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Gender and Multiple and Concurrent Sexual Partnerships in Lesotho

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Study Partners

National AIDS Commission Lesotho, UNAIDS, and Family Health International

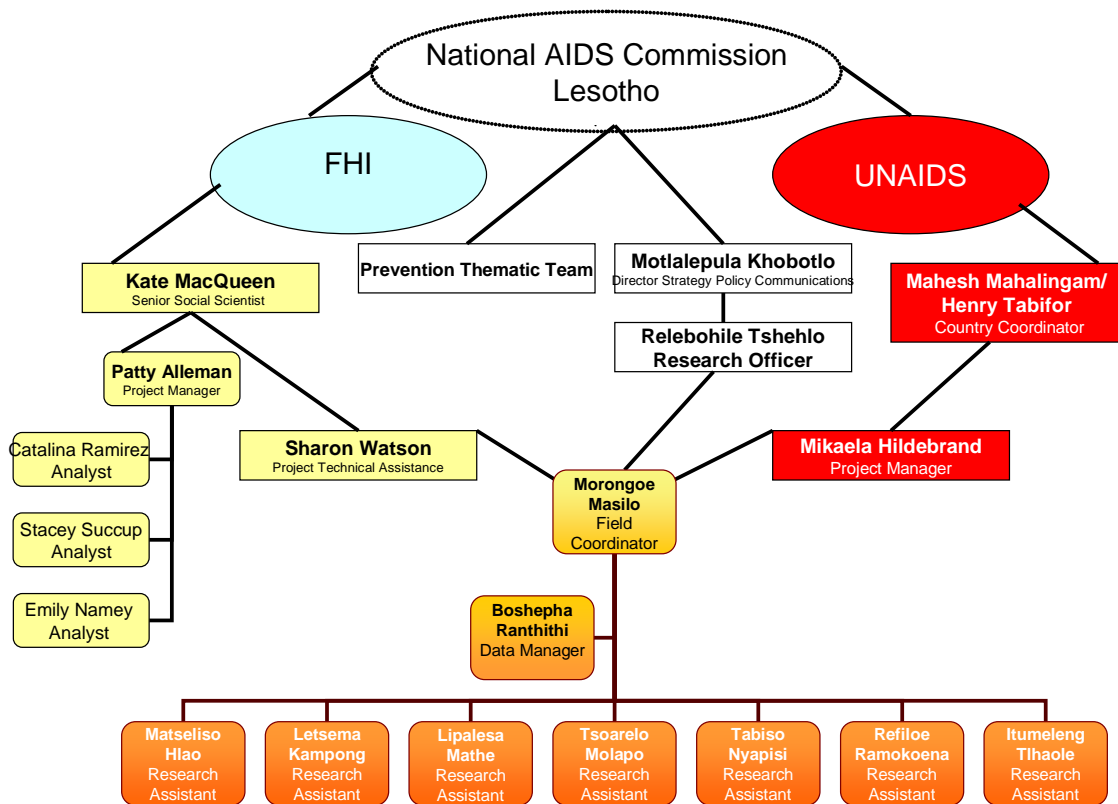
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STUDY TEAM



The National AIDS Commission (NAC) in collaboration with UNAIDS and Family Health International (FHI) undertook a research study on *Gender and Multiple Sexual Partnerships in Lesotho*. This was a qualitative study of which the all data was collected by the team presented in the structure above. The team was composed of research assistants, field coordinators, study coordinators and country coordinators. Moreover, there were researchers and programme managers who were all supporting the research study. The team also composed of thematic team/groups in the country, who contributed to very large extent finalization and completion of the study.

Acknowledgements

This study was undertaken in a collaborative manner between NAC, UNAIDS and FHI. Members of the research team worked tirelessly at various stages through field work, analysis and finally to get the document to a stage where it can be presented as evidence based information. They have delivered under a lot of pressure, thus the consortium of the three institutions remains indebted to them. The goal of the research study was to produce strategic information on determinants of sexual behavior, focusing particularly on social, economic and cultural factors that promote multiple and concurrent sexual partnerships among young adults. The purpose of the study on the other hand was to inform national gender interventions targeting prevention of HIV.

There were many people who were involved in this study without whom it could not have succeeded. They include the respondents in both focus group discussions and in-depth interviews who were more than willing to participate in the study; the Community Chiefs, Community Councils and District personnel, individuals and organizations that supported the process. Their contribution is most appreciated.

There was an arrangement for the study team to provide feedback of the findings for validation at the community level and therefore the consortium would like to thank all those members of the community that took part.

We are thankful to UNAIDS and USAID whose financial assistance made it possible for the study to be undertaken. Finally NAC would like to thank both UNAIDS and FHI for partnering with it in undertaking this study which has shed more light on the main driver of the epidemic in Lesotho. We look forward to similar collaborations in future, either with us or with other players in the response to HIV and AIDS.

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List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BSS	Behavioral Surveillance Survey
DHS	Demographic Health Survey
EC	Ethics Committee
FHI	Family Health International
FSW	Female sex worker
GoL	Government of Lesotho
HIV	Human Immunodeficiency Virus
IRB	Institutional Review Board
LAPCA	Lesotho AIDS Programme Coordinating Authority
MOHSW	Ministry of Health and Social Welfare
NAC	National AIDS Commission
NASP	National AIDS Strategic Plan
OHRP	U.S. Office for Human Research Protection
PHSC	Protection of Human Subjects Committee
STI	Sexually Transmitted Infections
TLFB	Time-Line Follow-Back method
UNAIDS	The Joint United Nations Programme on HIV/AIDS
USAID	US Agency for International Development
VCT	HIV voluntary counseling and testing

List of definitions

Concurrency has been defined in a number of different ways. In this report we define concurrency as two or more sexual partners within a given time interval in the previous 12 months. Several different time intervals are used:

Concurrent within calendar month: Two or more sexual partners in the same calendar month during at least one month in the 12 month recall period.

Concurrent within 21 days: Two or more sexual partners within at least one 21 day interval in the 12 month recall period.

Concurrent within 60 days: Two or more sexual partners within at least one 60 day interval in the 12 month recall period.

Sequential partnerships: Two or more sexual partners in the 12 month recall period with at least 61 days of no sexual activity between any two partners.

Monogamous partnerships: One, and only one sexual partner in the 12 month recall period.

No Sex: No sexual partners in the 12 month recall period.

Executive Summary

BACKGROUND

HIV continues to be one of the most urgent development issues confronting southern Africa including Lesotho. With an HIV prevalence rate of 23% in its adult population aged 15-49 years, Lesotho is the third hardest hit country in the world by the HIV epidemic. In 2000, His Majesty the King Letsie III and the government declared HIV a national disaster. Despite on-going efforts to reduce the impact of the epidemic, there is still no clear indication that HIV incidence is declining.

As a step to halt the epidemic in the region, the Southern African Development Community held an expert think tank meeting in Maseru, in May 2006. One of the meeting's main conclusions was that multiple concurrent sexual partners is one of the key drivers of the epidemic in the Southern African region. Research has shown that concurrent sexual relationships, that is sexual relationships which overlap over a period of time, increases the likelihood of person-to-person sexual transmission of HIV. This is due to extremely high viral loads during the first few weeks of HIV infection (the acute infection period). Consequently, sexual networks characterized by concurrent relationships create an environment conducive to the rapid spread of HIV.

There are some sources of data that have documented the prevalence of multiple and potentially concurrent sexual partnerships in Lesotho. However, no previous studies assessed the perception of risk of HIV infection in stable relationships, and no contemporary qualitative study was available exploring the practice of having multiple concurrent sexual partnerships in Lesotho. To fill this gap, a qualitative study was undertaken in five communities with the aim of better understanding the social, economic and cultural considerations that influence individuals' decisions related to multiple sexual partnerships and the perception of HIV risk in such relationships. The goal of the study was to produce strategic information on determinants of sexual behavior, focusing particularly on social, economic and cultural factors that promote multiple concurrent sexual partnerships, with the purpose to inform national gender interventions targeting prevention of HIV.

OBJECTIVES

The study focused on men 18-44 and women 15-34 years of age, with the following specific objectives:

1. Generate context-specific information on the practice of multiple and concurrent sexual partnerships in the context of stable relationships.
2. Inform the review of the prevention component of the National Strategic Plan on HIV and AIDS (2006-2011) and inform the upcoming national behaviour change communication strategy.
3. Highlight community perceptions and understanding of HIV risk within stable relationships in order to strengthen community and civil society communication and advocacy for social change.

4. Strengthen evidence-based community dialogue on HIV prevention within stable relationships, particularly through improved mechanisms for involvement of men in dialogue and community response.

STUDY IMPLEMENTATION

The protocol, informed consent forms, participant information and recruitment materials, and other requested documents were reviewed and approved by the MOHSW Ethics Committee (EC) and the institutional review board (IRB) of FHI. The FHI IRB is called the Protection of Human Subjects Committee (PHSC).

The study was conducted as a collaborative partnership between the National AIDS Commission Lesotho (NAC), UNAIDS, and Family Health International (FHI), and was conceptualized and implemented in collaboration with the President's Emergency Plan for AIDS Response (PEPFAR) Lesotho. Funding was provided by UNAIDS and USAID.

The research was conducted at five sites in Lesotho, including the urban capital of Maseru, a foothills urban site (Butha-Buthe), a lowlands rural site (Mohale's Hoek), a border town (Maputsoe), and a rural mountain site (Mokhotlong). This was a qualitative study incorporating focus group discussions (FGDs) and individual in-depth interviews to describe community perceptions, values, norms, and experience, and individual behavior and experience with regard to sexual relationships and practices. Within each community, participants were purposely selected to provide information about the range of variability in social norms and behavior. The age groupings reflected priorities for data collection balanced with limitations on the amount of data that could be collected and analyzed with the available resources. For example the inclusion of a younger range of females and a wider range including older men were based on previous gender and age findings related to HIV in Lesotho. For both interviews and focus groups people of both high and low socioeconomic standing were enrolled.

Prior to data collection, the field team undertook a community engagement process at each site and obtained approvals from the District Administrator, the District Council Secretary, the Principal Chief, the town and/or village Chief, and the Community Council Secretaries. This process included on-site meetings with the appropriate officials at each site about 2-3 weeks before data collection began to discuss site selection within each district and appropriate recruitment strategies. District stakeholder consultative meetings were held that included a guided discussion around key drivers of the HIV epidemic in the District, a presentation of the study concept and design, and plans for dissemination of the study results.

In total, 30 focus groups and 92 (excluding one that could not be analyzed due to technical errors) interviews were conducted. In each of the districts selected for data collection, 1-2 focus group discussions with key stakeholders were conducted. Participants included people such as local government representatives, teachers, chiefs, religious leaders, health professionals, and NGO/FBO/CBO representatives. The research team worked with the local chief and community council secretary to identify key stakeholders for participation. Gender-specific focus groups were then held with women aged 15-34 (3 focus groups at each site) and men aged 18-44 (2 focus groups at each site); the gender-specific focus groups were divided by age and, for women, by marital status as well. In-depth interviews were held with individual men and women in each

district, with an average of 18 interviews conducted at each site. For the in-depth interviews men and women who perceived themselves to be in relationships were recruited. The in-depth interviews elicited detailed information on all sexual partnerships during the previous 12 months.

DATA ANALYSIS

Thematic analysis was performed on the text data using a collaborative coding strategy. To discover emerging themes, the Lesotho field team members reviewed both the original Sesotho interviews and English versions of the transcripts. The Lesotho field team included explanations of local idioms, metaphors, and other context-specific language in the English-translation transcripts. In a parallel process, the U.S.-based analysis team read the English versions of the transcripts and also identified themes. The calendar recall data and data on sexual partners from the in-depth interviews were entered into Excel spreadsheets and descriptive summary statistics were generated as appropriate. These statistics included averages and ranges. The small sample size and purposive sampling strategy used for this qualitative study did not support use of probability-based statistical measures.

National, District, and community feedback on the preliminary findings was a key outcome of this project and included validation of the findings and discussion on the implications.

MAIN STUDY RESULTS

Values associated with stable relationships

Participants described stable relationships in both positive and negative terms, where the positive aspects centered on the respect and trust of the partners for one another and the negative aspects centered on a loss of respect among peers. This tension is then reflected in discussions about the values and obligations associated with stable relationships, and in particular what it means for men and women to be faithful to each other. A tension exists between trust as a value and the need for evidence of trustworthiness that resonates throughout discussions of faithfulness, and what it means to be faithful. To understand this tension fully, it is important to note that in Sesotho, there is a single term *tsephahala* that denotes the concepts of *faithful* and *trustworthy*.

In the focus groups and interviews, the discussions on this issue tended toward a logical structure as follows: "He is faithful to me because I trust him. But then again, I would say I trust that he is faithful to me, but I can never know that my partner is faithful and therefore I still have to believe that he is faithful." An important element in this framing of faithfulness or trustworthiness has to do with keeping peace in the home or in the relationship. There is also a dimension to faithfulness or trustworthiness that centers on dealing with personal weaknesses within the relationship and not talking about each other's problems with people outside the relationship. There were many statements about the importance of sitting down together to discuss problems and to "make a plan" together to solve difficulties. The notion of "seeing" or having direct evidence that a partner has other sexual partners is an important recurrent theme in discussions of what it means to be faithful. Finally, some stated that they did not believe faithfulness was possible, especially on the part of men.

The high value placed on household and family peace is an important factor in sustaining stable relationships. The public appearance of peace in the family is important to maintain, and respect in a relationship means that one takes care not to shame his or her partner. Thus it may be said that household and family promote and sustain monogamy. These values are also sometimes described as Christian. In contrast is the influence of one's peers, or people outside the household, who are often characterized as desiring to stir up trouble for a man and woman who appear to have a stable relationship and a peaceful home.

For some, the appearance of peace and stability in a marriage seems to offer a challenge to see whether the man or the woman in that marriage is able to resist temptation. Men in particular are thought to be susceptible in this regard, and a man who resists temptation is often described as being fed *phehla* by his wife, a traditional medicine that is thought to "soften" a man to do what his wife wants him to do. A man who is faithful to one woman is generally viewed as soft or weak, rather than strong. There is greater acceptance of a woman who has only one partner. This behavior is viewed as natural for a woman and, in contrast to a man, such a woman is viewed as strong.

Factors perceived to lead to multiple sexual partnerships

In all of the focus group discussions and in 37 of the 93 interviews, money was described as a factor in people having more than one sex partner. The concept of struggle was closely related to the issue of money. Struggle denoted a person's difficulty in satisfying basic needs such as decent food to eat, shoes to wear, and clothing. If such needs were met, money could still be used to leverage sexual favors by tapping into people's desires for material goods. The transition to a monetary economy and the concomitant introduction of highly visible economic disparities in even the most rural areas is evident in many of the statements.

References to greed or "greedy sex" and beliefs that men, in particular, cannot control their sexual appetite were typical explanations for having multiple sex partners. Some of the statements suggested that sexual greed is viewed as an extension of a more general pattern of greediness and hence, that some people are just naturally more greedy than others. Other statements suggest that sexual greediness is common to all men. Both men and women expressed the viewpoint that "men never get satisfied."

Alcohol consumption was a recurrent theme in many discussions about sexuality and was commonly cited as a root cause of behavior that one would otherwise not engage in. Sometimes alcohol was explicitly referenced as a key contributor to coercive sexual activity. Alcohol was also a theme in some descriptions of the first time people had sex. In general, alcohol was referenced as part of the story of relationships, weaving in and out of discussions. This descriptive "backgrounding" of alcohol suggests that the first step in addressing the role of alcohol in HIV transmission dynamics in Lesotho would be to raise awareness about how the link between alcohol and sex is in fact also a link between sex and HIV transmission.

Age-discrepant relationships

When asked about the kinds of relationships people have at different life stages (e.g., youth, adults, old age) the topic of age discrepant sexual relationships often came up. It was clear from

the discussions that the pursuit of age-discrepant relationships was viewed as two-sided with youth chasing adults and adults chasing youth, though the motivations were thought to differ. Age discrepant relationships are sufficiently common to be captured in song and traditional sayings that make reference to Basotho herding and agriculture.

Money and desire for material goods was viewed as the central factor in all age-discrepant relationships. Young girls and boys want or need money and goods; older men and women have the resources to meet those needs and desires. Sometimes young people are seeking basic necessities such as food and clothes that their families simply cannot provide. Other times their basic needs are met by their families but they are acutely aware of what they don't have compared to their peers. Often, it does not require much money to level the economic playing field among the youth. Thus, an added dimension to this framing of the problem is the perception among older adults that young girls and boys require very little maintenance.

There was some talk about older women with younger men or boys, though not nearly as much as about older men and young girls. Though less frequent, the explanations given for the older woman-young boy relationships are very similar to those for older man-young girl relationships: alcohol consumption, male sexual greed, poverty, and the desire for money and material goods.

Forced sex between older men and young girls was described as an issue in a few of the focus groups, and reported in a few of the interviews. Impoverished young girls hired as household help were noted as a particularly vulnerable group. Sometimes older women were described as assertive and domineering in their efforts to have sex with young boys.

Individual experience: concurrent versus monogamous partnerships

The main source of information on life experiences came from the in-depth interviews. For the interviews we enrolled men and women who perceived themselves to be in relationships; a few of those enrolled turned out not to have had any sexual activity with their partners in the previous year. For those who reported sexual activity, the in-depth interviews elicited detailed information on all sexual partnerships during the previous 12 months. Through the use of memory aids and careful probing, this included the date of the first and last sexual event with each partner for each month. We then categorized participants' sexual partnership pattern.

A total of 93 people participated in the in-depth interviews (43 male, 50 female). Of these, 91 resulted in analyzable transcripts; two of the interviews with women could not be transcribed due to technical errors during the interviews. Of the analyzable transcripts, several had missing data from the calendar recall, the partner characteristics, or both.

Somewhat more than a third of those interviewed reported at least one concurrent relationship in the past 12 months, regardless of the concurrency measure used (see Table 7). Only one person (male) reported sequential partnerships, as defined in Table 6. On average, people with concurrent partnerships had 3.1 partners; no one reported more than 10 partners.

About half of the male participants reported concurrent partnerships, compared to about one-quarter to one-third of female participants. While this suggests a trend toward greater concurrency on the part of men, the difference may not be statistically significant and the important take-home

message is that a substantial proportion of both men and women reported concurrent sexual relationships in the previous 12 months.

In order to obtain an estimate of the amount of time spent in concurrent partnerships during the 12 month recall period, we looked at the number of calendar months where sex with two or more partners was reported, the number of calendar months where sex with one partner was reported, and the number of calendar months where no sexual activity was reported. People with concurrent sexual partnerships tended to have multiple partners during only a few calendar months out of the year (Table 8). Most months they had only one partner, and some months they had no sexual activity.

