevent it through appropriate and localised social change communication.

This is our main challenge if we are to win the fight against the HIV epidemic in South Africa.

Acknowledgements

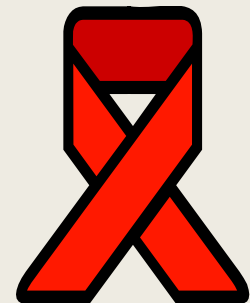
- **A few of the slides used in this presentation are from the following source:**

Setswe, G. (2008). *Why is MCP important in HIV prevention?* UNAIDS consultation on MCP held on 7 September 2008

References

- Parker, W. et al. (2007). *Concurrent Sexual Partnerships Amongst Young Adults in South Africa: Challenges for HIV Prevention Communication*. Johannesburg: CADRE.
- Rehle, T., Shisana, O., Pillay, V., Zuma, K., Puren, A. & Parker, W. (2007). National HIV incidence measures – new insights into the South African epidemic. *South African Medical Journal*, 97(3), 194-199.
- Rweyemamu, D. & Fuglesang, M. (2008). *Onelove: Multiple and Concurrent Sexual Partnerships Among Youth in Tanzania*. Dar-es-Salaam, Tanzania: Femina HIP. http://www.onelovesouthernafrica.org/wp-content/uploads/2009/01/mcp-tz-report_updated-aug-081.pdf.
- SADC (2006). *SADC Expert Think Tank Meeting on HIV Prevention in High-Prevalence Countries in Southern Africa REPORT Maseru, Lesotho 10-12 May 2006*. Gaborone: SADC.
- UNAIDS (2008). *2008 Report on the global AIDS epidemic*. Geneva: UNAIDS.

THANK
YOU



Social science that makes a difference

40
1968-2008



HSRC
Human Sciences
Research Council