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**Social and cultural contexts of
concurrency in Khayelitsha**

Timothy L. Mah
Brendan Maughan-Brown

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Timothy Mah, DSc is an HIV Prevention Advisor at the United States Agency for International Development (USAID) in Washington DC.

Brendan Maughan-Brown, Ph.D. is a researcher at the AIDS and Society Research Unit (ASRU), University of Cape Town.

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Social and Cultural Contexts of Concurrency in Khayelitsha

Introduction

The continued high prevalence of HIV in the hyper-epidemics of southern Africa, has led to calls for renewed and re-thought prevention efforts (UNAIDS, 2008, Potts et al., 2008, Merson et al., 2008, Green et al., 2009). The topic of concurrent sexual partnerships has emerged as an important intervention point for HIV prevention in the generalized epidemics of southern Africa (SADC HIV/AIDS Unit - SADC Secretariat, 2006, Soul City Institute Regional Programme, 2008, Parker et al., 2007). Concurrent sexual partnership or partnerships that overlap in time may increase the risk of HIV acquisition (Morris and Kretzschmar, 1997, Mah and Halperin, 2008, Halperin and Epstein, 2004). In South Africa, several studies have reported that concurrent partnerships are common (Colvin et al., 1998, Parker et al., 2007, Mah, 2008b). In order to best understand how to reduce the prevalence of concurrency for HIV prevention, better knowledge about the social, cultural and economic contexts is needed. Decisions related to sexual partnerships are influenced by a multitude of factors, including those at the individual level and those within wider social and cultural contexts. This study aims to increase the understanding of these social, cultural, and economic aspects of concurrent sexual partnerships in South Africa. The design and analysis of this research were guided by four broad aims: 1) to obtain perceptions of the frequency of concurrent partnerships among participants; 2) to develop a better understanding of the rationale for the existence of and participation in concurrent partnerships; 3) to describe the knowledge and attitudes, if any, that link concurrency, HIV and the risk of HIV; and 4) to describe the feasibility of behavior change, including the types of interventions that might be effective in reducing the frequency of concurrency.

Background & Rationale

Data used in this study were collected in Khayelitsha, a large black African township situated southeast of central Cape Town in the Western Cape Province, South Africa. Khayelitsha is a mix of formal housing and informal houses, but most residents are poor and live in corrugated iron shacks. Unemployment rates

in the area are around 51% (Information and Knowledge Management Department - City of Cape Town, 2005) and antenatal clinic data indicate an HIV prevalence of 33% (Shaikh et al., 2006).

In 2005, the Khayelitsha Panel Study (KPS) collected data on sexual partnerships on 543 adults in Khayelitsha. Among respondents in regular partnerships who were sexually active in the past twelve months, 17% reported to having a concurrent partner. An analysis of the prevalence and correlates of concurrency in Khayelitsha has been published previously (Mah, 2008a). This follow-on study reports on the social, cultural, and economic contexts of concurrent partnerships and employed qualitative research methods using a sub-sample of the KPS population. Various investigators have reported on the effectiveness of focus groups for such research (Fern, 2001, Morgan, 1993, Stewart and Shamdasani, 2007). Focus groups contribute a broader and more contextual understanding of concurrent partnerships compared to the data that have been elicited in surveys. In this research setting, qualitative methods may be better able to answer questions about the rationale behind the occurrence of concurrent partnerships, which surveys may not be as well suited for.

Various researchers have previously demonstrated the suitability of qualitative research and in particular of focus groups for examining “sensitive” issues, such as HIV/AIDS and sexual partnerships both in South Africa and in the sub-region (Varga, 2003, Romero-Daza, 1994, Selikow, 2004, Rice and Ezzy, 1999, Epstein, 2007, Psaki et al., 2008). Selikow (2004) successfully used both group interviews and semi-structured interviews to discuss sex and sexuality with young South Africans living in townships. These discussions included similar topics to those presented here, such as sexual partnerships. Additionally, other recent studies on concurrent partnerships in South Africa successfully utilized methodologies similar to those outlined here (Parker et al., 2007, Soul City Research Unit, 2007).

Design & Methods

Sampling & Study Participants

A disproportionate stratified sampling methodology was used to select participants from the sampling frame – participants of the 2007 wave of the Khayelitsha Panel Study – into the focus groups. This methodology ensured equal representation of participants selected for each of the six focus groups.