Half of the participants (47 out of 93) reported at least one new sexual partner in the previous year, indicating a high rate of new partnership formation. Even more reported that they knew or thought that at least one of their partners had other sexual partners. Thirty participants indicated that at least one of their partners was either known to be HIV-infected or was potentially infected.

Only three men, all between 20-24 years of age, reported relationships with women less than 18 years of age. Two women less than 18 years of age were interviewed; both reported concurrent relationships that included men in their early 20's but no men older than that. Thus, the recruitment strategy used in this study did not identify people engaged in age-disparate sexual relationships, that is, relationships where there is at least 5 years difference in age and where one of the partners is an adolescent or young adult (e.g., less than 22 years of age).

There appeared to be no patterned relationship between marital status and concurrency among the people interviewed.

HIV awareness, condom use, and condom attitudes

There was general recognition that having multiple sexual partners can lead to disease transmission including HIV. The way in which this risk is dealt with emerged most often in discussions around condom use. The focus group discussions in particular provided rich data in this regard on attitudes toward condom use, while the in-depth interviews provided additional data on how condom use was actually achieved within different kinds of relationships. The interviews provided additional insight through the way people described what they understood about HIV and their experiences and familiarity with HIV testing.

Condom use was generally viewed as contrary to the closeness and trust associated with a stable relationship. Given the complex issues surrounding trust and faithfulness previously described, this created a significant barrier to condom use. Condom use was also associated with decreased sexual pleasure. There were a number of references to poor design of condoms, resulting in distaste, discomfort, and feelings of sexual inadequacy.

The importance of effective marketing of male condoms to women was underscored by comments from multiple sites that younger women think that the use of certain condoms will make their thighs shiny and unattractive. How or why this rumour got started is unclear; both men and women reported it. Rumours that condoms cause (rather than prevent) HIV and AIDS were widespread and reported from all sites. Another widespread rumour stated that condoms cause kidney disease;

this rumour was sometimes discussed in relation to complaints that condoms are too tight and do not fit right. Given this association, it may be that the rumour reflects a concern that the constriction of the condom on the urinary tract in the penis will result in damage to the kidneys.

There is also concern about lubricated condoms, with many references to the “oil” or “fat” found on condoms and also descriptions of such condoms being boiled or cooked. Why they are being cooked is unclear; it may be an attempt to get rid of the lubricant. Discoloration of the water that the condoms are boiled in then appears to have led to further rumours about condoms as a vehicle for HIV transmission (rather than prevention). There are also references to condoms producing worms. Further exploration of these rumours and concerns, and the logic underlying them, is needed in order to understand how to improve the social marketing of condoms in Lesotho.

Condom use as reported by participants in the in-depth interviews indicate higher rates than would be anticipated from the focus group discussions though the rates nonetheless indicate that condom use remains inadequate overall (Table 10). Men with multiple partners tended to report consistent or inconsistent condom use; women with multiple partners tended to report inconsistent or no use of condoms. Both men and women reporting monogamous relationships tended not to use condoms with their partner, but nonetheless about a third reported consistent or inconsistent condom use. Women reported difficulties in negotiating condom use with their partners that mirrored the values placed on trust that were reported in the focus group discussions. Additionally, a few of the women noted that their partners would be aggressive or physically violent if they tried to push the issue.

Cultural model for multiple sexual relationships

In order to understand why men and women in Lesotho engage in concurrent sexual relationships, and, by extension, how to successfully reduce the frequency of concurrency, one has to understand the way individual behavioral choices related to sexuality are culturally framed. All cultural systems are complex and constantly evolving, including that of the Basotho. This study provides a snapshot of certain aspects of Basotho culture at a specific point in time (2008). The following synthesis of what has been learned in this study describes a cultural model for multiple sexual relationships in Lesotho.

Lesotho Cultural Model for Multiple Sexual Relationships

It is important to keep peace in the household. Spouses should trust each other and they should also give evidence of their trustworthiness. People outside will gossip and challenge that trust, that's why evidence is important. If a man or woman has other sex partners, they need to be discrete and respectful in their behavior; they should not shame their spouse or disturb the peace of the home. Often, when people have more than one sex partner, it boils down to money. Girls and women chase men to get money and because they struggle in this regard. Men chase girls and women because they are greedy for sex and because they are dissatisfied with their main partner. Money is at the core because men want more sex and have money while girls and women will use sex to get money. Men just naturally want more sex; men who say they are happy with one woman are laughed at and people say his woman must be giving him traditional medicine to make him soft. Women just naturally want nice things for themselves; women and girls are foolish to reject men who give them those nice things or give them money to buy nice things. Sometimes older women will seduce younger boys; they give them money or let them drive their cars and the boys accept this so they don't need to struggle for these things. Alcohol provokes desire, whether it is men drinking or men getting women drunk; people who drink end up having sex even if they did not mean to. Sometimes, a poor man or woman will have sex with someone they know because that person will feed them or give them food for the children or a little cooking oil or some candles for the home. That's sad but understandable. People struggle and it is foolish to turn away help.

Importantly, this is not the only model for sexual relationships. Cultural models do not determine individual behavior but rather provide people with models for behavior which they then can choose to enact. If we accept this premise, then one potential route to behavior change is to provide people with alternative cultural models from which to learn and act out new behaviors, or to amplify behaviors that may be expressed rarely. In considering a cultural model intervention, it will also be important to understand how the targeted model interacts with other important structures: economic systems, political systems, belief systems, etc

DISSEMINATION RESULTS

The topics that generated the most discussion in the plenary session at district level was the finding that both women and men express dislike for condoms in some of the FGDs, the finding that boy's chase women, and that dissatisfaction in a relationship leads to having more than one partner. The "epi-curve" generated the most discussion in the community meetings, in combination with the representation of a sexual network. One conclusion drawn by the community members from the visuals was that: "even though I stick to one partner, and I stay safe, I am still at risk if my partner has other partners, as I am connected to a larger network". There was also extensive discussion on the finding that both men and women have more than one partner, but there was general agreement in the community meetings that is in fact the case. Additionally, the finding that respondents in concurrent relationships spent on average 3 months in such relationships, 6 months monogamous and 3 months without sex seemed to engage people. Meeting participants were curious as to why someone would not have sex in three months if they had more than one partner.

They also to some extent expressed disbelief in this finding that people who have more than one partner would go without sex.

In both district and community meetings some participants argued that there always been certain prominent diseases, so HIV is nothing new. It is not as serious as it is made out to be, since it is not the first, nor will it be the last. Also, there have been cures found for other illnesses such as “mokaola” and “mahae”, which were previously thought to be incurable.

A total of 89 individuals from four out of the five districts were asked to choose from a list of 9 key drivers, identified by the preliminary analysis of the data, and to individually identify the most important factor that leads to the formation of multiple concurrent partnerships. The top driver cited in this ranking exercise was the Desire for Money (34%); followed by Economic Need (18%) and then Alcohol (13%). While there was some variability across the four districts in the rankings, the top 3 drivers were the same across all four.

At the end of the dissemination sessions the closing question, “If you had one minute to address members of your community what would you advise them to do to prevent the spread of HIV” was asked. In general, people felt that addressing the “upstream” issues would be more effective than trying to promote partner reduction directly. Suggestions included informing and educating people about HIV and sex, promoting open communication among couples, targeting peer and family influences, and targeting youth in particular. Employment, life skills and empowerment were highlighted, including government intervention to reduce poverty. Religious leaders were also called upon to take action. Finally, a need for people to change personal values or behavior was noted.

KEY RECOMMENDATIONS

1. A separate, focused study is needed to fully understand the dynamics driving sexual relationships between youth under the age of 18 and older adults (both men and women) in Lesotho. Such a study should center on interviews with youth and adults engaging in these relationships, to obtain data on the contributions of poverty, desire for material goods, and peer and family influences. Plans for an USAID-funded study on transactional sex among youth are underway and results from this report should prove informative for the study protocol.
2. Messages about HIV transmission need to be developed with greater attention to the way the concept is translated into and interpreted within Sesotho, to ensure that people understand that the virus remains in a person’s body and continues to replicate even when it is “passed on” to another person.
3. Messages about “being faithful” need to be developed in line with the nuanced meanings of **tsephahala**. Rather than simply translating English words and messages, the specific behavior of having only one sex partner at a time needs to be interpreted in Sesotho and placed clearly within a Basotho cultural context.
4. Related to the issue of messages about “being faithful” there is also a need for dialog about the meaning of respect for partners at national, district, and community levels. The

willingness of people to talk about relationships and sexuality provides an opportunity for change.

5. Make visible and promote positive aspects of Basotho culture – using the stories from the data of those who are monogamous for the creation or amplification of alternative cultural models. For example, is it possible to reframe beliefs that male sexual greed is difficult to control by shifting the focus to the influence of peer pressure on men's behavior?
6. Highlight the need for long standing commitment of all partners, standardization of messaging, and stressing that behaviour change will not come over night, but rather requires a consensus of stakeholders on key issues and a unified front from key implementing partners, and long term investments.

CHAPTER ONE

1.1 Introduction

The first death due to an AIDS related illness in Lesotho was recorded in 1986. Today, HIV continues to be one of the most urgent development issues confronting the country which has an HIV prevalence rate of 23.2% in its adult population (15-49).¹ That makes it the third hardest hit country in the world by the HIV epidemic. It is estimated that 62 new infections occur and 50 people die every day as a result of AIDS related illnesses in Lesotho.² Like most other countries in the region, Lesotho is experiencing an increasing feminization of the epidemic with women representing 57% of the total number of individuals infected. In addition to the high prevalence of HIV, 15% of women and 12% of men according to the 2004 Lesotho DHS (hereafter DHS) reported an abnormal discharge, a sexually transmitted infection (STI), or a genital sore in the past 12 months³, an important co-factor for HIV transmission.

The Government of Lesotho's (GoL) first response to the epidemic came in 1987 when the National AIDS Prevention and Control Programme was founded under the Ministry of Health and Social Welfare (MOHSW). In 2000, His Majesty the King Letsie III and the government declared HIV a national disaster. By the end of the year the first National AIDS Strategic Plan (NASP 2000/1-2004/5) was launched and the Lesotho AIDS Programme Coordinating Authority (LAPCA) established. The NASP was rewritten and extended until 2006, when the new National Strategic Plan (2006-2011) was put in place. The LAPCA was superseded by the National AIDS Secretariat – which then became the National AIDS Commission – directly under the Prime Minister's office. In response to the urgency of the epidemic, the GoL launched an ambitious campaign for all Basotho to know their HIV status. The Know Your Status Campaign's objective was to offer all Basotho an HIV test before the end of 2007. Despite these efforts there is still no clear indication that HIV incidence is declining.

As a step to halt the epidemic in the region, the Southern African Development Community held an expert think tank meeting in Maseru, in May 2006. One of the meeting's main conclusions was that multiple concurrent sexual partners is one of the key drivers of the epidemic in the Southern African region together with, among other factors, a high rate of untreated STIs, low consistent condom use, and low levels of male circumcision.⁴ Research has shown that concurrent sexual relationships, that is sexual relationships which overlap over a period of time, as opposed to sequential relationships, increases the likelihood of person-to-person sexual transmission of HIV.⁵ This is due to extremely high viral loads during the first few weeks of HIV infection (the acute infection period).⁶ Thus, if a person is newly infected with HIV and has two partners with whom he or she has sexual intercourse on a regular basis, the person is likely to do so with both partners within the acute infection period, thus increasing the likelihood of virus transmission to uninfected partners. In this manner, concurrent partnerships create large open sexual networks such that sexual intercourse with even a few partners (perceived as low risk), leads to high risk of HIV infection should one person anywhere in the network become infected with HIV. Consequently, sexual networks characterized by a high prevalence of concurrent relationships create an environment conducive to the rapid spread of HIV.^{5,7-9}

There are some sources of data that have documented the prevalence of multiple and potentially concurrent sexual partnerships in Lesotho. In the WHO publication *Sexual Behaviour and Aids in*

the Developing World (1995) a survey found that 55% of all men and 39% of women in Lesotho reported having had more than one regular partner in the last year (data collected in 1989-1990).¹⁰ It is not known whether these were concurrent or sequential relationships, as according to one of the authors this was not a classification explored at the time the survey was conducted.¹¹ The more recent Behavioral Surveillance Survey (BSS) from 2002, carried out by FHI, targeted specific risk groups in the population, such as youth, sex workers, taxi drivers, miners and soldiers.¹² Even though the population sample was not representative the study is useful as an indication of the prevalence of multiple sexual partners, as 32% of sexually active miners, 54% of sexually active soldiers, and 59% of sexually active taxi drivers reported having had multiple partners in the past twelve months; 41% of those reporting multiple partners were married.¹² Again, these data do not clearly indicate the extent to which sexual activity with multiple partners overlaps in time and hence is truly concurrent.

The DHS, which is based on a representative population sample, found that 11% of women aged 15-49 and 29% of men aged 15-59 reported two or more sexual partners in the last 12 months.³ Again, it is not certain whether these were concurrent or sequential, since it was not specified in the questionnaire. However, 12% of married women and 30 % of married men reported “high-risk” sex (i.e. sexual intercourse with a partner who was neither spouse nor co-habitant) in the past 12 months. In addition, according to the DHS 36% of young married or cohabiting men (aged 15-24 years) had “high risk” sex in the last 12 months.

These data are suggestive of the importance of concurrency for HIV transmission but difficult to fully interpret. For example, in some cultures married couples are discouraged from sexual activity while the wife is pregnant or breastfeeding. Among some Basotho there is the belief that semen can spoil breast milk and therefore a woman breastfeeding her baby should not have sexual relations with a man. Thus a married man may have several extramarital partners in the course of a year and yet not in fact have any concurrent sexual partnerships if the extramarital activity is sporadic and he and his wife are abstaining from sex. Detailed data on the specific pattern of sexual activity with multiple partners is needed in order to determine the extent to which concurrency is occurring and to describe the contextual and behavioral factors at work.

Although the national average HIV prevalence in the adult population is 23% as per the 2007 HIV and AIDS estimates, the DHS indicated that prevalence peaks in the 35-39 age group at 43%. In this age group 66% of women and 76% of men in Lesotho are married. Further, according to a study conducted by the World Bank, 40% of HIV positive couples in Lesotho are discordant (i.e. only one of the two partners in the relationship is infected).¹³

Despite these documented trends, no studies have been undertaken on the perception of risk of HIV infection in stable relationships, and no contemporary qualitative study is available exploring the practice of having multiple concurrent sexual partners in Lesotho. However, a few articles make reference to the practice of keeping a Nyatsi (a Sesotho term that roughly translates as “concubine” but can also refer to either a man or woman)¹⁴⁻¹⁷ and two studies connect the practice with high HIV prevalence.^{18,19}

Sexual risk behavior is theorized to be greatly influenced by sexual opportunity structures, defined as “structural factors which create increased possibilities for sexual interaction ... [as determined by an] intersection of poverty, migration, and gender power relations.”²⁰ These structural factors

create context-specific environments of risk and therefore deserve to be explored further as a necessary step towards implementation of evidence based programs.

Even though structural factors influence practice, individuals do not necessarily always consider themselves 'victims of structures', but rather may have a sense of agency which "[maintains] a positive self image" with regards to sexual relations, clouding the assessment of risk.²¹ Thus, while structural factors may constrain women's and men's decisions with regard to sexual relationships, an individual might not perceive the operation of such constraints and therefore would not view their options as "limited." For example, policy makers and researchers may surmise that a woman who has three sexual partnerships that entail an element of transaction for money or goods is a "victim of structural poverty" if she cannot sustain herself or her family without these men. The woman, however, might not think of herself as constrained or a victim, but rather believe that women who do not take advantage of men in this way are lacking in good sense or are stupid, especially if they believe that "men will always cheat anyway." Clearly, it will be important to understand both the structural constraints and the emic perspectives of men and women in order to develop effective HIV prevention messages around concurrent partners.

Conclusively, if programmes are not based on an in-depth analysis of actual gender ideas, social values and cultural meanings ascribed to current sexual relationships, attempts at changing behaviour of the women and men at risk of HIV infection in Lesotho will be futile. It is therefore important to conduct qualitative research that explores multiple concurrent partners in Lesotho so as to better understand individuals' perceptions of these relationships, what value is placed within them, and the perception of risk of HIV infection within such arrangements to inform prevention and behaviour change communication strategies.

1.2 Rationale

HIV prevention interventions have focused largely on behaviour change based on the A,B,C model, reinforced by HIV testing, STI treatment and interventions to strengthen women's economic independence and address gender inequality. Research shows however that these interventions have largely failed to address the risk of infection facing men and women in stable relationships.²²⁻²⁷ This research was based on the view that current HIV prevention interventions are either inappropriate or their current delivery inadequate when it comes to addressing the social and cultural norms governing stable relationships and concurrent sexual relations.

To address this challenge, a qualitative study was undertaken in five communities with the aim of better understanding the social, economic and cultural considerations that influence individuals' decisions related to engagement and coping with multiple sexual partnerships and the perception of HIV risk in such relationships. The study focused on women and men in long term relationships and thus provides evidence to inform HIV prevention strategies within stable relationships. Although the focus is on stable relationships, the sexual partnerships that are concurrent with those stable relationships included a variety of partnerships including long term, short term, and casual, as it had not been previously established to what degree multiple partnerships in Lesotho are concurrent or sequential.

This study relates directly to the National AIDS Commission research agenda for Lesotho and the priority research area relating to drivers of HIV and AIDS. It will contribute to the design of appropriate interventions that address socio-economic and cultural factors that influence behavioral risk for HIV.

1.3 Main Objectives

The goal of the study was to produce strategic information on determinants of sexual behavior, focusing particularly on social, economic and cultural factors that promote multiple and concurrent sexual partnerships, with the purpose to inform national gender interventions targeting prevention of HIV.

Specific Objectives

The study focused on men 18-44 and women 15-34 years of age, with the following specific objectives:

1. Generate context-specific information on the practice of multiple and concurrent sexual partnerships in the context of stable relationships.
2. Inform the review of the prevention component of the National Strategic Plan on HIV and AIDS (2006-2011) and inform the upcoming national behaviour change communication strategy.
3. Highlight community perceptions and understanding of HIV risk within stable relationships in order to strengthen community and civil society communication and advocacy for social change.
4. Strengthen evidence-based community dialogue on HIV prevention within stable relationships, particularly through improved mechanisms for involvement of men in dialogue and community response.

Research questions

The focal research question for the study was to identify the key social, economic and cultural considerations that influence male and female decisions related to engagement and coping with multiple and concurrent sexual partnerships in the context of stable relationships.

Key investigative questions related to this focal topic were the following:

1. What are the social norms of stable relationships among men and women?
 - What are the characteristics of marriage vs. other stable relationship?
 - How do men/women initiate these kinds of relationships?
 - What is the transition from casual to stable?
 - How do relationships develop/evolve? How do they end (e.g., personal choice or social influence)?
2. What are the values and obligations associated with these relationships?
 - What is the social cost of going against this norm?

3. What is the value of sex among men and women?
 - Is it different with different people? (e.g., sex with spouse, sex with nyatsi or other)
 - Is it different at different stages of life/circumstances?
 - What forms of sexual relationships are socially and culturally acceptable?
4. What are the structures/systems that promote/sustain these values?
5. What are the structures/systems that promote/sustain multiple and concurrent sexual partnerships?
6. What are the life experiences of men and women with regard to multiple and concurrent sexual partnerships in the context of stable relationships?
7. How is HIV risk perceived and negotiated within stable and concurrent relationships?
8. What can be done to encourage people to reduce their risk of HIV infection?

1.4 Ethical Review

The protocol, informed consent forms, participant information and recruitment materials, and other requested documents were reviewed and approved by the MOHSW Ethics Committee (EC) and the institutional review board (IRB) of FHI. The FHI IRB is called the Protection of Human Subjects Committee (PHSC).

Oral informed consent in Sesotho was obtained from each study participant prior to enrollment. Oral (rather than documented or written) consent was used in order to enhance the confidentiality protections for participants. No other identifying information was collected and maintained on participants. Participants were provided with a copy of their informed consent forms. Study staff documented the informed consent process by signing a copy of the appropriate consent form attesting to appropriate consent and by verbally verifying consent at the beginning of the digital audio recording of the FGD or in-depth interview.

Parental permission was received for all minor unmarried participants. Participants who are minors, but married, are considered legal adults per Lesotho law.

1.5 Roles and responsibilities

The study was conducted as a collaborative partnership between the National AIDS Commission Lesotho (NAC), UNAIDS, and Family Health International (FHI), and was conceptualized and implemented in collaboration with the President's Emergency Plan for AIDS Response (PEPFAR) Lesotho. Roles and responsibilities of the collaborating partners were as follows (see Figure 1 in the team composition):

NAC provided high level support, including consultation with the Prevention Thematic Team on implementation, interpretation of study results and dissemination and utilization data for policy recommendation. The Prevention Thematic Team is mandated to advice on issues related to policies, strategies and activities for promoting safe behaviour change. It is comprised of key stakeholders.

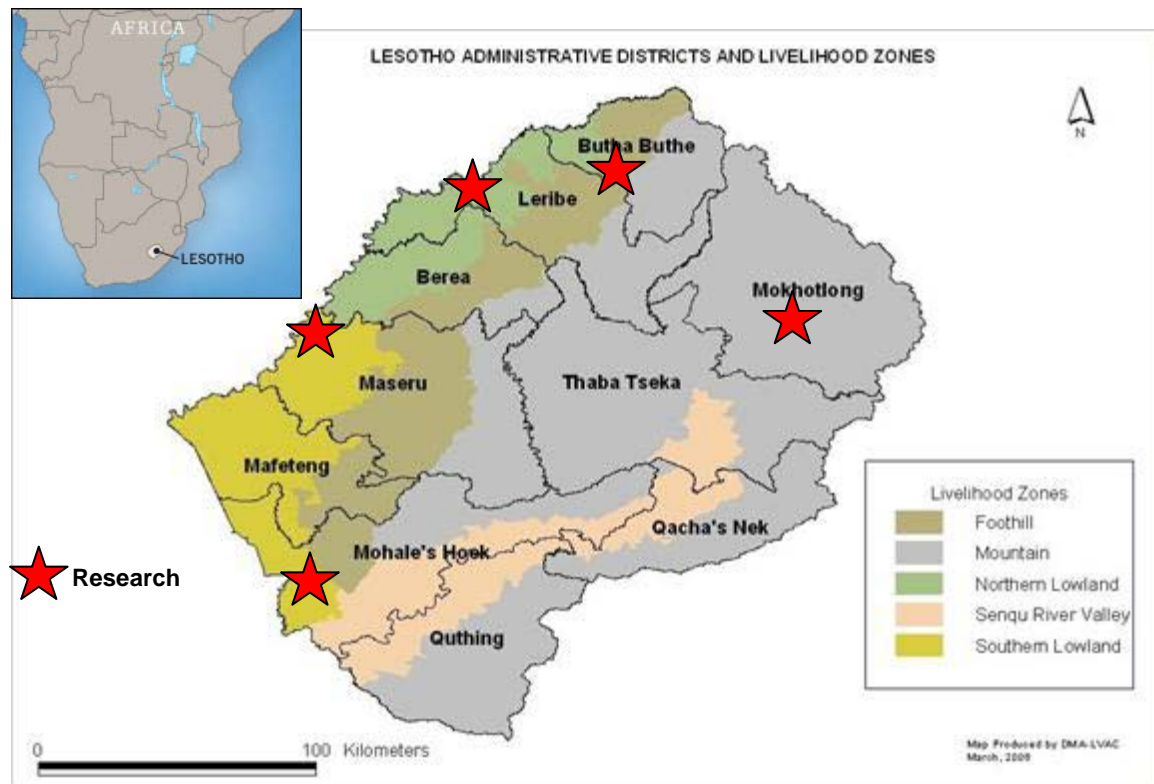
UNAIDS provided overall coordination, funding, facilitation, training, and community engagement support.

FHI provided funding, technical support, training, data analysis, and field implementation support.

1.6 Research setting

The research was conducted at five sites in Lesotho, including the urban capital of Maseru, a foothills urban site (Butha-Buthe), a lowlands rural site (Mohale's Hoek), a border town (Maputsoe), and a rural mountain site (Mokhotlong) (see Figure 2).

Figure 2: Research sites



1.7 Study Design

This was a qualitative study incorporating focus group discussions (FGDs) and individual in-depth interviews to describe community perceptions, values, norms, and experience, and individual behavior and experience with regard to sexual relationships and practices. The design allowed for context-specific factors to vary from site to site while supporting study-specific objectives that remained constant across sites in order to support generalizability of the results within Lesotho.

1.8 Sampling

Within each community, participants were purposely selected to provide information about the range of variability in social norms and behavior. The selection of participants was guided by the

assumption that experiences and perceptions regarding multiple and concurrent partnerships may vary with regard to the key factors outlined in Table 1.

Table 1: Key factors considered in the sampling strategy

Key Factor	Categories
Area of residence	Urban (Maseru) Foothills urban (Buthe-Buthe District) Lowlands rural (Mohale's Hoek District) Mountain district (Mokhotlong District) Border town (Maputsoe, Leribe District)
Sex	Male Female
Age	15-19 (15-17 female only) 20-24 (male and female) 25-29 (male and female) 30-34 (male and female) 35-39 (male only) 40-44 (male only)
Marital status	Married Unmarried
Socioeconomic status	high low

The composition of the focus groups and selection of participants for in-depth interviews was purposively designed to ensure that these factors could be evaluated. The age groupings reflected priorities for data collection balanced with limitations on the amount of data that could be collected and analyzed with the available resources. For example the inclusion of a younger range of females and a wider range including older men were based on previous gender and age findings in Lesotho. HIV infection rates among women 15-19 years of age are 7.9% while those for similarly aged men are 2.3%. After age 40 more men than women are HIV-positive. Furthermore, the DHS found that 53.8% of women aged 15 -19 who were sexually active in the year prior to the survey reported that they had had sex with a non-marital or non-cohabiting partner in the last 12 months. Of these women, 7.2% had a male sexual partner who was at least 10 years older.³ This is an important factor in the infection pattern by gender and age.

For both interviews and focus groups people of both high and low socioeconomic standing were enrolled. As described below, separate focus groups with key stakeholders were also conducted at each research site.

1.9 Community Engagement

The study team assessed the acceptability and viability of working at each potential site. Prior to implementing the research, the field team undertook a community engagement process at each site and obtained approvals from the District Administrator, the District Council Secretary, the

Principal Chief, the town and/or village Chief, and the Community Council Secretaries. This process included on-site meetings with the appropriate officials at each site about 2-3 weeks before data collection began to discuss site selection within each district and appropriate recruitment strategies. District stakeholder consultative meetings were held that included a guided discussion around key drivers of the HIV epidemic in the District, a presentation of the study concept and design, and plans for dissemination of the study results.

1.1.0 Data Collection

Data collection instruments were translated into Sesotho and back-translated into English to verify the validity of the translation. Interviews and focus groups were conducted in Sesotho and recorded using a digital audio recorder; the recordings were transcribed verbatim in Sesotho and then translated into English. A standardized transcription protocol was used. Data analysis made use of both the Sesotho and English transcripts. All team members were trained in maintaining participant confidentiality and rigorous data management procedures. A study-specific manual was developed outlining data management procedures and containing templates for data management forms. Data was reviewed for accuracy at multiple steps in this process.

In total, 30 focus groups and 92 (excluding one interview that had some technical errors) interviews were conducted.

Focus group discussions with key stakeholders

In each of the districts selected for data collection, 1-2 focus group discussions with key stakeholders were conducted. Participants included people such as local government representatives, teachers, chiefs, religious leaders, health professionals, and NGO/FBO/CBO representatives. The research team worked with the local chief and community council secretary to identify key stakeholders for participation.

Gender-specific focus group discussions

Gender-specific focus groups were then held with women aged 15-34 (3 focus groups at each site) and men aged 18-44 (2 focus groups at each site); the gender-specific focus groups were divided by age and, for women, by marital status as well. In-depth interviews were held with individual men and women in each district, with an average of 18 interviews conducted at each site.

In-depth Interviews

Individual interviews were conducted to gather information on specific sexual partnerships and related social, cultural, and behavioral practices. At each research site, participants were selected purposively to ensure variation in perspective based on gender, age, marital status, and socioeconomic status.

For the in-depth interviews men and women who perceived themselves to be in relationships were recruited. The in-depth interviews elicited detailed information on all sexual partnerships during the

previous 12 months. Through the use of memory aids and careful probing, this included the date of the first and last sexual event with each partner for each month.

Participants were asked a series of questions about each sexual partner they know very well or fairly well including the timing of sexual contacts within the past year, partner's age, condom use, HIV status of their partners if known, and whether their partners had other sex partners. For partners they knew just a little or did not know at all they were asked to characterize this information for those partners as a group.

The partner recall data was collected using a modified version of the Time Line Follow-Back (TLFB) method. The TLFB was originally developed to assess alcohol use but has been shown to be valid for use in HIV behavioral research as well.²⁹ The TLFB combines findings from cognitive psychology about the value of memory aids to facilitate recall with open-ended interviewing techniques to facilitate collection of detailed behavior patterns over extended time intervals. Examples of TLFB strategies that were incorporated into the interview included:

- Use of "special days" that are generally meaningful, e.g., holidays, pay days, travel away from home
- Menstrual cycles for women
- "Anchor days" defined by the participant rather than the interviewer
- Visual aids

Sexual partnership information was recorded on standardized data collection forms.

1.1.1 Piloting

Piloting was carried out from 13 March to 12 April 2008 in one ward within the Maseru City Council boundary. The ward was selected because it included both high and low socio-economic statuses. Approval to conduct the pilot in the ward was obtained from Maseru City Council, the ward councilor and the village chief. Pilot data collection included 1 stakeholder FGD, 7 gender-specific FGD (5 female and 2 male) and 10 in-depth interviews. The objectives of the pilot were to make appropriate changes in wording and sequencing of questions in the study tools and elicitation strategy, and to determine whether age or marital status was of greater importance for FGD composition.

Overall, both the FGD and in-depth interview guides worked well. Based on lessons learned from the piloting process, some wording and sequencing changes were made in both the in-depth interview and FGD guides.

From the piloting it was determined that marital status was of greater importance than similarity in age for female FGD composition whereas age similarity was of greater importance for male FGD composition.

Combining married and unmarried women into one discussion provided lively debate and discussion but tended to polarize the group into factions with some participants remaining silent. Separating the female groups into married and unmarried created more of an open space for the

societal norms and expectations of each group to be verbalized; these groups also seemed to have more participation by all members.

Separating the male groups into age cohorts, rather than groups based on marital status, proved important. There was a major difference by age in the way language was used in the discussions. For example, the young male group tended to use a lot of slang and code language. Having moderators who could relate to and adapt their language accordingly was extremely important in the success of the discussion. Both the younger and older male groups seemed to enjoy the discussion about relationships and sex, however, the tone changed in the younger male group when the discussion turned to HIV.

1.1.2 Data Analysis

Thematic analysis was performed on the text data using a collaborative coding strategy (CCD). To discover emerging themes, the Lesotho field team members reviewed both the original Sesotho interviews and English versions of the transcripts. The Lesotho field team included explanations of local idioms, metaphors, and other context-specific language in the English-translation transcripts. In a parallel process, the U.S.-based analysis team read the English versions of the transcripts and also identified themes.

Through an iterative process that included conference calls and email correspondence a codebook was developed from a set of consensus themes along with detailed code definitions.³⁷ Three U.S.-based coders then independently coded text segments in the English versions of the transcripts using the qualitative data analysis software program AnSWR. Inter-coder agreement was assessed at various points in the analysis process using percent agreement and kappa scores, as appropriate.³⁸ Coding discrepancies (e.g., code applications that receive initial kappa scores of less than 0.8) were discussed by the analysis team, the codebook revised accordingly, and recoding performed when necessary to ensure consistent application of codes.

To identify the most salient themes, code frequency reports were then generated and shared with the Lesotho field team. Coded text reports were also generated and the themes were reviewed in detail in Lesotho with the field team prior to the dissemination of the preliminary findings to ensure validity of the qualitative text analysis.

The TLFB data and data on sexual partners from the in-depth interviews were entered into excel spreadsheets and descriptive summary statistics were generated as appropriate. These statistics included averages and ranges. The small sample size and purposive sampling strategy used for this qualitative study did not support use of probability-based statistical measures.

1.1.3 Dissemination, Feedback and Validation of Preliminary Findings

National, District, and community feedback on the preliminary findings was a key outcome of this project and included validation of the findings and discussion on the implications. Table 2 summarizes the various stakeholders who participated in this component.

Table 2: Participants in dissemination meetings of the preliminary research results

Type of Dissemination	Number of Meetings	Participants	Number of Participants
National Level	8	NAC, Research Working Committee, Quarterly Partnership Forum, National University of Lesotho, Joint UN Team, US Embassy	Approximately 500-600
District Level	5	NAC implementing partners	118
Community Level	5	Community stakeholders including chiefs, councilors, support group members, traditional healers, religious leaders, and CBO representatives	128

For the national level dissemination PowerPoint presentations and briefing documents were prepared that described the project and the preliminary findings in technical detail. These were presented and then detailed notes taken on discussion points. Presentations were in primarily in English with the exception of the Quarterly Partnership Forum where Sesotho was the primary language.

Sesotho was the primary language for dissemination activities in the district and community settings. At the district level the dissemination used PowerPoint to describe the study and preliminary findings. At the community level the team used interactive techniques, for example, large pie charts with moveable pieces and a representation of a sexual network to explain HIV transmission dynamics. At both the district and community meetings attendees then broke into smaller groups and participated in a guided discussion, similar to a focus group, to solicit their responses and interpretation of the results. The guided discussion was audio recorded and group output photographed, with permission of the participants. The guided discussion included two components at district level and four components at community level.

- The codes for the twelve most dominant themes from the research were written on separate cards. Each code was described, one by one, using the code definitions developed by the research team. Participants were asked whether they agreed or disagreed with the definitions provided, and why.
- A series of short quotes from selected transcripts were read, one by one, and participants were asked to identify which codes described what was being said in the quote. The quotes used in each district were selected from transcripts from that district; each quote was selected with care so as not to provide any potentially identifying information.

- At the community meetings, the code cards were then laid out where everyone could see them and each participant in the group was asked to state which one they felt was the most important reason why people have more than one sex partner.
- Also at the community meetings, the group as a whole was then asked to rank each code as not important, somewhat important, or very important as a reason why people have more than one sex partner.

The meeting participants then came back together and a member from each break-out group provided feedback on key points in the discussion from his or her group. The meetings ended with the facilitator asking the participants to answer the question "If you had one minute to address members of your community what would you advise them to do to prevent the spread of HIV?"

CHAPTER TWO

2.1 RESULTS

In this section we summarize the findings from the focus groups and in-depth interviews, organized by the key investigative questions outlined in the **Rationale** section. Tables 3 and 4 summarize key characteristics of the focus group and interview participants.

Table 3: Key characteristics of focus group discussion participants

Type of Focus Group	Number of focus groups	Total number of participants
Stakeholders	5	48
Unmarried women 15-19 years of age	5	46
Married women 15-34 years of age	5	37
Unmarried women 20-34 years of age	5	44
Men 18-29 years of age	5	45
Men 30-44 years of age	5	32
Total	30	252

Table 4: Key characteristics of in-depth interview participants

Participant characteristics	Total number of participants
<i>Sexually active in previous 12 months</i>	
Unmarried women 15-19 years of age	4
Married women 15-24 years of age	23
Unmarried women 20-35 years of age	15
Men 18-29 years of age	20
Men 30-44 years of age	22
Total sexually active	84
<i>No sexual activity in previous 12 months</i>	
Women	6
Men	3
Total no sexual activity	9
TOTAL sexually active or inactive	93 (2 not used in analysis)

A number of themes emerged from the focus groups and in-depth interviews. These themes are described in detail as they relate to the particular research questions outlined in the section on **Main Objectives**. Table 5 briefly describes the major themes identified and the overall frequency with which they emerged in the focus groups and in-depth interviews.