Two variables were used to stratify the population: gender and age. The four strata were: men aged 30-34; men aged 35-39; women aged 25-29; and women aged 30-34. Two groups of men aged 30-34 and two groups of women aged 30-34 were recruited. The five-year age intervals were used to minimize the interference of cultural hierarchy structures that could have inhibited individuals from speaking openly about issues related to sexual relationships. The ranges represent ages at which HIV prevalence is highest according to the 2005 HSRC/Mandela Survey (Shisana et al., 2005). The sampling was completed without replacement using Stata/SE 9.0 (StataCorp LP, 2007).

Three attempts were made to contact each participant via mobile phone. If contact could not be made after three attempts, individuals were considered a “non-response.” It was estimated that 90 individuals would need to be contacted for the focus groups; approximately seven individuals per focus group for six groups and an additional 48 individuals to account potential non-response. For each focus group, 15 individuals were contacted. A response rate of 20-40% yielded six focus groups of 3-6 participants. The mean ages for the six focus groups were as follows: 27, 31, 32 years for the women and 32, 33, 38 years for the men. The low response rate was partially due to seasonal travel, which saw many possible participants traveling to Eastern Cape Province for the holiday season. 26% of the individuals could not be contacted after three attempts. Other reasons for non-participation in the focus groups included: working at the time of the scheduled groups or otherwise busy, having moved away from Khayelitsha since the last survey, and having incorrect or out-dated contact information.

Focus Groups

Four major themes were explored in the data, which were guided by the aims of the study and the focus group questionnaires: (1) the frequency of concurrent sexual partnerships, (2) the rationale for participating in or not participating in concurrent sexual partnerships, (3) the relationship between HIV and concurrency, and (4) the potential mechanisms through which concurrent sexual partnerships could be changed.

Prior to beginning the focus groups, two fieldworkers – one man (aged 38) and one woman (aged 31) – underwent comprehensive training to familiarize them with the methods and content of the research. A third fieldworker was recruited to translate and transcribe all documents related to the research. All focus groups took place in Khayelitsha during successive weekends during January and

February 2008 and lasted approximately 1-1½ hours. Participants were given a small stipend for their time.

The focus group moderator guided the discussion using a pre-formulated questionnaire, which was developed and refined with assistance from researchers at the Centre for Social Science Research (CSSR) and with the local fieldworkers. The questionnaire contained three major sections related to concurrency: relationships, HIV and HIV risk, and interventions and changing behaviors. The relationships section asked participants about the frequency of concurrent partnerships and about characteristics and rationale associated with concurrency. The second section asked participants about knowledge of HIV and HIV risk and its associations with concurrency. The third section asked participants about the possibility of their community changing risk behaviors related to partnerships.

Ethical Considerations

This study received ethical approval from the CSSR Ethics Committee at the University of Cape Town, South Africa and the Human Subject's Committee at the Harvard School of Public Health (Protocol # 15486). Written informed consent to participate was obtained by all participants. Verbal permission was obtained to digitally record the discussions.

Analysis

The analysis of the translation was based on grounded theory (Strauss and Corbin, 1998, Patton, 2002) and was conducted using *NVivo v2.0* qualitative software (QSR International, 2002). Each translated transcript was reviewed and coded into discrete categories (*conceptual orderings* or *nodes*). The codes represent themes that emerged from the various focus groups. Initially, four broad categories of codes were organized to match the general aims of the study. An iterative process was then used to refine the codes and to ensure that they accurately represented important themes that emerged. Correlations between the different sub-themes were then grouped into broad overall themes in order to develop a logical, systematic and explanatory scheme (Coffey and Atkinson, 1996). The authors completed the process independently, with a high correlation between the results.

Results & Discussion

The following section presents the results of the focus groups and an analysis, divided into several themes that guided the development of the research.

Terminology of Concurrency

The terminology used in Khayelitsha to discuss concurrent sexual partnerships provided important insights to social and cultural aspects of concurrency. The most common term for a concurrent or additional, non-main (e.g. the partner aside from a spouse or long-term boyfriend or girlfriend) partner was ‘roll-on’ or *khwapheni* in Xhosa.¹ The etymology in English of the term ‘roll-on’ refers to the placement of roll-on deodorant under the arm –the ‘roll-on’ is thus something that should be hidden from others (Oxlund, 2007, Selikow, 2004, Selikow et al., 2002). The term was used to describe a regular partner, rather than a casual or commercial partner and was also used to distinguish a main partner from additional partners. Several participants indicated that love was reserved only for the regular partner, while sex was allowed with both the regular partner as well as roll-ons. Additional names were used to describe concurrent partners, many of which were used to conceal the identity of additional partners.