Table 5: Major themes from the focus groups discussions and in-depth interviews

Note: Frequency counts the number of focus groups and in-depth interviews where the theme emerged; it does not count each instance during which the theme was discussed

Theme	Definition	Frequency (percent)	
		Focus Groups (n = 30)	In-depth Interviews (n=91)
Money	Participant discussion surrounding money or exchange of money or money related goods and services in relationships. Money related goods and services may include direct and indirect references to paying bills, bringing groceries, buying clothes, buying airtime, etc.). Use for any discussion regarding reasons for exchange of money or money related goods and services in relationships (e.g., greed, poverty, patronage by older sex partners, etc). Also use for participant discussion surrounding societal/cultural views of money and the exchange of money/money related goods and services in relationships (sexual, non-sexual, marriage, concurrent). Also used to capture participant discussion surrounding the flow of money/money related goods and services and whether one or both partners exchange money.	30 (100)	37 (41)
		Male 10 (100)	Male 11 (26)
		Female 15 (100)	Female 26 (54)
Struggle	Participant references to initiating a sexual relationship to overcome economic, physical, emotional and/or other hardships. This may include first hand narratives of sexual relationships during periods of hardship/struggle and any impact these relationships had in overcoming hardships. Also use for general discussion of potentially initiating sexual relationships to overcome hardships/struggles.	Stakeholder 5 (100)	Older 13 (36)
		18 (60)	Younger 24 (45)
		Male 5 (50)	Male 5 (12)
		Female 8 (53)	Female 12 (25)
		Stakeholder 5 (100)	Older 9 (25)
			Younger 8 (15)

Theme	Definition	Frequency (percent)	
		Focus Groups (n = 30)	In-depth Interviews (n=91)
Mobile	Participant discussion surrounding mobile workers and the consequences of such mobility for having multiple sexual partners. This may include discussion, general or narrative, about taking on an extra partner while spouse/steady partner is away. Also use to capture discussion surrounding partner who is traveling and taking on extra sexual partners while they are away from home/steady partner.	15 (50) Male 4 (40) Female 10 (67) Stakeholder 1 (20)	22 (24) Male 12 (28) Female 10 (21) Older 9 (25) Younger 13 (25)
Alcohol	Discussion surrounding alcohol or the exchange of alcohol in relationships. Also used for participant discussion surrounding societal or cultural views of alcohol and the exchange of alcohol with regard to relationships (sexual, non-sexual, marriage, concurrent). Also used to capture any participant discussion surrounding social drinking with both sexual and non sexual partners as well as friends and family.	20 (67) Male 9 (90) Female 9 (60) Stakeholder 2 (40)	19 (21) Male 13 (31) Female 6 (13) Older 5 (14) Younger 14 (26)
Men_Chase-Girls	Participant discussion surrounding men giving girls money, sweets and other goods and expecting sex in return. This also includes the discussion of girls not identifying the exchange of money or goods as a sexual exchange.	23 (77) Male 8 (80) Female 10 (67) Stakeholder 5 (100)	9 (10) Male 3 (7) Female 6 (13) Older 5 (14) Younger 4 (8)

Theme	Definition	Frequency (percent)	
		Focus Groups (n = 30)	In-depth Interviews (n=91)
Girls_Chase-Men	Participant discussion surrounding older men having sexual relationships with younger girls because of sexual advances by the girls. This may include discussion of girls hanging around older men, girls touching men, talking to men or teasing men in a sexual fashion. Also use to capture discussion of girls asking men for money, sweets or other goods (i.e., phone cards, clothes) and men becoming sexually excited.	22 (73) Male 8 (80) Female 9 (60) Stakeholder 5 (100)	1 (1) Male 0 Female 1 (2) Older 1 (3) Younger 0
Women_Chase-Boys	Participant discussion of women making sexual advances towards young boys. This may include the exchange of goods or services for sex.	17 (57) Male 8 (80) Female 6 (40) Stakeholder 3 (60)	4 (5) Male 1 (3) Female 3 (7) Older 3 (9) Younger 1 (2)
Faithful_Support	Participant discussion of the meaning of faithfulness as non-sexual. These definitions could include a discussion of faithfulness in partners as support or reliability of partner, partners who help with raising children, tell the other partner their whereabouts, partners who come home every night, partner who work to support their family, partners who keep their infidelity a secret from the community, and partners who give emotional support.	17 (57) Male 4 (40) Female 10 (67) Stakeholder 3 (60)	32 (36) Male 15 (36) Female 17 (35) Older 8 (22) Younger 23 (43)

Theme	Definition	Frequency (percent)	
		Focus Groups (n = 30)	In-depth Interviews (n=91)
Dissatisfaction	Participant discussion about initiating another sexual relationship because of dissatisfaction with one's current partner (this could include a spouse, another regular sex partner, or a boyfriend/girlfriend). This could include dissatisfaction with the quantity and/or quality of sexual activity between the partners, the partner's physical attributes, the partner's personality/attitude, or the partner's contribution to the relationship (i.e. monetarily or provision of other goods/items/supplies). This could also include dissatisfaction with a partner's contribution to home upkeep and family care or a partner's ability/inability to reproduce.	27 (90) Male 9 (90) Female 14 (93) Stakeholder 4 (80)	16 (18) Male 7 (17) Female 9 (18) Older 7 (19) Younger 9 (17)
Greedy for Sex	Participant discussion about men or boys being "greedy" about sex. This may include discussion surrounding wanting more sexual activity, wanting more partners or wanting more wives (polygyny). Other Sesotho-derived terms, aside from "greedy" may include: mention of a "long heart" or "silly" which can mean either frivolous as in English or more specifically sexually deviant	22 (73) Male 8 (80) Female 9 (60) Stakeholder 5 (100)	9 (10) Male 6 (14) Female 3 (6) Older 2 (6) Younger 7 (13)

Theme	Definition	Frequency (percent)	
		Focus Groups (n = 30)	In-depth Interviews (n=91)
Multi-Part_Disease	Participant discussion regarding the spread of disease (syphilis, HIV, other STDs, etc) as a result of people having multiple sexual partners or sexual relationships.	19 (63) Male 7 (70) Female 10 (67) Stakeholder 2 (40)	34 (37) Male 21 (48) Female 13 (27) Older 15 (42) Younger 18 (33)
Influence	Participant discussion about peer or family influence or pressure related to decisions about sexual encounters or relationships. Reasons for peer pressure may include: status of partner, monetary benefit, or provision of other items/goods in exchange. This also may include discussion of peer or family pressure to engage or not engage in sexual relationships with multiple partners due to the financial or other benefits (including food, clothing, other supplies, etc). Also used to capture participant discussion about peer influence to engage or not engage in sexual encounters/relationships to fit the social norm or to gain positive social status.	21 (70) Male 7 (70) Female 11 (73) Stakeholder 3 (60)	25 (28) Male 12 (29) Female 13 (27) Older 12 (33) Younger 13 (25)

Theme	Definition	Frequency (percent)	
		Focus Groups (n = 30)	In-depth Interviews (n=91)
Married_Benefit	Participant discussion surrounding the non-sexual benefits of having a sexual relationship with a married individual.	16 (53) Male 6 (60) Female 10 (67) Stakeholder 0	3 (3) Male 3 (6) Female 0 Older 2 (6) Younger 1 (2)
Traditional-Medicine	Participant discussion surrounding the use of traditional medicines and potions in relationships. This may include using medicines or potions to attract a lover, to cure infidelity, to cure sexually transmitted disease, increase fertility, increase attractiveness or to increase sexual activity/desire. Also used to capture any traditions or rituals that are associated with using traditional medicines or potions in relationships.	18 (60) Male 6 (60) Female 9 (60) Stakeholder 3 (60)	9 (10) Male 2 (5) Female 7 (15) Older 5 (14) Younger 4 (8)

Note; the brackets indicate percentage values.

Question 1: What are the social norms of stable relationships among men and women?

Question 2: What are the values and obligations associated with stable relationships among men and women?

Question 3: What is the value of sex among men and women?

Questions 1, 2 and 3 are summarized here together, as the discussion around these topics was closely related. Two major themes tied the responses to these questions together. First, participants described stable relationships in both positive and negative terms, where the positive aspects centered on the respect and trust of the partners for one another and the negative aspects centered on a loss of respect among peers. Second, this tension is then reflected in discussions about the values and obligations associated with stable relationships, and in particular what it

means for men and women to be faithful to each other. Each of these themes is described in detail below.

2.1 Stable relationships are both positive and negative

In the focus groups, when asked what it meant to be in a stable relationship people generally began by offering positive statements such as the following:

FGD married females 15-34: ...they respect each other; their respect is not only in the family but they also respect other people. At all times they support each other, there's none that disrespects another, that is, it is a happy family, that you won't find the 'm'e there in a lot of gossip...

FGD males 30-44: By steady relationships I understand that there are no mistakes. With steady relationships I mean when we have problems we share them with my woman or we share them as a family.

FGD unmarried females 20-34: In a stable relationship there is no fighting, there is mutual understanding, there is no possessiveness.

There are also statements about faithfulness meaning to have only one partner but these are much less frequent.

FGD unmarried females 15-19 Speaker 7: When you are faithful is when you don't go around, and you don't fall in love with many guys and you know that its only him.

INTERVIEWER: Mmh... what about you 'm'e what do you think being faithful mean?

Speaker 1: Yes I think it's to have only one boyfriend.

INTERVIEWER: ...what does being faithful mean?

Speaker 2: To be in love with one guy and not mix him with others out side [i.e., have other sexual partners whilst you still have him as your partner].

FGD married females 15-34: I think that when they are stable it is when you have told yourself that you are not going to have any other partners, maybe I have been hurt several times until I found a person whom I can say this is where I stand. Or a friend of mine has had some kind of sexual disease because of trying to find pleasure somewhere else and then that situation would make me want to have stable relations myself.

But such positive statements were sometimes quickly followed by negative characterizations of people in stable relationships. For example in the following exchange, the participants indicate a conflict between a close spousal relationship and expectations about the roles men play in community life and about a woman's ability to function as an independent person.

FGD stakeholders Speaker 13: When you say these two people are in a stable relationship, you see people who have respect for each other, they walk with love, they walk in knowledge of themselves, that is they respect each other, they get along, they're keeping their life!

Speaker 7: ...It is true, it is like that, I concur with ntate; however right there, when it is like that, those people who are going together, they get along, you'll hear it said that she's finished him!

INTERVIEWER: ...Is it because when we see those type of people with a relationship like that we're not pleased?

ALL: Yes!

Speaker 8: Truly as bo n'tate, we're not pleased, we have to as bo n'tate who get along in the village, in the morning go and sit at the kraal, or local court [khotla]! When you wake up as ntate, you have to go to the court or the kraal, then you will know that we're at peace!

INTERVIEWER: ...What about if it's a woman? I understand when it's a man who's in a stable relationship we're not pleased; and if it's a woman- *Speaker 8:* When she's always after this man- we say she's always following him around this poor guy! That's what we say as bo n'tate. Well I can't speak for bo 'me' what do they say when they answer!

Speaker 13: We say this woman is a slow wit, she's so afraid of this man, he's playing her, he drags her up and down! She's so afraid of him as if he's her father! We're just jealous because she respects her husband!

ALL: Yes.

Speaker 16: We say she's retarded! She's an airhead!

INTERVIEWER: Who's retarded the woman or the man?

Speaker 16: This woman! This woman is such a fool! Never!

This tension between the values of mutual respect and fidelity on the one hand and belittling of those who cherish and practice those values in their relationships on the other is a recurrent theme. This is one of the ways in which peer influence helps to drive MCP.

FGD males 30-44 INTERVIEWER: What about on bo-'M'e (married women), what about 'M'e who is stable in her family only and doesn't have extra-marital partners outside there?

ALL: She is good.

Speaker 4: But here ... they say she's backward. Hey, that backward lady (All laugh) she's very stiff.

2.2 Being faithful or trustworthy

Another way this tension gets expressed is in stated values about the need for trust between partners in the face of malicious gossip balanced with empirical evidence of each partner's trustworthiness.

FGD males 30-44 Speaker 8: Let me set an example. At home, I have a phone. We both have phones. She allows me that when her phone rings I should pick it, that is very dangerous and I know it. If her phone rings and she allows me to pick it, yet she is right here, I know that she is very sure that she is not cheating me at all. Or I leave mine with her and we go, or she gives me her's and we exchange them. Then that will make me be sure that ok, there is trust between the two of us ... unless she said her person should not call her on the phone on that day.... the second one, when I get home, I do not find any [male] footprints that I do not know. [laughter] You see, I never see any. For example, women are very hard-hearted. She throws out a tin outside if I am there. So those things of

looking for a tin to show when I am or I am not there, I look for them when I get home that ok, it's now that I am getting home, let me look at my yard, and I do not see such things, and the night ones also, and I see that it is still the same, I assume that everything is alright.

The issue of family stability came up in a number of the discussions about being faithful, especially in the in-depth interviews.

30 year old married male with 2 partners: The importance of being faithful is that for me in the same way, it's so that our family can be stable so we can raise our child and so that our child can have a bright future...if you are not faithful to a person, and they are not faithful to you, the family becomes a playhouse [i.e., a joke]. If you come home at ten, then she will also come home at ten. I respect my wife by not coming home late."

39 year old married male with 4 partners: "Even if she [i.e., his wife] is not around I make sure that our neighbors do not see the things that I do, things that I know that they could hurt her. When she is here, I come home on time, I arrive at around six, like that, ntate; I keep the peace, ntate."

24 year old married female with 1 partner: "I think it [being faithful] is when, I think that so long as they keep me happy at home, I don't care what he does. What I mean is that whatever he does on the street, I don't know what he does but I don't care as long as he keeps me happy."

24 year old married female with 1 partner: [Being faithful means] he doesn't commit adultery before my eyes, I can even say, he doesn't commit adultery, he satisfies me in everything I want. Like maybe if I want money, he gives [it to] me. Perhaps if I say I'm coming to him, he won't say, 'don't come now, come next time'..."

A tension exists between trust as a value and the need for evidence of trustworthiness that resonates throughout discussions of faithfulness, and what it means to be faithful. To understand this tension fully, it is important to note that in Sesotho, there is a single term *tsephahala* that denotes the concepts of *faithful* and *trustworthy*. In the focus groups and interviews, the discussions on this issue tended toward a logical structure as follows: "He is faithful to me because I trust him. But then again, I would say I trust that he is faithful to me, but I can never know that my partner is faithful and therefore I still have to believe that he faithful." Faithful translates as **tsephahala** and is an intransitive verb (does not take an object). Trust translates as **tsepa** and is a transitive verb (does take an object). In Sesotho it is like this:

U [he] oa [is] tsephahala [trustworthy = faithful]

Kea [I] mo-tsepa [him-trust]

In the following exchange, the conceptual meaning and logical arguments are evident. In English translation the arguments seem nonsensical, unless one is aware of the conceptual differences that underlie the translation. The key point is not the man's behavior but rather the reaction of his nyatsi to his behavior. If she does not doubt or challenge him, then he is, *de facto*, faithful to her or

worthy of her trust. The tone of the discussion and the laughter of the participants suggest that they are aware of an underlying irony in this logic.

FGD married females 15-34 INTERVIEWER: Can a man be faithful [trustworthy] to "nyatsi"?

Speaker 3: A lot (laughs)

Speaker ?: A lot, he could be even more than to his wife (laughs)

INTERVIEWER: He could be faithful [trustworthy]?

ALL: Yes.

INTERVIEWER: What do you think is the reason?

Speaker 1: Nyatsi is forgiving and does not care when you come.

Speaker 2: Does not yell.

Speaker 3: Even if you said you are coming at 10 and then you do not come at 10, you come the following day or after two days at 10, when you arrive - she sees that you have arrived ' oh, you are here' things continue (laughter).

The complex meaning of faithfulness and trust in Sesotho comes through in the following quote. Here, a woman explains why she defines faithfulness within the boundaries of the home life she shares with her husband and keeps that separate from consideration of any outside sexual activities he may engage in during work absences.

Married female of unknown age with 1 partner who is periodically absent for agricultural labor: To be faithful is that thing that when you're together you should stay glad to see each other ... his arrival, it's joy and until he even leaves actually I don't want to think about what he could be doing...I don't want to make it difficult for myself, I would be causing myself a lot of problems if I kept thinking about what he could be doing...It is just that I should make a decision for myself and that decision will make me a solution. My decision is that him and I trust each other [or are faithful to each other] right now even whether he's not faithful far over there...when he arrives he's my husband [and] I'm his wife, we're glad to see each other, we're good, we talk about our plans in life and that's all the way of trust [or being faithful]. As for what he could be doing elsewhere I don't know but, well, that's the way I want to put it inside myself.

An important element in this framing of faithfulness or trustworthiness has to do with keeping peace in the home or in the relationship.

FGD unmarried females 15-19 Speaker 6: Don't suspect many things if you haven't seen him do them. Even if you can hear things from other people don't take them, don't ask him because those things will upset him ... just watch first if he is doing them. When he does them, [that] is when you can ask him; when you have seen him do them I think you can ask him, I think that is being faithful.

21 year old married male with 1 partner: It is very important that she is faithful. Because we will never have fights if she can be faithful to me...It is also important that I remain faithful to her so that we may not have fight.

There is also a dimension to faithfulness or trustworthiness that centers on dealing with personal weaknesses within the relationship and not talking about each other's problems with people outside the relationship. There were many statements about the importance of sitting down together to discuss problems and to "make a plan" together to solve difficulties.

FGD unmarried females 15-19 Speaker 3: I think that we both need to be faithful. Sometimes you will have a certain kind of weakness and I can help you. In the same way I might have my own shortcomings and then you can also help me.

FGD stakeholders Speaker 13: People who are faithful sit down and look over things together all the time, in peace and happiness!

Speaker 5: ...even when children are made they are planned; those two people sit down and plan, that "well I think now we have too many children, we should stop!" Everything they do they discuss it first, and plan it together.

34 year old married female with 1 partner: They should live well together, without fighting, yes, honestly. It's true there's no place where people don't disagree but they should disagree and come back to each other...to keep the peace means [to] agree with each other about everything.

Faithfulness also takes on other meanings. For example, the following quote frames faithfulness in terms of keeping one's current behavior in line with future intentions.

22 year old unmarried male with 3 partners: "It is important that I am faithful to her by not sleeping with her without a condom, because I might make her pregnant, and knowing that I have my plan A, and she is plan B, I will be being unfair to her because she is not my plan A."

The notion of "seeing" or having direct evidence that a partner has other sexual partners is an important recurrent theme in discussions of what it means to be faithful.

44 year old married male with 2 partners: To be faithful to someone is finding that you respect each other, you don't fight over things that are outside...Even if I cheat on the side it's a secret that she doesn't know about me.

38 year old unmarried female with 2 partners: Well, I see him to be faithful because I haven't seen him do anything bad in front of my eyes. Even at times while he said he was coming, and doesn't come, he calls me, 'I won't make [it to see you] mama, I will see you tomorrow.'

25 year old widowed female with 2 partners: I am being faithful to him because I do things behind his back, far away from him.

27 year old unmarried male with 2 partners: I think to be faithful to her would be if she doesn't know that I am having affairs with other people. She doesn't have to know the people I'm having sex with because that would cause conflict between me and her.

17 year old unmarried female with 3 partners: As long as you keep it a secret, it's faithfulness. Because you won't tell them that you are dating someone else. You will keep it quiet, right.

22 year old married female with 3 partners: To be faithful means to make something that is hidden so that your husband and the wife do not find out, you are faithful also when the person asks you to do something on a certain day and you do as asked, that is to be faithful.

Finally, some stated that they did not believe faithfulness was possible.

FGD males 18-29 Speaker 2: When she is here I will tell her that I trust her, but then it won't be true, it will be just on my tongue.

Speaker 4: I have seen that there is no body who is faithful according to life.

FGD males 18-29 Speaker 7: I can't say the person is faithful especially where it's a husband and wife. Because you see when you are home from work she will be happy, and does all other things to make you happy. But you are still her husband and her heart is not with you but somewhere else. And you will think that well this is my wife and she is very faithful to me, or you are here but in her heart she is saying, "when will this bastard go, I can't do my things when he is here."

Speaker 6: Because as people we talk outside, someone when you have bought him beer he will tell you that your wife is doing what-what, and you think you trust her.

Question 4: What are the structures or systems that promote or sustain the values associated with relationships and sex among men and women?

Question 5: What are the structures or systems that promote or sustain multiple and concurrent sexual partnerships?

Questions 4 and 5 are summarized together because the issues relating to each are closely intertwined. Here, several themes emerge as important for understanding the structures and systems promoting different kinds of sexual relationships. First, there is a theme that centers on the importance of maintaining peace in the household that is closely related to the theme of faithfulness previously described. While one might expect that this theme would promote and support monogamous relationships, there are in fact several dynamics that promote multiple and concurrent relationships. Second, there is a complex theme centered on issues of money and struggle that set up powerful reinforcements for multiple partnerships. Third, cultural models of male sexual greed provide both an explanation of and a justification for multiple partnerships, which are then further bolstered by a general acceptance of alcohol as a sexual facilitator (a fourth

theme). Finally, a powerful theme centered on age-disparate sexual relationships emerged and in many ways exemplified the intertwining of the other themes.

2.3 Peace in the household

As previously described, the high value placed on household and family peace is an important factor in sustaining stable relationships. The public appearance of peace in the family is important to maintain, and respect in a relationship means that one takes care not to shame his or her partner. Thus it may be said that household and family promote and sustain monogamy. Some of the study participants also described these as Christian values, though they did not elaborate on why they saw them specifically as Christian values. In contrast is the influence of one's peers, or people outside the household, who are often characterized as desiring to stir up trouble for a man and woman who appear to have a stable relationship and a peaceful home.

FGD males 18-29 Speaker 6: Eh, I think that, well, more often than not, such people are respected in society. Above that, many young people aspire to have families like that one. That is, you command that kind of respect on other people. Above that...well, I think they set a good example, they are an inspiration. That kind of family [where the man doesn't have other partners] is an inspiration, is to be envied because generally, they are people who are able to---even if they are not rich, they are able to earn a good life. That is, they are able to create opportunities for good life even for their families. And then, he doesn't have partners out there.

For some, the appearance of peace and stability in a marriage seems to offer a challenge to see whether the man or the woman in that marriage is able to resist temptation. Men in particular are thought to be susceptible in this regard, and a man who resists temptation is often described as being fed *phehla* by his wife, a traditional medicine that is thought to "soften" a man to do what his wife wants him to do. A man who is faithful to one woman is generally viewed as soft or weak, rather than strong.

FGD males 30-44 Speaker 5: Let me make an example with people who don't even attend church, who love each other, when they go shopping they go together, everywhere they go, they go together, they satisfy each other even in public, they don't care what people would say, not just in sex only, or who would say what when I am walking with my wife or who would say what when I walk with my husband or going to the shop with him...when, to some people, someone may think such a man has taken a love potion, when his wife goes to the mill he goes with her, everywhere she goes, he goes with her.

Speaker 4: Yes she has given him a love portion, because now he eats *phehla*...

FGD stakeholders Speaker 4: When you are faithful to your family, many people say your wife has given you some potion, this one called Sesotho medication that softens a person. People say that and they don't understand the value of building a family or what kind of a thing faithfulness is. And that person, she didn't pour anything [i.e., did not feed her husband *phehla*]...what's only there is love and being faithful to the family...Women say hey this one is a laggard and that is [because] you are trying to make peace reign in the family.

Speaker 2: That is true, when a person has faithfulness in his family, he is not liked by outside people

FGD males 18-29 Speaker 5: [If] this person is faithful to only this girl, as boys we will ask him, man how come you are looking after just one girl. What do you see in her? What has she promised you? ...You say, "I have just one girlfriend and I will not ask anybody out because of her. I am faithful to her, and she to me." There is someone who will just get into your nerves, "Well man, that is just to show that you are a coward, how come you can specialize with just one girl?"

FGD unmarried females 20-34 Speaker 1: ... men are not faithful at all. You often hear people saying, "that woman has given it to him [a potion]." If they see that a man loves his wife. They say that, "he has taken it and with a large spoon."

FGD males 30-44 Speaker 4: When we have nyatsi's and we see someone who doesn't, we are not satisfied by that, we will be satisfied if we are in the same boat because that is the life that we are living.

There is greater acceptance of a woman who has only one partner. This behavior is viewed as natural for a woman and, in contrast to a man, such a woman is viewed as strong.

FGD unmarried females 15-19 Speaker 1: If you are faithful to your husband they say that you respect him. They think that you are a responsible woman.

INTERVIEWER: They think that you are a responsible woman?

Speaker 3: Sometimes when other men see her, if it is a woman who is faithful to her husband they will go out of their way to ask her out to see if she can stand it. Well if they see that it's something she is serious about they will be afraid of her.

FGD unmarried females 20-34 Speaker 13: In Sesotho they say that a woman is a cabbage and keeps to herself, a man is a pumpkin and spreads. So if a man is just looking at his wife only, that is when you will say he has to spread. So if a woman is well behaved, and she doesn't do the same thing as other people so that people will like her more than the one who does those bad things.

FGD unmarried females 20-34 INTERVIEWER: What do people say about a person who has only one partner? I have a partner and only him, what do people think?

Speaker 2: People say she is a responsible wife. Who is not attracted by useless things.

INTERVIEWER:...Why don't they say she is a coward but they consider such a man a coward?

Speaker 5: Because truly, a woman loses dignity if she does such things [i.e., has more than one sex partner].

2.4 Money and struggle

In all of the focus group discussions and in 37 of the 93 interviews, money was described as a factor in people having more than one sex partner. The concept of struggle was closely related to the issue of money. Struggle denoted a person's difficulty in satisfying basic needs such as decent food to eat, shoes to wear, and clothing. If such needs were met, money could still be used to leverage sexual favors by tapping into people's desires for material goods. The transition to a monetary economy and the concomitant introduction of highly visible economic disparities in even the most rural areas is evident in many of the statements.

FGD unmarried females 15-19 Speaker 1: Sometimes I think it's just because people like money. If my boyfriend doesn't give me money and you give me money, even though you still have a wife and child, I still say "mm" [yes].

Speaker 5: Sometimes I no longer have my parents and I live alone. And I know that with an older man there is money. He can give me money so that I can eat at night.

FGD married females 15-34 Speaker 1: If he is working, maybe he can not do things for you, and you can't even see that these people are misleading you, they will find you someone who can, a guy who has a car so that you can see that you eat, you could end up leaving the one you have, not because you want to leave your husband but because of hunger, so that in the evening, there is food, kids go to school and you can even get glycerin like other women.

25 year old widowed female with 2 partners: Well, he is not the kind of person who is happy seeing me struggle for things, especially after my husband died. Even when I still had one [a husband], he was a person who was helping me but not as much as after my husband was gone.

FGD stakeholders Speaker 1: Another thing is at work, because of scarce job opportunities, women are at risk; bo nstate who're their superiors will- when she goes to go look for work, he'll say I'll hire you if you agree to have sex with me.

FGD males 18-29 Speaker 2: It becomes difficult at home. When I am not working and 'm'e is not working, it becomes difficult. That is when I will have to go and find another 'm'e that I know that nstate [of her's] is still working somewhere, or that 'm'e [is working]. So that she can give me 20 rands to buy paraffin and a candle in the evening, because, as we are not working, along with my wife even the children suffer.

26 year old married female with 1 partner: Maybe I have a lot of friends, my husband doesn't work. That man on that side works. Honestly when he asks me out and tells me that every month I'll buy you gas, I'll buy groceries... Meaning that you'll have money, isn't it there are no jobs right now ... There's a lot of poverty.

FGD unmarried females 20-34 Speaker 5: Sometimes the husband will be going to work and I am a housewife as a woman, then he's gone for a real long time and I don't know

what to give the kids, they are hungry, they don't have clothes and there is no flour into the house, and you will end up seeing that, well, I am obliged to do something so I can get money.

FGD married females 15-34 Speaker 4: These children sometimes are at high schools and they see how other children wear and how they eat. And I don't have anything, why, because I don't have even some work where I can just work and get even 50 rands so that I can give it to the child. That is why the child is forced into trouble, I would say she is at school and she brings home the baby because she was looking for money of buying a down, others are moisturizing themselves and she is not, they eat and she doesn't eat, she doesn't have the form of entertainment when they go for sports. I don't have money all the time... I don't believe that the child who is satisfied can easily fall into that trouble.

FGD married females 15-34 Speaker 2: Now there are no jobs, I am not working, ntate is not working. Now I see ntate arrives from Joburg holding his thing, honestly I go running, honestly money, money honestly. We go for money because you will be having no shoes, children are hungry in the house. So honestly when you think of your child crying outside and being heard by every body, you will be forced to go and fend, when he says "one" I will say "two," I don't have an option. You come being given something and you go and buy food...So you know if I see him arrive from Johannesburg my song when I pass near him is unbelievable [humming], in the morning if he passes near my yard I sweep [flipping of papers and coughing to call attention] so that he sees [me] because I want money.

FGD stakeholders Speaker ?: In the same way, when the man is sitting [at home] and not working and he is my boyfriend, and I have a job, in the evening he comes over and I give him some flour and two eggs as well, and he says [to his wife], "hey, I ran into the aunt of these children, take this and eat. They eat and then sleep. [Two] hands are there to wash each other. Then the wife will not even ask where the food comes from.

The following quote describes how, in a context of limited resources, concurrency is perpetuated from household to household, from partner to partner.

FGD married females 15-34 Speaker 2: You will find out that once you are a new mother, that is where the trouble begins. You will find that after I am a new mother, well, we will fight in the morning, in the afternoon and in the evening. Yes, because when he just enters he is already angry, he doesn't even want you to ask him where he comes from at that time of the day. He won't be giving me any money, he doesn't care what we are eating in the house with the baby. He goes far away from me. He goes out to see his person. She is the one who is being taken care of while I am left to fend for myself. So at that time I am also forced to go out. I actually fend for myself, I get to be taken care of also.

Children are also impacted, in similar ways.

FGD unmarried females 20-34 Speaker 9: It has happened that at some time, a parent arrives late, and sometimes a person doesn't eat well; the parent is struggling; then when the mother scolds her [daughter] she'll be saying, "It's these boys who just eat you [i.e., eat

as in to have sex with] for nothing, they eat you for nothing, now look we have nothing to eat in the home!" She's [the mother] expecting that when she [the daughter] comes back from boys she'll come holding food then. Actually even their parents put unnecessary pressure.

The relationship between struggle, multiple partners, and the AIDS epidemic is clearly expressed in the following interview excerpt. A partner with a little bit of money can mean the difference between sleeping in the dark and having a candle to light, between a meal of plain vegetables and one flavored with a bit of cooking oil.

34 year old married female with 1 partner: The reason why there's so much AIDS...People who're working...when you know that your husband isn't working you sleep in the dark. Honestly, you'll bind yourself to loving someone else's husband because he's working for the sake of getting light for your home and caring for your children. Yes, I think that's the reason why AIDS is so rampant. I don't believe that it'd be so much---true, that it would still be around but now it's too high that is with regards to the life that we live in Lesotho, here in Lesotho, here we're really starving a lot. Because you won't eat these vegetables without any oil, you won't eat if there's no---even if you plant an entire field, even if you grow food of different types---but the thing is you still need something to make it tasty.

2.5 Sexual greed

References to greed or "greedy sex" and beliefs that men, in particular, cannot control their sexual appetite were typical explanations for having multiple sex partners. Some of the statements suggested that sexual greed is viewed as an extension of a more general pattern of greediness and hence, that some people are just naturally more greedy than others.

FGD stakeholders Speaker 5: The person hasn't done it on purpose. We have different kinds of people, to the point that a person says that someone is greedy! And when a person is greedy, when you leave corn there, they eat it, when bread appears there, he eats it. Like that. They can't help themselves; some are just naughty!

FGD unmarried females 20-34 Speaker 3: If you are greedy and have a long heart you want to eat on all sides...because they say what you eat everyday is not delicious...you don't enjoy it.

FGD stakeholders Speaker ?: But from the beginning, a person is born greedy. Because even as a man who has just eloped with me and we have just had our wedding and he has put me in the house, and we don't even have our first-born child, he already has a nyatsi.

FGD males 18-29 Speaker 2: There is a saying that the heart of an adulterer is never satisfied, so then we take it [to mean that] a man like that is an adulterer who has defeated himself; even if the wife is with him day and night he will not be satisfied.

Other statements suggest that sexual greediness is common to all men. Both men and women expressed the viewpoint that "men never get satisfied."

FGD stakeholders Speaker 11: Men are just cruel. And they are greedy. And they want to feel the same things. When his child is walking past there, and I am looking at her I think, "And she looks just like her mother." And then, "Man, this child!...I should be the one to try her first.."

FGD unmarried females 15-19 Speaker 18: I think the main reason men cheat is that men never get satisfied, they are greedy, they are dogs, men are never satisfied, whether a woman satisfies him at home; he lusts for you as you pass by...

30 year old married male with 3 partners: But sometimes I feel like I want to be naughty, even though everything is there at home, I just feel like I can go somewhere in the cold and visit someone somewhere and it happens a lot.

19 year old unmarried female with no sex partners: But men---they don't know how to control their own feelings. You know a man can have his own wife and then move from there to [another town] and work. When he is in [another town], when he sees some girls selling their bodies there, he just looks at them and then he goes for this woman.

FGD stakeholders Speaker 10: I met up with a really old man...This man told me that, "My child, if I were to get my hands on you, you'd swear I wasn't old, you understand?"...I said "old man does that mean that you don't get tired?" And he said, "My child I am almost a hundred. A man never gets tired nor does he ever finish. Even if I was to marry someone tomorrow, I will continue with my work."

2.6 Alcohol

Alcohol consumption was a recurrent theme in many discussions about sexuality and was commonly cited as a root cause of behavior that one would otherwise not engage in.

FGD unmarried females 20-34 Speaker ?: what I've noticed really influences them to do bad things is alcohol. When he's drunk that's when he'll have bad thoughts. When he's sober I don't think he'd think those bad thoughts.

FGD married females 15-34 Speaker 1: When a person is drunk, his senses are also intoxicated, sometimes he took [a condom] but when he has to use it he feels 'that thing is wasting my time' as he tries to unwrap it, I don't think a person who is drunk could make sound decisions, sometimes you can get pregnancy due to alcohol consumption, or you can get infected, when drunk you don't look at things the way a sober person does, and the after effects.

Sometimes alcohol was explicitly referenced as a key contributor to coercive sexual activity, as in the following comments.

FGD males 18-29 Speaker ?: ...we can get them (girls) mostly at the parties; we take the opportunity there at the parties when they are drunk. You know, you would be taking

advantage or manipulating her brain, yet I was shy on her [when I was sober]. When I'm drunk I'll be able to approach her, go to her and present my case.

25 year old married male with 2 partners: I force her to drink till she gets drunk! So that we can have sex. Because I believe that when a person is drunk, they can no longer think straight.

22 year old unmarried female with 4 partners: We went to go sleep at this guy's house. I was drunk but I was still aware of what's happening, then when we got to his place there, he wanted us to sleep together and honestly I wasn't ready that day...He was also drunk and a lot. Then he forced me, I can't say he raped me because I still loved him, but it's just that I was afraid...Well actually I didn't want to but then, I can't say he raped me...he asked for forgiveness in the morning...I think that it was something he'd already planned.

29 year old married female with 1 partner: ...sometimes a man asks you out, and sometimes he is asking you out because he can see some sort of opportunity when you are out having drinks. So then you go and have sex with him or someone else, and then he takes you by force and says, "I bought you alcohol, pay for my alcohol."

19 year old unmarried female with 4 partners

INTERVIEWER: So, when you are attracted to the male person, and you want to sleep with him but he doesn't want, what do you do?

PARTICIPANT: Honestly, I sleep with him.

INTERVIEWER: By force?

PARTICIPANT: Yes 'm'e.

INTERVIEWER: What do you normally do until he agrees?

PARTICIPANT: Well, if he doesn't understand--normally we are drunk, I just push him to do it, but he doesn't want to.

Alcohol was also a theme in some descriptions of the first time people had sex.

25 year old married male with 2 partners: The first time I had sex...It was in 2000 that I started. Yes, that I had sex, I was drunk and we were out.

19 year old unmarried male with 2 partners: It was at a school party. That was when I found myself having had sex with other girls due to heavy alcohol intake...I was sixteen...

In general, alcohol was referenced as part of the story of relationships, weaving in and out of discussions. This descriptive "backgrounding" of alcohol suggests that the first step in addressing the role of alcohol in HIV transmission dynamics in Lesotho would be to raise awareness about how the link between alcohol and sex is in fact also a link between sex and HIV transmission.

2.7 Age-disparate sexual relationships

When asked about the kinds of relationships people have at different life stages (e.g., youth, adults, old age) the topic of age discrepant sexual relationships often came up. It was clear from

the discussions that the pursuit of age-discrepant relationships was viewed as two-sided with youth chasing adults and adults chasing youth, though the motivations were thought to differ. Age discrepant relationships are sufficiently common to be captured in song and traditional sayings that make reference to Basotho herding and agriculture.

FGD stakeholders Speaker 2: Those who know how to sing say cows are taken care of by boys and calves are taken care of by men; the big ones are taken care of by boys.

FGD males 30-44 Speaker 4: Usually you will find that [with] these ones [young girls], the males are the older ones in the beginning. The females as we go on [get older], you find that as these boys become fit [mature], they go for the big ones because they want those that can be milked without being fastened. So it's [at] that time when they start going to older women.

FGD unmarried females 15-19 Speaker 1: Something that makes men to go out of their families and come to us youngsters is lack of satisfaction at home or this thing about Basotho men, a saying that Masotho man is a pumpkin plant, it spreads out to other yards...

FGD unmarried females 15-19 Speaker 5: I heard them saying that the shepherd eats from his flock [i.e., the ones he or she has raised].

Money and desire for material goods was viewed as the central factor in all age-discrepant relationships. Young girls and boys want or need money and goods; older men and women have the resources to meet those needs and desires. Sometimes young people are seeking basic necessities such as food and clothes that their families simply cannot provide. Other times their basic needs are met by their families but they are acutely aware of what they don't have compared to their peers. Often, it does not require much money to level the economic playing field among the youth. Thus, an added dimension to this framing of the problem is the perception among older adults that young girls and boys require very little maintenance.

FGD stakeholders Speaker 16: These girls of our's, even if a man is old, if he has money--these children love money. It is the same way with boys, if they can know that this woman has money they come, they come to her so that they can eat this money. The main factor is money.

FGD married females 15-34 Speaker 3: Here in our families, what drives these kids out is that sometimes as their mother or father, I don't work and the father doesn't work, there's no food in the house. She sees other children eating nicely, able to dress in nice clothes. She goes out, she goes to wait there where she'll wait for those ones with money, and they come and give her money in the way of sex!

FGD unmarried females 15-19 Speaker 3: And with us, as girls, as school girls, we like people who have cars, we like guys who have cars and these days you will find that it is the older guys who have cars, the older guys, these ones who are more like adults, they are the ones who have cars; those are the ones that you will feel like they have really charmed you.

FGD married females 15-34 Speaker 4: These older men say these kids are not expensive, she won't tell you there's no gas [for the cook stove] or that her child has been kicked out of school [for non-payment of school fees], there's nothing that she'll cry about.

FGD unmarried females 15-29 Speaker 1: Sometimes we girls we really like money more than is necessary. And then we go with these older men because they have money and boys our age don't.

FGD stakeholders Speaker ?: At those places where people drink, these people who sell alcohol, when they see that this is a child who is still carrying a schoolbag from school, they are not embarrassed when the child asks for a quart [of beer], they give it to them, with their own hand. When the child has finished drinking that quart, when she sees an older man in there, and she has no money---for it was pocket money for lunch, right?---she goes to the older man and asks him to share his drink with her. The man shares his drink with her, gets her drunk and they eventually leave together.

Some older people expressed discomfort and concern when approached sexually by young people, but as the following quote illustrates they also experience peer pressure to accept such advances.

FGD stakeholders Speaker 13: I just went by the taxi rank last week. This other little girl says to me week before last, she said, "I don't want a little boy, I want a grown man like yourself." I kept quiet and looked at her and she said, "No, I like you." Do you know that I couldn't sleep after she said that? I left. And then this other man was following me and he said, "Are you refusing when this girl says that she loves you?" Then I said, "This child is the same age as my daughter."

There was some talk about older women with younger men or boys, though not nearly as much as about older men and young girls. Though less frequent, the explanations given for the older woman-young boy relationships are very similar to those for older man-young girl relationships: alcohol consumption, male sexual greed, poverty, and the desire for money and material goods.

FGD unmarried females 15-19 Speaker 4: It happens a lot at bars. You find that a woman, these women that like to drink and go to bars, they are going to do those things with someone younger.

Speaker 2: Even if she doesn't go to bars, it still happens. These older women, you will even hear people say that they are rapists. They rape children.

FGD stakeholders Speaker 14: These boys they molest these women when they come upon them in the street! Because there are places that you'll find you're walking alone, and that's where these boys find these women.

FGD males 18-29 Speaker 5: The major thing that a child dates the older woman is actually because of money.

Speaker 3: ... here at my place the youth dates older women because they are looking for money.

Forced sex between older men and young girls was described as an issue in a few of the focus groups, and reported in a few of the interviews. Impoverished young girls hired as household help were noted as a particularly vulnerable group.

FGD stakeholders Speaker 4: At a place where I live, there is an old man and he hires [this woman] and she is still young and because of the family background she had to end up working but it didn't just end there. The man ends up having a baby with her, she was a girl who went there because of poverty and you will understand that there was no talk of marriage.

Sometimes older women were described as assertive and domineering in their efforts to have sex with young boys.

FGD married females 15-34 Speaker 2: Honestly we just go to them. We just go in the evening, I call him and say come, and he will not refuse also, he will not even ask where I am taking him to. When he sees me preparing the bed and putting off my clothes, no, he does the same as you are doing. Yes, which means we agree together.

FGD males 18-29 Speaker 8: You will just be walking around in the village and she will say to you, "Hey brother, come here." You just go there innocently and she asks you to help her carry some stuff. And then sometimes this lady will start giving you food, and you won't know that she is already feeding you for herself. She is trying to get you closer, and all you can do is to watch. And then since I will still be a bit scared of her, she will be the one riding on me.

Question 6: What are the life experiences of men and women with regard to multiple and concurrent sexual partnerships in the context of stable relationships?

The main source of information on life experiences came from the in-depth interviews. For the interviews we enrolled men and women who perceived themselves to be in relationships; a few of those enrolled turned out not to have had any sexual activity with their partners in the previous year. For those who reported sexual activity, the in-depth interviews elicited detailed information on all sexual partnerships during the previous 12 months. Through the use of memory aids and careful probing, this included the date of the first and last sexual event with each partner for each month. We then categorized participants' sexual partnership pattern as outlined in Table 6.

Table 6: Partnership types and measurement strategy used to classify in-depth interview participants

PARTNERSHIP TYPE	MEASUREMENT STRATEGY	UTILITY
Concurrent within calendar month	Two or more sexual partners in the same calendar month during at least one month in the 12 month recall period.	Easiest measure to calculate; provides a rough estimate of concurrency
Concurrent within 21 days	Two or more sexual partners within at least one 21 day interval in the 12 month recall period	Captures critical timeframe for ongoing transmission of acute infections
Concurrent within 60 days	Two or more sexual partners within at least one 60 day interval in the 12 month recall period	Captures maximal timeframe for ongoing transmission of acute infections.
Sequential partnerships	Two or more sexual partners in the 12 month recall period with at least 61 days of no sexual activity between any two partners	Captures multiple non-concurrent partnerships
Monogamous partnerships	One, and only one sexual partner in the 12 month recall period	Captures monogamous partnerships
No Sex	No sexual partners in the 12 month recall period.	Captures sexual abstinence

A total of 93 people participated in the in-depth interviews (43 male, 50 female). Of these, 91 resulted in analyzable transcripts; two of the interviews with women could not be transcribed due to technical errors during the interviews. Of the analyzable transcripts, several had missing data from the TLFB, the partner characteristics, or both.

Somewhat more than a third of those interviewed reported at least one concurrent relationship in the past 12 months, regardless of the concurrency measure used (Table 7). Only one person (male) reported sequential partnerships, as defined in Table 6. On average, people with concurrent partnerships had 3.1 partners; no one reported more than 10 partners.

Table 7: Frequency count of partnership types by gender

PARTNERSHIP TYPE	MALE (N=43)	FEMALE (N=48)	TOTAL (N=91)
Concurrent within calendar month	21	14	35
Concurrent within 21 days	21	15	36
Concurrent within 60 days	23	16	39

Sequential partnerships	1	0	1
Monogamous partnerships	17	25	42
No Sex	3	6	9

About half of the male participants reported concurrent partnerships, compared to about one-quarter to one-third of female participants. While this suggests a trend toward greater concurrency on the part of men, the difference may not be statistically significant and the important take-home message is that a substantial proportion of both men and women reported concurrent sexual relationships in the previous 12 months.

In order to obtain an estimate of the amount of time spent in concurrent partnerships during the 12 month recall period, we looked at the number of calendar months where sex with two or more partners was reported, the number of calendar months where sex with one partner was reported, and the number of calendar months where no sexual activity was reported. People with concurrent sexual partnerships tended to have multiple partners during only a few calendar months out of the year (Table 8). Most months they had only one partner, and some months they had no sexual activity.

Table 8: Average number of calendar months with (a) two or more partners, (b) only one partner, and (c) no sexual activity among participants with at least one concurrent sexual partnerships within 60 days (N=39)

Average number of calendar months with:					
Two or more partners		Only one partner		No sexual activity	
Male	Female	Male	Female	Male	Female
2.69	2.25	6.56	6.0	2.78	3.75

Data were not consistently collected on the characteristics of sexual partners, with missing data on specific characteristics for about one-fifth to one-quarter of participants. Where such data were collected, they suggest additional important factors for the high rate of HIV transmission in Lesotho (Table 9). Half of the participants (47 out of 93) reported at least one new sexual partner in the previous year, indicating a high rate of new partnership formation. Even more reported that they knew or thought that at least one of their partners had other sexual partners. Of particular note is the number of women who were themselves monogamous but knew or suspected that their partners had other sexual relationships. Thirty participants indicated that at least one of their partners was either known to be HIV-infected or was potentially infected.

Table 9: Partner characteristics among participants classified as concurrent (n=39) and monogamous (n= 42)

Partner Characteristic	People with concurrent sexual partnerships within 60 days		People with monogamous partnerships	
	Male	Female	Male	Female
One or more new sex partners in past year (Data missing for 10 participants)	17	13	10	7
One or more partners has or may have other sex partners (Data missing for 22 participants)	20	15	5	16
One or more partners is or may be HIV-infected (Data missing for 22 participants)	16	12	2	11

Among those participating in the in-depth interviews, 14 men reported sexual relationships with women at least 5 years younger and 18 women reported sexual relationships with men at least 5 years older (Table 10). These age-discrepant relationships were reported from all sites. Three women reported relationships with men at least 5 years younger and only one man reported a relationship with a woman at least 5 years older. Four men and 12 women reported relationships where age discrepancies were 10 years or greater. Only three men, all between 20-24 years of age, reported relationships with women less than 18 years of age. Two women less than 18 years of age were interviewed; both reported concurrent relationships that included men in their early 20's but no men older than that. Thus, the recruitment strategy used in this study did not identify people engaged in age-disparate sexual relationships, that is, relationships where there is at least 5 years difference in age and where one of the partners is an adolescent or young adult (e.g., less than 22 years of age).

There appears to be no patterned relationship between marital status and concurrency among the people interviewed.

Question 7: How is HIV risk perceived and negotiated within stable and concurrent relationships?

Question 8: What can be done to encourage people to reduce their risk of HIV infection?

As indicated in the previous sections, there was general recognition that having multiple sexual partners can lead to disease transmission including HIV. The way in which this risk is dealt with

emerged most often in discussions around condom use. The focus group discussions in particular provided rich data in this regard on attitudes toward condom use, while the in-depth interviews provided additional data on how condom use was actually perceived within different kinds of relationships. The interviews provided additional insight through the way people described what they understood about HIV and their experiences and familiarity with HIV testing.

2.8 Condom attitudes

Condom use was generally viewed as contrary to the closeness and trust associated with a stable relationship. This creates a significant barrier to condom use given the complex issues surrounding trust and faithfulness previously described.

FGD males 18-29 Speaker 3: ...they will tell you that condoms don't signify love that has to be felt between two people having sex.

FGD males 30-44 Speaker 4: [If you say] you are using a condom, your wife will doubt, 'you are saying we should use a condom because you must be from outside and you know what you have been doing.' You also, when the wife is saying, 'no man, let's use a condom,' you be doubting her, 'why, you must be running outside there.' So, that is where even if you got infected [with HIV] out there, you will just turn your back and say, 'let me just enter the *koetseng* [i.e., the deep end of the river where snakes are supposed to be found], it doesn't matter.' Hae! Well, it's tough.

Condom use is also associated with decreased sexual pleasure.

FGD stakeholders Speaker 6: But I see us young people as having a big problem when it comes to men, when you sleep with him and say you want to use a condom, he refuses, he says can you put your head in a plastic bag and still breathe in it?

FGD unmarried females 20-34 Speaker 6: Sometimes you find that they don't use them, they say the want [hand clap] meat to meat.

FGD married females 15-34 Speaker 5: Even though I personally don't feel it's nice this [sex with a condom] but then let us use them. You're unable to feel the pleasure, you're eating the sweet wrapped in a plastic!...We do honestly use it but it is not nice, that this heat doesn't come a lot! I'm defeated by this thing...

There were a number of references to poor design of condoms, resulting in distaste, discomfort, and feelings of sexual inadequacy.

FGD males 18-29 Speaker 6: As for the green ones [condoms] that are free honestly they are not the ones...they are not good...when you are sleeping with a person you can't feel they are thick...When you use the green condoms, you will even feel tired and that your brain says get rid of this thing, because you won't feel what you are doing, you just know that you are sleeping with the person but you can't get the progress. You can't ejaculate. The heat doesn't all come to you.

FGD males 18-29 Speaker 6: Ntate, I am saying that it does happen that someone just keeps having unplanned children, condoms are not used because they do not fit. He ends up having a child because he is embarrassed when a condom does not fit him.

FGD males 18-29 Speaker 4: The other thing that makes me not use condoms, you know what it is? The design of a condom. It depends on how it is designed. It comes with names. Currently, when you can come with this green one [i.e., a brand of condom in a green package]...she will tell me off if I come with this green packet. Design of a condom is one of the things that make to know how to use it. One likes nice things, that smell very nice, which are beautiful.

The importance of effective marketing of male condoms to women is underscored by comments from multiple sites around the country that younger women think that the use of certain condoms will make their thighs shiny and unattractive. How or why this rumour got started is unclear. Both men and women reported it, however.

FGD unmarried females 15-19 Speaker 5: Girls develop shiny legs [the backs of their legs]. So then it will look bad when you are wearing a short skirt.

FGD males 18-29 Speaker 7: Most of them don't really like condom use, they will tell you it has after-effects on their legs.

FGD unmarried females 15-19 Speaker 6: They say girls will shine at the back of their legs if they use condoms.

FGD males 18-29 Speaker 11: If you sleep with this one using [a free brand of condom] you'll hear her saying they ruin the shape of her legs, they do this and that, her legs will shine. So I know as guys, we don't like to buy condoms, we like those [free] ones, so if she rejects that one you are going to sleep with her without any condom.

FGD males 18-29 Speaker 1: There are also other girls who will just refuse and when you suggest using a condom she will say no.

Speaker 2: Or a girl will tell you that it makes her thighs look very jelly-like.

Speaker 3: I have once met one who told me that she hates them.

Speaker 1: I have also met one who said they leave stretch marks on her.

FGD males 18-29 Speaker 2: Among the girls there are also those who say that they do not want to use these things because they make their thighs to lose shape.

Rumours that condoms cause (rather than prevent) HIV and AIDS were widespread and reported from all sites. Another widespread rumour stated that condoms cause kidney disease; this rumour was sometimes discussed in relation to complaints that condoms are too tight and do not fit right. Given this association, it may be that the rumour reflects a concern that the constriction of the condom on the urinary tract in the penis will result in damage to the kidneys. There is also concern about lubricated condoms, with many references to the "oil" or "fat" found on condoms and also

descriptions of such condoms being boiled or cooked. Why they are being cooked is unclear; it may be an attempt to get rid of the lubricant. Discoloration of the water that the condoms are boiled in then appears to have led to further rumours about condoms as a vehicle for HIV transmission (rather than prevention). There are also references to condoms producing worms. Further exploration of these rumours and concerns, and the logic underlying them, is needed in order to understand how to improve the social marketing of condoms in Lesotho.

FGD stakeholders Speaker 13: I am going to lift my hands and speak the truth. Condom, I don't use condoms. Mm mm. Condom? I still have other means, it would not work out for me. I will never use a condom till the day that I die. That condom it has holes in it! That thing that you are asking us to use has holes in it, but you won't be able to see them. There are holes there! And it also kills [damages] a person's kidneys.

FGD males 30-44 Speaker 1: There are people that when you talk to [them], you feel that he doesn't believe in that thing [condoms] under no circumstances, he doesn't believe it's something that can protect him and besides that it will take a form of a myth where you will find that someone believes it has certain effects or it makes you sick. Especially because they say it causes kidney problems.

FGD unmarried females 15-19 Speaker 5: I heard that these condoms have AIDS...if you can take it and put it in the sun, it will produce worms.

FGD unmarried females 15-19 Speaker 8: Some say you cook it [the condom] then something like urine will be produced. Then that [urine-like] thing, if you take it to the doctor and tell them to test it, they will tell you that your urine is [HIV] positive.

32 year old married male with 1 partner: They say these condoms are the ones that come with AIDS wrapped in. Sometimes they encourage us to cook them and boil them in water...we're always hearing these things, not hearing from you experts.

FGD married females 15-34 Speaker 1: Basotho men say condoms have worms and they [the worms] are the ones causing sicknesses like AIDS.

FGD married females 15-34 Speaker 3: They say they [the condoms] are the ones which infect AIDS...they produce worms.

Speaker 4: These men also say that they make them sick...others say they make a person shiny,...

Speaker 2: Who is water-retention...your legs (thighs) are water-retention.

FGD unmarried females 20-34 Speaker 5: You know what they're saying? They say white people are the ones that injected us, you see, right there on the condom, on the condom there is, they've injected it there; you see how they console themselves.

Speaker 8: They say, what's that fat [i.e., the lubricant] for on condoms?

FGD stakeholders Speaker 3: My intention is to encourage people to use condoms but then my opinions as a person---I think that condoms are one of the reasons for the spread of AIDS.

2.9 Condom use behavior

Condom use as reported by participants in the in-depth interviews indicate higher rates than would be anticipated from the focus group discussions though the rates nonetheless indicate that condom use remains inadequate overall (Table 11). Men with multiple partners tended to report consistent or inconsistent condom use; women with multiple partners tended to report inconsistent or no use of condoms.

44 year old married male with 2 partners: That sex that I do with those kind of people [i.e., women other than his wife], the thing that I use there, I use these condoms. Yes, if she says she doesn't like it, she wants flesh to flesh, a sweet that is not wrapped, I tell her straight away that no! We'd rather not do it.

Both men and women reporting monogamous relationships tended not to use condoms with their partner, but nonetheless about a third reported consistent or inconsistent condom use.

Table 10: Condom use by gender and concurrent versus monogamous partnerships

Condom Use	Participants with concurrent or sequential partnerships		Participants in monogamous relationships		TOTAL (N=82)
	Male (N=24)	Female (N=16)	Male (N=17)	Female (N=25)	
Consistent (all partners and all events)	7	2	2	5	16
Inconsistent (some partners and/or some events)	14	8	3	4	29
No use with any partners or any events	3	6	12	16	37
TOTAL	24	16	17	25	82

The difficulties that women reported in negotiating condom use with their partners mirrored the challenges reported in the focus group discussions. Additionally, a few of the women noted that their partners would become aggressive or physically violent if they tried to push the issue.

27 year old married female with 1 partner: He says he doesn't like them, and he says why should he use condoms in his own home...I feel that I don't trust him 100%...especially when I am not here, I wonder what he does, and what could be brought by whatever he does...he does not give me reasons [why he doesn't like condoms], except to say why should he use condoms in his house with his wife? Why do I want him to use condoms?...Well, he becomes aggressive, and I don't know what I could do with him.

29 year old married female with 1 partner: When he's drunk you can't convince him [to use a condom], he will just force me to [have sex without a condom]...when he's drunk then sometimes he will slap me sometimes at that time.

25 year old widowed female with 2 partners: We used to use [condoms] sometimes. Sometimes he would refuse to use them...he says they give him kidney problems, well, he reads a lot of stuff.

32 year old married female with 4 partners: Honestly, he says it [the condom] squeezes him, it's too tight. Every reason that you can hear...sometimes he would say he is itchy.

21 year old married female with 2 partners: He says he doesn't like it [condoms]...He says they cause one to have AIDS.

2.11 HIV counseling and testing experiences

In-depth interview participants were asked about their HIV-testing experience and 36 indicated that they had been tested at some time between 2004 and the date of their interview. Participants were not asked to divulge their HIV status and very few did. Responses indicated that HIV testing occurs under a variety of conditions. Many people reported being satisfied with the HIV counseling and testing procedures.

24 year old married female with 1 partner (BBIDI222): I think what made me to test, it's a matter of friends, they said well, we were told that if we have it, its not the end of the world, don't get confused, you have to take pills, eat clean proper food. And you should accept yourself, we were showed that you can say/think you are the only one when there are so many [infected] people out here. Things like that.

24 year old married female with 1 partner (BBIDI222)

PARTICIPANT: They said you must really check so that they are able to see the status of the infant. Maybe if you have it, they will be able to help the baby, so that it comes out without it, something like that.

INTERVIEWER: Has it ever happened that you went for HIV testing and don't get your results?

PARTICIPANT: No, it has never happened.

.....

INTERVIEWER: What kind of people were they?

PARTICIPANT: Well, they were really nice people.

22 year old unmarried male with 1 partner (BBIDI335): Ya, when you about to test, there is a person who works there who will give you some counseling at first, so that he prepares you for whichever outcome that you may have, its either you are positive or negative, that you should understand, so that you end up making your own decision of whether to get tested or not, and she wants to know if you went there as partners if you agree to be tested both of you, and even if you went alone it is your decision to test.

25 year old married male with 2 partners (BBIDI356): Um, what happened at the test was that, the person who is going to test you will try first to counsel you so that you can accept the results. Then when they are done counseling you, it's up to you to decide whether you wish to continue or if you want to stop. Then they will tell you [encourage you] that if the results show that you have the virus, you should accept [yourself] and try and show you that it's nothing new.

21 year old unmarried female with 1 partner (MKIDI_135): They counsel you before and when you really do want to test you can tell them I want to test. But really if you feel you don't want to you can tell them that no. They counsel you and then they do what they do like testing. They will even tell you even that if such a line appears this is what is happening when it doesn't appear then it is like this.

Accessibility, however, also seemed unpredictable at times.

36 year old married male with 1 partner: For testing, you will hear people saying that, to go to the clinic there you have to have money. Sometime you will have luck that they don't request money from you, so you never know, you test and they don't want money, you test and they tell you that these ones are those who test only. There is a room for those who have come to see the medical practitioner, and the other room is for those who have come for testing.

For some, however, voluntarism was an issue. Several participants described situations where consent was not explicitly obtained, someone was coerced to be tested, or people felt pressured.

35 year old married male with 1 partner

PARTICIPANT: You must know when I first came here, and I saw you taking me secretly I thought you were testing. And I thought it was good because I have plans to test.

INTERVIEWER: So what prevents you?

PARTICIPANT: I did not like to test with these people of the village.

INTERVIEWER: The ones who know you?

PARTICIPANT: Yes. These ones of support group. That is I have heard that they are people that I really feel I cannot trust them.

21 year old unmarried male with 2 partners

INTERVIEWER: So what do they do when you go there for testing?:

PARTICIPANT : Ehh, they first take you for counseling. Yes, and they also do not take your name, and they tell you that you came there voluntarily and with love because they do not want you to end up suing them because your status was not what you expected.

25 year old married female with 1 partner

INTERVIEWER: What do they do when they test, when you arrive there, what do they do?

PARTICIPANT : Because it was when we, when I went to, when I got hired. When we filled our admission forms. We were—

INTERVIEWER: They test you for such things?

PARTICIPANT: Mmm [yes].

21 year old unmarried female with no sex partners

INTERVIEWER: So that time when you went for a test, was it you who volunteered or was it compulsory?

PARTICIPANT: I wasn't the one who volunteered, they were the ones who said...that I should test....So, the hospital that I went to [in Pietermaritzberg SA), before they help you, they wouldn't be able to help you before they knew what your problem was [meaning they couldn't assist you before you took the HIV test]. You could have a problem with your eyes, whatever, whatever sickness or your foot, your finger anything. They would not be able to help you before checking to see whether you had HIV and AIDS.

26 year old married female with 1 partner

INTERVIEWER: Ok, where did you test?

PARTICIPANT : At home where I live.

INTERVIEWER: They were here?

PARTICIPANT: Yes ... They're not serious these days they get us at our homes, you should know even at a clinic I can't even enter, even if I'm taking my child they wont help me unless I prick a finger [i.e., agree to test].

A few people also reported instances where counseling was inadequate or incorrect test results were reported.

30 year old married male with 3 partners: ...what I learned is that those people don't have a good counseling process before they test people. In the past there was a pre-testing and counseling if that's what its called, then you would be told what will happen, but here the process was just too rushed and I asked these people if anything was talked about, they said no you just sit on a chair and get tested, that makes me sad.

30 year old widowed female with 1 partner: ...with the first woman [counselor in the village] it [the rapid test] still made one line but she had said if its two lines you are negative and if its one line you are positive. Then when I went to the other place that one line meant its not there [negative]. Then I went to the other lady, she said no its ok...I don't test here in the village anymore, I went back to [another location]. When I arrived in [the other location] they still said I'm negative and that I should go back after three months again.

2.12 Cultural Model

In order to understand why men and women in Lesotho engage in concurrent sexual relationships, and, by extension, how to successfully reduce the frequency of concurrency, one has to understand the way individual behavioral choices related to sexuality are culturally framed. All cultural systems are complex and constantly evolving, including that of the Basotho. This study provides a snapshot of certain aspects of Basotho culture at a specific point in time (2008). Culture is made up of many different systems---kinship, political, economic, and religious among others. It has been described as "not something that we memorize, but rather knowledge that we constantly

and creatively apply to ever changing specific cases or variants of general situations” [Kronenfeld 2005 “Cultural Models of Action”]. An important aspect of culture is the shared knowledge and experience that people draw on in their day to day lives. Such knowledge tends to get grouped into what anthropologists call *cultural models*:

“[K]nowledge that members of a community have about normal, expected, or interpretable behavior in some known situation--whether used as a basis for constructing ones own behavior or for interpreting the behavior of others. Such “cultural models of action” (or, for short, cultural models or CMs) link values, goals, motives, emotional states, and knowledge (of things and processes, classifications, social relations, etc.), as relevant, together in a conventional representation of behavior.” [Kronenfeld 2005]

As noted by Holland and Quinn (1987), cultural models “play an enormous role in their understanding of that world and their behavior in it.’

Cultural models are not “declarative” i.e., they are not like beliefs, facts, theories etc that can be declared as such by the people who hold them. Rather, knowledge is encoded in cultural models and as such, it needs to be decoded in order to become visible or recognizable as a model. That decoding process is in essence what we have been engaged with in this study. The following synthesis of what has been learned in this study describes a cultural model for multiple sexual relationships in Lesotho.

Importantly, this is not the only model for sexual relationships. Kronenfeld argues that cultural models do not determine individual behavior but provide people with models for behavior which they then can choose to learn and act from. If we accept this argument, then one potential route to behavior change is to provide people with alternative cultural models from which to learn and act out new behaviors, or to amplify behaviors that may be expressed rarely. In considering a cultural model intervention, it will also be important to understand how the targeted model interacts with other important structures: economic systems, political systems, belief systems, etc;

Lesotho Cultural Model for Multiple Sexual Relationships

It is important to keep peace in the household. Spouses should trust each other and they should also give evidence of their trustworthiness. People outside will gossip and challenge that trust, that's why evidence is important. If a man or woman has other sex partners, they need to be discrete and respectful in their behavior; they should not shame their spouse or disturb the peace of the home. Often, when people have more than one sex partner, it boils down to money. Girls and women chase men to get money and because they struggle in this regard. Men chase girls and women because they are greedy for sex and because they are dissatisfied with their main partner. Money is at the core because men want more sex and have money while girls and women will use sex to get money. Men just naturally want more sex; men who say they are happy with one woman are laughed at and people say his woman must be giving him traditional medicine to make him soft. Women just naturally want nice things for themselves; women and girls are foolish to reject men who give them those nice things or give them money to buy nice things. Sometimes older women will seduce younger boys; they give them money or let them drive their cars and the boys accept this so they don't need to struggle for these things. Alcohol provokes desire, whether it is men drinking or men getting women drunk; people who drink end up having sex even if they did not mean to. Sometimes, a poor man or woman will have sex with someone they know because that person will feed them or give them food for the children or a little cooking oil or some candles for the home. That's sad but understandable. People struggle and it is foolish to turn away help.

CHAPTER THREE

3.1 Results from Dissemination of Preliminary Findings

This section provides a summary of three separate sections of feedback from the dissemination process: 1) key issues raised in relation to the preliminary findings presentation; 2) a summary analysis of the community members' individual ranking of key driver of MCP; 3) a summary of what district and community members said in response to the closing question "If you had one minute to address members of your community what would you advise them to do to prevent the spread of HIV".

In the discussion that follows it is important to note that the preliminary analysis did not include all of the data, due to time constraints. "Concurrency" was defined as "more than one partner in the last month." The textual data analysis included all of the focus group data from all sites, but not the in-depth interviews. The data on partner characteristics was not analyzed from the in-depth interviews for the preliminary findings.

3.1.1 Key issues related to preliminary findings: District stakeholders

District stakeholders raised the following key queries with regards to the findings: what is considered a stable relationship, what is the difference between concurrent and sequential relationships, and how did the research team differentiate between monogamous and sequential relationships. It was also argued that the definition of concurrency as "more than one partner in the last month" was confusing since someone could have sex with the main partner at the end of June and then the other partner in the beginning of July, but as per the working definition it would not constitute concurrency. From these comments it is clear that District stakeholders are attuned to the nuances of the potential range of partnerships. Their questions highlight the need for clarity in messages about sexual transmission dynamics.

One recurring point of clarification was the acute infection period of HIV. At some meetings this was explained twice. However, once the issue of acute infection had been clarified people did not seem to have a problem with grasping how it relates to concurrency, and why people who have concurrent sexual relationships as a consequence are at higher risk.

Meeting participants suggested that the data should be disaggregated by age and gender, since it was felt that the reasons for people having more than one partner at the same time might be different in different age brackets, or be different by gender. There was also discussion around some conclusions, such as if dissatisfaction is a driver of MCP, we need to ask why are people dissatisfied in their relationships? Alcohol alone is not a driver, but we need to ask what is the reason for people consuming a lot of alcohol? It was suggested that drivers need to be broken down into supporting factors, so that they become manageable to target, rather than giving simple statement such as x,y,z is a driver of concurrency. In addition, people suggested ranking the drivers so as to be able to address the "highest [most important] factors".

The topics that generated the most discussion in the plenary session at district level was the finding that both women and men express dislike for condoms in some of the FGDs, the finding

that boy's chase women, and that dissatisfaction in a relationship leads to having more than one partner.

3.1.2 Key issues related to preliminary findings: Community stakeholders

In relation to the team's definitions, the difference between sequential and concurrent relationship sometimes required careful explanation. Conveying the concept of the acute infection period together with what the team has called the "epi-curve", the graph showing the progression of viral load from acute infection to when a positive person develops AIDS was sometimes difficult, and raised some interesting questions, such as "am I right to understand that a person can be infected with HIV and only die 10 years later". In relation to HIV transmission, a female participant stated that "our understanding is that if I have sex with a young boy he will take it [the virus] and I will be cured, he will cleanse me" – the other meeting participants agreed with this statement. The facilitators noted that this might be a consequence of how the concept of transmission is translated into Sesotho.

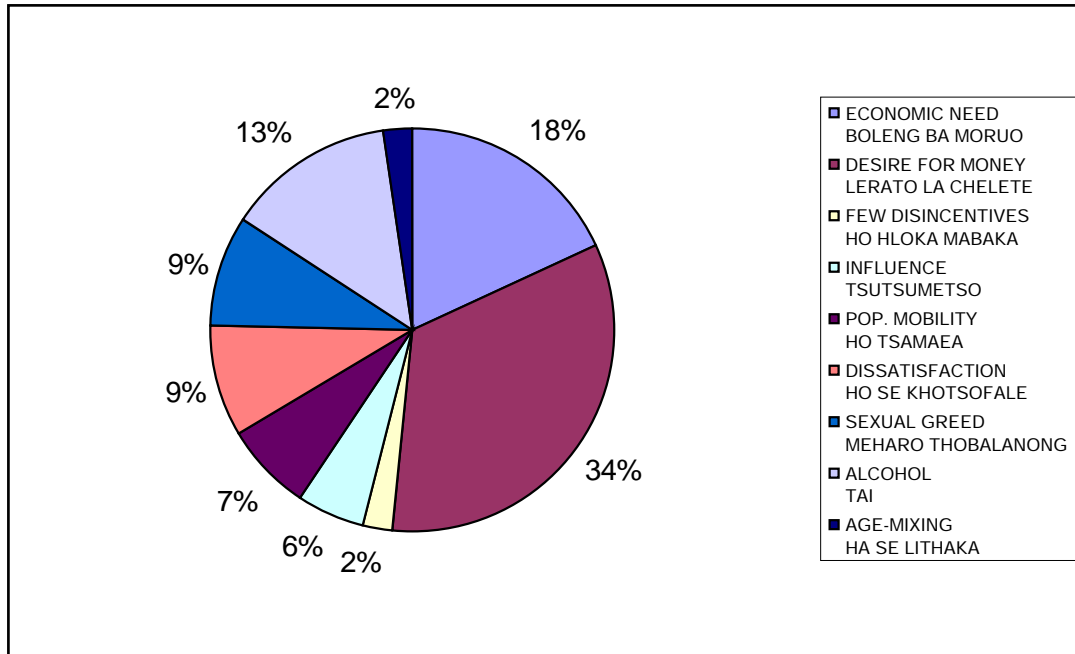
The "epi-curve" generated the most discussion in the community meetings, in combination with the representation of a sexual network. One conclusion drawn by the community members from the visuals was that: "even though I stick to one partner, and I stay safe, I am still at risk if my partner has other partners, as I am connected to a larger network". There was also extensive discussion on the finding that both men and women have more than one partner, but there was general agreement in the community meetings that is in fact the case. Additionally, the finding that respondents in concurrent relationships spent on average 3 months in such relationships, 6 months monogamous and 3 months without sex seemed to engage people. Meeting participants were curious as to why someone would not have sex in three months if they had more than one partner. They also to some extent expressed disbelief in this finding that people who have more than one partner would go without sex.

In both district and community meetings some participants argued that there always been certain prominent diseases, so HIV is nothing new. It is not as serious as it is made out to be, since it is not the first, nor will it be the last. Also, there have been cures found for other illnesses such as "mokaola" and "mahae", which were previously thought to be incurable.

3.1.3 Community members' individual rankings of the most important driver

A total of 89 individuals from four out of the five districts were asked to choose from a list of 9 key drivers, identified by the preliminary analysis of the data, and to individually identify the most important factor that leads to the formation of multiple concurrent partnerships. The top driver cited in this ranking exercise was the Desire for Money (34%); followed by Economic Need (18%) and then Alcohol (13%). The other six factors were all below 10%. Age-Mixing and Few Disincentives were the least likely to be cited by individuals (see graph 1 below). While there was some variability across the four districts in the rankings, the top 3 drivers were the same across all four.

Figure 3; Community member's individual ranking of the most important driver for having multiple and concurrent sexual partners



3.1.4 One Minute to Address Members of Your Community – District and Community stakeholder Responses

At the end of the dissemination sessions the closing question, “If you had one minute to address members of your community what would you advise them to do to prevent the spread of HIV” was asked. The following is a summary of what district and community level stakeholders had to say:

Inform/Educate People

Stakeholders described increased educational efforts as key to prevention. As one respondent said, “I would ask all AIDS and HIV information giving organizations to give an intense training and education to people working for local government councils so that they can provide reliable information to the people about HIV and AIDS because I still believe they still have a lot of misconceptions about such issues.” They also noted that this education should be at the grassroots level where people can sensitize each other. The suggested content for this education included both HIV related issues and sex education. Stakeholders from Butha Buthe stressed that if people really know the cause then they will know how to prevent it.

Stakeholders at community and district levels seem to be calling for educational content beyond "HIV messages" that people "know" the messages but they do not have real education about HIV that can help them make decisions towards behavior change and HIV prevention. And further that the vehicle for education should be "each other" rather than (implied) "outsiders".

of good prevention efforts having to start where the people are, "I would ask people's opinions on what they think should be done before attempting to do anything at their particular places because it is important to involve them rather than to impose things on them."

Be Faithful to Yourself

A person has to be faithful to him/herself so that they can be faithful to another person.

This notion of being "faithful to self" in order to be faithful to another person—as a prevention dialogue should be explored further. People say this but what it means is quite ambiguous. Exploring deeper the findings in the research around "faithfulness" will be key.

Open Communication in General and Among Married Couples

"Phuthuhellano tabeng tsa thobalano" open communication or openness with regards to sexual matters/all issues related to sex between partners; i.e. whether its pleasure or use of condom; anything relating to sex between two partners should be an open subject and environment that encourages, supports and promotes communication. Further, that married couples should be encouraged to increase communication so as to avoid concurrency. That this communication is not just sexual but also a friendship based on communication between married couples within the family structure, "Setsoalle sa puisano ka lapeng, bathong ba nyetseng/ nyetsoeng".

Target Peer and Family Influence

It was suggested that service providers should provide people with life skills because one thing throughout all age groups was influence of peers and family so if people could learn to be assertive so that they can stand up for what they believe instead of being influenced by peers. Liphethoho ho etsa/ ho etsisa metsoalle kante" peer influence! Or as community stakeholders in Mokhotlong put it, "change in pleasing friendship, satisfying friend's leads to danger."

It seems that this answer to the prompt is in direct response to the MCP research finding that peer influence seemed to be present at all ages rather than the common belief that only youth are susceptible. The suggestion given to target peer influence demonstrates how quickly people can translate new knowledge (MCP findings) into behavioral change communication.

Target Youth

Suggestions for youth in terms of prevention included abstinence until marriage messaging as well as sex education. One group suggested that this should start as early as from 3 yrs; "fetola setso, tloaelo tsa rona re le Basotho"- Stakeholders emphasized the need to change cultural norms and that there should be behaviour change and free communication about sex at a very young age so that people can grow up not considering talking about sex a taboo.

Be Content with What you Have

We should stop lusting after what other people have; be content with what you have.

Religion

Some stakeholders brought up religion as a means for prevention. For example, "live your life in the way that God intends" or "MCP behavior is against the laws of men and of God; people should change and turn back to God, everything is against the [God's] law!" In addition to calling upon religious beliefs, stakeholders also brought up the utility of religious leaders in prevention education, "Priests should go to the grassroots and go house to house and inform people on (HIV) so that things can change."

Employment, Life Skills and Empowerment

There was an interesting mix of ideas interweaving economic need, empowerment and life skills. Community stakeholders from Mofale Hoek, felt that people should be encouraged to become self employed so that they are occupied and not have "lazy time", where they don't have disincentives from MCP. Some community stakeholders from Mokhotlong also stressed poverty eradication and the need to empower people to address their economic need. However, they also noted that even with economic stability "people will still do these things" and that there is a need for service providers to initiate life skills so people: "ba it'sepe, o tlose influence". They described these life skills training to include confidence and self-esteem building to help people make their own decisions.

Government/Legislation

The government and the enactment of legislation were called upon for prevention. Some felt that there should be laws that will help regulate the youth and old people's behavior. The need to enforce current legislation such as people under the age of 18 being allowed to buy alcohol was also raised. Community stakeholders suggested that the "Government should give us jobs, so we can get out of economic need" thereby having a means to avoid the economic reasons for having MCP.

Partner Reduction

In the closing question responses partner reduction was suggested at only one site. One research member asked explicitly at another site, "what about partner reduction in stable relationships- why don't we talk about it?" Stakeholders responded by stating that if we can address these other

issues, concurrency can decrease because they are factors that lead to concurrency. It is inclusive if we started with the cause then we can eliminate the results! "Re thibele mohloling!" 'Stop it at the source!'

3.2 STORIES

Perhaps the richest source of data in this study was the stories that the in-depth interview participants told us about their lives and their partnerships. While no single story can be said to be "typical" each provides insight into the way that individual, familial, and societal factors combine to generate the "typical" behavior captured in surveys. This section provides several stories derived from individual interviews, in an effort to provide that richness.

Stories: Concurrent Partnerships

Middle-aged married male with 4 partners ages 23-36 years

He has lived in Maseru since 2003 "because of work but I go home maybe during the month end [when he is paid] and when I have to go home for other things." He is married, and his wife and son live at home in the village.

In addition to his wife he had three other sexual partners in the past year; he believes two of them probably have other partners besides him. When asked if he believes any of them are HIV-positive he says "I have never got to talking about such issues...this is difficult." All of his partners are women he says he knows well.

One partner lives in Maseru; he sees her about once every week or so. She works "in the industries." They began having sex about 2 or 3 weeks after they met.

Another partner has a husband who works in the mines; she stays in Maseru for short periods of time. When asked if he happens to give her gifts to thank her for doing sex, he replied "No! It was not that way. It was...here is the drink; you will buy the drink on the way...giving her money that [she] will buy the drink on the way."

The third partner lives in his home village with her parents; she is not married. She and his wife know each other as they grew up in the same village; the wife does not know that this woman has a sexual relationship with her husband: "I find [get] the call from this one [the partner] telling me that they were both together talking, and discussing things without any problems." He met this partner through mutual friends. With this partner he said he uses condoms every time they have sex: "Yes nate, that I do not miss." In thinking back over the past year, he recalled that "there was a time when she was sick," when she had tuberculosis. "I remember that some long time passed by without nothing at all happening. Without nothing happening, while she was attending doctor's treatment." When asked again about condom use, he said "She normally say if no condom, no sex." Later, he described how the relationship began. "So during the time when she was very ill she still had a boyfriend, who declined. So, I and this friend of mine took good care of her, bringing her fruits and drinks [at the krall/bar]. We were very close to her for support."

When asked about the importance of these other relationships, he said that it was not because of problems at home with his wife, "Yes nstate, it's not like saying that my wife gives me problems [i.e., that she sneaks around]...what can I say it is? Sometimes I do not know." Later he commented that "It is all about manhood...you don't remember that on the other side you made an oath...the heart looks on the other side."

He and his wife "usually" use condoms. He has never gone for an HIV test: "I am afraid my boss...I don't know but am afraid my boss. I am afraid. My wife was encouraging me that 'she is from there.' Then I say I will go, I will go. 'So, why don't you go?' Then I say that I will go...I understand the importance of knowing what it is, but one keeps saying will go, no, I will go."

16 year old female with 5 partners ages 16-23 years

She is a scholarship student who aspires to one day attend college in Roma and eventually hold an office position in a government ministry. As an athlete she has had the opportunity to travel to competitions, sometimes for as long as a month. When not in school she lives in an extended household with her widowed mother and several siblings and their spouses and children. They support themselves with a few animals and some part time work, but no one has full time employment.

She first had sex when she was 13, with a 17 year old boyfriend who she had been dating for about three months. She broke up with him when she found he was dating other girls "on the side."

At the time of the interview she had two boyfriends with whom she was having sex. One was a security guard about whom she says "When I ask him for anything he is able to give it to me." The other is a student and fellow athlete. She had three other partners during the past year as well.

She said she is not going to date just one person at a time, "Because I am not going to trust one guy because when you wear shoes, you don't wear one shoe do you? You don't see with one eye. You use two hands... because in life you will date one guy and the next thing he has someone else on the side." Although she has sex with her boyfriends she also says that "Having sex is a rare occurrence" and that "Dating doesn't mean that when you are dating that you have to have sex."

An important part of her relationships with boyfriends is mutual giving; she will buy alcohol and cigarettes for them, they will buy moisturizers and body cleansers for her as well as give her money. She commented that one partner would give her "a lot of money" and this made her willing to make an extra effort to meet his requests for sex.

She described her main partner as a good person but also "mean," saying that if he caught her with another guy, he would fight that man. When asked what she liked most about him, she said it was that he would give her money if she said she needed something or if she needed to support her mother at home. She does not know if he has a job or how he gets his money. She says she expects the relationship to last "a long time" and that it is important that he is faithful; by that she meant that "when he tells me things, I know that they will happen" and that she "can't find out bad things about him...on the side."

She also says she is “very committed” to her other boyfriend “even though he doesn’t keep too many of his promises. He will be faithful with some things and unfaithful with others... I like him but I don’t want to give him all of my trust.”

She believes that all of the men she has sex with are also having sex with other women because that is the way men are. When asked if any of them might have HIV she says of one who is 19 that “He is a person who has the kind of illnesses that people who are HIV positive have. Sometimes he gets a sore for a long time, and then sometimes he gets sores all over his body, things like that.” She says one partner who is 17 is unlikely to have HIV “Because he is well-behaved” while another who is 23 could have HIV “Because he is badly behaved...he likes girls a lot.” She uses condoms inconsistently.

She knows where she can get an HIV test and claims to get tested every three months. She says that her mother, other relatives, and friends have also been tested, adding “my mother makes us all go at home.” She said she has been tested “Lots of times since we are not allowed into the clinic without testing.” She said if she tested positive she would be willing to tell people “Because if you don’t tell anyone that thing will constantly stress you. That I have HIV and what will people say, you should just tell everyone so that they know that I have AIDS, and even if a guy were to ask me out I would tell him that I have this problem. Because he will have to love me with it.”

39 year old married male with 4 partners ages 18-26 years

He has been married less than a year and lives with his 24 year old wife in a single room house that he built himself; they have no children. He is currently unemployed but is learning a construction-related skill and manages to pick up some work along these lines in various towns and villages. His wife works in South Africa and comes home every three months.

He said he first had sex when he was 15, with an “older girl” who was about 22. They were part of a group playing a hiding game and he explained that “she ended up touching me, touching my penis...well, that’s how we got to have sex, with her right there.” He said “we had no relationship whatsoever, we were not dating.” He estimated that he had sex with about 30 different women since then.

He said he was attracted to his wife because “in her I found that she has respect for me, and who has bright future plans, she loves herself, that is how I knew that she was right for me.” When asked about the importance of being faithful to her he said “when she is here, I try by all means – even if she is not around I make sure that our neighbors do not see the things that I do, things that I know that they could hurt her. When she is here, I come home on time.” When asked about the importance of her being faithful to him, he equivocated: “Eh, honestly, because she is far away from me – but I trust her, but I don’t know if she is faithful, she is at a distance but I trust her.” When asked if he thought his wife had other partners he replied “I am not sure, but I if I could find out, there’s gonna be trouble, that is a gem for real.”

Of his 22 year old partner he says he does not trust her, that she has “some style, they are teaching her something...you will hear her saying she is going somewhere, and then I would find her at the taxi rank with drivers, these taxis from [South Africa] and then you would hear her saying to one, ‘you should come to pick me’ and then that teaches you something.” He describes his 18

year old partner as “my lebolotsane; I’m still raising her,” thus likening her to a small green pumpkin that has not yet ripened and stating that for this reason he does not believe she has other partners. “She doesn’t know that I have a wife, so she is hoping to end up living with me...So I am making her empty promises that no, just finish school, everything will be alright. I am just looking for a way to be given the nice thing [sex] and I am okay.”

He knows a little about HIV and AIDS, and believed that if “you are given pills while your body is still strong and fit, you could be cured.” He was tested for HIV in 2006 and again in 2008 but said he did not want to talk about his results. He said he took his wife to get tested, and encourages others as well, “because this disease is very dangerous, because if you go to get tested while your body is weak, you would not get the cure quickly because you are weak but if you go there while your body is still fit and your immune system is still strong, you get cured.”

3.2.1 Stories: Monogamous Relationships

20 year old single male with a 20 year old partner

The first time he had sex he was about 15 years old. She was a friend (but not a girlfriend) who was a couple of years older than him; they continued as sex partners for a couple of years. Eventually she moved away. He commented that “She is not very well behaved, she has many boyfriends, and I saw that she would make me ill so I decided to drop her.” Since then he has had about three other partners, saying “I met them, dated for a while, and then had sex....And from having sex with one I would just feel irritated by her and leave her and go to another one. Or you find that the other one makes a mistake and I leave her.” He said that if he is “sure of her” he will have only one girlfriend but if he is “not sure where I stand with her I mix her.”

He is currently a student in Form 5 and says that he has three girlfriends but only one steady partner. The others “are very far, we do not see each other very often.” In fact, in the past year he has had sex only with his steady girlfriend, who he met at church. They see each other several times a week. He says that she is a great person “but she is full of tricks. That is, she is a kind of a person that you will never know what she is up to. But she looks very shy.” He said that people know her as someone who is very quiet, “who never dates boys from the place she comes from.” What he likes about her is that she does not miss appointments and “she gives me lots of money.” He is committed to this relationship and thinks it will last a long time. When asked if he thinks about having sex with others, he says yes but “I saw that I would be making a huge mistake... I could see that no, someone who knows her would tell her that no, I saw him with another girl. Yes, and many other things.” He said that he always uses condoms when they have sex.

He does not talk about HIV with others and has never been tested though he has a friend who has been. He said he is scared to go for testing and would go “if I can see that I am sick...loosing weight and so forth, yah [then] I can go for testing.”

22 year old female with a 26 year old husband

She became pregnant with her boyfriend and because she is Christian she did not feel she could have an abortion. Her partner said “we should get married and have a family, the child should be born in a family.” They married and share a house with two other couples. Her husband is

attending college and works part time; she has a permanent position with a large company but is about to begin her maternity leave. In her job she travels a lot in southern Africa, which she enjoys very much.

She first met her husband about 8 years ago, when they were both on athletic teams from different schools. They began dating but broke up and got back together again several times over the years. He was the first person she had sex with; "he was my first serious boyfriend you see." The first time they had sex he surprised her while she was changing after swimming. "And then he said, I knew that if I ever waited for you I would wait until I'm an old man. ...I told him to go out but he refused, you see? He's like over me and stuff... Then [deep breath] anyway these things just happened."

During the times when they broke up she had sex with three other men, saying "it's just that thing that we want to experience other people, you just don't want to know one person." They had been dating again for over a year when she became pregnant and they decided to marry. They had sex frequently and rarely used condoms. "A condom changes sex you know...It's very technical and in that stopping, something changes in your mind, the- the heat you were into, it subsides a bit, you know, so like in your mind you have that coldness. And it's like you have to start all over again." She says that with a condom "the feeling is not there, and you don't feel that person and you don't hear him feeling you ...And afterwards, what happens you want to cuddle, you want to hold, he has to get and go and take it off. ..So it just kills the romance. Mm, it's good for prostitutes because there is no romance, it's a business...You pay me and I give you my business, you know, so I always think it's the best thing for them. But for couples especially if you have an emotional connection, I think it's a mood killer. It's very unromantic."

What she likes about her husband is that "he is straight; he is a man of his word." She said it is very important to be faithful "because I mean if you are not faithful, let's say or if I am not faithful to him, right, [then] how am I going to expect him to be faithful to me?" She is confident that her husband is not having sex with anyone else because in the past when he had other sex partners while they were broken up, he would tell her about them; "he is not a secretive person." She is also sure he does not have HIV because "he is a blood donor so ... he knows his status all the time and he encouraged me to join this 'know your status thing.'" She knows "so much" about HIV because it is taught in school, and there are many work-based programs and community programs about it. She knows many people who have been tested, for all kinds of reasons such as because they are blood donors or are pregnant. She encourages others to test "even with someone who says they are scared."

CHAPTER FOUR

4.1 Conclusion

The results of this study confirm that multiple and concurrent sexual partnerships are not uncommon among both Basotho men and women and thus are a likely contributor to the very high rates of HIV transmission that have been observed in Lesotho. The results also suggest that concurrency is not reflective of an increased rate of sexual activity. Rather, multiple weeks with no sexual activity and multiple months with only one sexual partner were the norm for many people with concurrent partners.

Understanding the way in which “being faithful” is translated and defined within Basotho culture is important for understanding multiple and concurrent sexual partnerships. Few people described sexual monogamy as an indicator of faithfulness. Most participants equated faithfulness with actions that protect a person from the hurt that may result from knowing about other relations his or her partner may have. Both men and women talked about making sure that their spouses or main partners do not find out that they have other sexual partners, keeping other relations hidden, and doing things behind their partners’ back. The value of keeping things “out of sight” was cited by people with multiple partners as well as by those who reported having only one partner. Discretion and secrecy thus figured prominently in this configuration of faithfulness. Given this configuration, intervention messages about “being faithful” need to be highly nuanced or they run the risk of promoting secrecy and thus may contribute to higher rather than lower risk for the partners involved.

The tension between the desirability of stable relationships and the negative reactions towards couples who seem to have such relations is closely intertwined with gender power relations. For example, a man who is sexually monogamous and who places a high value on his relationship with his partner is often described as being given a medicine or potion by his wife to make him “soft.” Thus men’s involvement in multiple partner relations appears to be conditioned by their desire not to appear weak, dominated, or manipulated. In contrast, women who are sexually monogamous are portrayed in two very different ways. Sometimes they are described as being afraid of their partners, being manipulated, and lacking power. Other times they are described as strong and able to make men afraid of them because they withstand men’s efforts at seduction. Importantly, both arguments emphasize power relations between the genders.

Economic factors were a constant theme. For some, the need for basic necessities was a powerful motivator for both having multiple partners and for defining faithfulness in terms of discretion and respect. Both men and women described relationships that were important sources of necessities such as food, clothes, school fees, and cooking oil. The benefits of such relationships were often described as reaching beyond the individual to the household, for example, when there is more food for the children if the father can find dinner at the house of his nyatsi. For others, such relationships were a means of obtaining small luxuries such as airtime, lotions, or access to a car. This distinction between a “need” and a “want” as motivation for multiple and concurrent sexual partnerships is extremely important as a consideration for developing effective interventions. It is also important to note the minimal level of economic resources cited to provide incentives for

potential sexual partners. That is, a person with just a small amount of disposable income or a slight excess of food or other necessities may be attractive as a sexual partner.

There was a general perception that age-discrepant relationships are characteristic of multiple and concurrent sexual partnerships. Most commonly, these are described in terms of older men and young women or adolescent girls, with much debate about whether males or females are primarily responsible for instigating such relationships. There was also some discussion about relationships between older women and adolescent boys, where the women were usually described as the ones initiating the relationship. In all cases, age-discrepant relationships were described as including a flow of money or material goods from the older partner to the younger. Despite the perception that such relationships are common, very few of the people who were interviewed in-depth reported having had such a relationship.

A number of myths about condoms were reported including that condoms transmit (rather than prevent) HIV, that they cause other illnesses in men such as kidney disease, and that they can change the appearance of women's legs. Dislike of condoms was reported by both men and women. Nonetheless, condom use was commonly reported by people with multiple sex partners, though such use was generally inconsistent and variable by partner type.

Alcohol consumption was another common theme though people were less likely to describe an explicit connection between alcohol and multiple and concurrent sexual partnerships. Rather, alcohol was referenced as part of the background or story. There were also indications that rape and sexual intimidation were associated with alcohol use. The results suggest the need for additional research on the relationship between alcohol use and sexual behavior.

Overall, people were very accepting of the research both during data collection and in the dissemination of preliminary findings. The focus groups included much lively discussion and conversation often continued for some time after the formal focus group or meeting ended. Thus despite the sensitivity of the topics covered by the research, there appears to be openness to discuss these issues at the community level in Lesotho.

4.2 Recommendations

A separate, focused study is needed to fully understand the dynamics driving sexual relationships between youth under the age of 18 and older adults (both men and women) in Lesotho. Such a study should center on interviews with youth and adults engaging in these relationships, to obtain data on the contributions of poverty, desire for material goods, and peer and family influences. Plans for an USAID-funded study on transactional sex among youth are underway results from this report should prove informative for the study protocol.

Messages about HIV transmission need to be developed with greater attention to the way the concept is translated into and interpreted within Sesotho, to ensure that people understand that the virus remains in a person's body and continues to replicate even when it is "passed on" to another person.

Messages about “being faithful” need to be developed in line with the nuanced meanings of **tsephahala**. Rather than simply translating English words and messages, the specific behavior of having only one sex partner at a time needs to be interpreted in Sesotho and placed clearly within a Basotho cultural context.

Related to the issue of messages about “being faithful” there is also a need for dialog about the meaning of respect for partners at national, district, and community levels. The willingness of people to talk about relationships and sexuality provides an opportunity for change.

Make visible and promote positive aspects of Basotho culture – using the stories from the data of those who are monogamous for the creation or amplification of alternative cultural models. For example, is it possible to reframe beliefs that male sexual greed is difficult to control by shifting the focus to the influence of peer pressure on men’s behavior?

Highlight the need for long standing commitment of all partners, standardization of messaging, and stressing that behaviour change will not come over night, but rather requires a consensus of stakeholders on key issues and a unified front from key implementing partners, and long term investments.

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