The term ‘roll-on’ or ‘*khwapheni*’ was mentioned in all six focus groups and was immediately recognized by most participants. When asked about men’s side-girlfriends, a woman (aged 35-39) replied, “*They are roll-ons, of course.*” In several personal communications and informal interviews in the township, individuals were surprised to hear researchers ask about ‘roll-ons,’ given the cultural secrecy that is often attached to the term. The term is well known, yet individuals believed that others did not know about its existence. This type of open secret seemed to dominate discussions about concurrent partners and sexual partnerships in general, whereby concurrency is acknowledged to be common, yet is something which is not openly discussed or is acknowledged to be “morally non-normative” (Harrison, 2008, Spiegel, 1991).

¹ *Khwapheni* is similar to terms used in other parts of South Africa and Lesotho. In Sotho and Nguni the term used is *makhwapheni*.

Frequency of Concurrent Partners

All focus group participants – both men and women – agreed that concurrent partnerships were a common occurrence in Khayelitsha. One woman (aged 30-34) stated, *“Honestly people no longer have only one partner. Usually one will have a main partner and then side-partners for different reasons each.”* Both men and women gave high estimates of the prevalence of concurrency and agreed that such partnerships were common among both men and women. One woman (aged 30-34) stated, *“We’re all equal cheaters!”* When asked about the possibility of an individual sticking to one partner, one woman (aged 30-34) stated, *“Yes, it can happen, but it’s quite scarce to see.”*

There was little agreement in the focus groups about whether concurrency was more common among younger or older individuals, and married or unmarried individuals. However, it was common for participants to note that concurrency was frequent across the age and marital spectrum. One man (aged 30-34) stated, *“It’s all ages. Nowadays they’re all the same. The Sugar daddies are dating young girls. The sugar mommies are dating young boys. Young men are dating many partners - it’s the same; even our grandchildren.”* Other individuals stated that concurrency and multiple partnerships were common among taxi drivers and individuals with vehicles, as well as wealthy individuals. One man stated, *“It doesn’t matter really. You don’t have to have money. It could be anyone - even me!”* Although participants were not asked directly if they had concurrent partners, numerous participants – both men and women – revealed that they had concurrent partners in addition to their spouse or boyfriend/girlfriend.

The number of concurrent partners that respondents believed people had ranged from 2 to 5. One woman (aged 30-34) stated, *“They usually go for one extra partner at a time. At the most they can even take on two more side partners.”* However, one man (aged 30-34) suggested, *“These women have around four partners, whilst the men have only one extra partner! It’s hard to maintain these things. Being a man and having three or more partners is difficult. They all need to be taken care of and that’s tough.”* Another man (age 35-39) responded that men have concurrent partners, *“I’ll say four, excluding the wife.”* While there was a range of responses for both the percentage of individuals who have concurrent partners as well as the number of partners individuals have, there was little disagreement that it was a common phenomenon.

Rationale for Concurrent Partners

In explaining the occurrence of concurrency or multiple partnerships, which were often spoken of as occurring concurrently, multiple reasons were given; see *Figure 1*. Individuals spoke both about reasons why some people engage in concurrent partnerships and why others do not engage in concurrent partnerships. The two most common reasons for participating in concurrency were material or financial gain and sexual satisfaction, which are discussed later in depth. Separation from a main partner was another explanation given for why individuals engage in concurrency. This allows an individual to have an additional sexual partner near their place of work when they are separated from their family for extended periods of time. This was similar to some of the historical reasons that individuals used to discuss concurrency. There were frequent references to having partners in an urban area as well as partners in rural or other areas. One woman (aged 30-34) stated, *“I'm in Cape Town and here in Cape Town I have a steady partner. But when I go back home in the rural areas I might have a childhood boyfriend who still lives there. So I will continue with him when I'm there.”* Historical rationale for concurrency also included references to previous generations of fathers having a wife and multiple girlfriends. One man (aged 35-39) stated, *“See we grew up in so-called stable families - our fathers were married to our mothers. But still even though they were married we'd continue to find out that we had [half]-brothers.”*

Two less cited reasons for having concurrent partnerships included revenge for a main partner's infidelity. This has been identified in previous literature as “reciprocal concurrency” (Gorbach et al., 2002). And human nature, which was often associated with notions of male masculinity, as stated by one man (aged 30-34): *“You're a man and being a man you must take up your role.”* Both reasons were cited by men and women. One man (aged 30-34) described a wife's possible revenge *“She might say [her infidelity occurred] because I was not there for her and I was cheating - so she wanted to show [me that she's] human and also capable of cheating.”* The revenge of women, in taking on additional partners is similar to a phenomenon found in other focus groups examining similar issues in Durban, South Africa. The researchers there found that because the young women considered themselves modern and empowered, they asserted that they could do what men do, which included having multiple concurrent partners (Psaki et al., 2008).

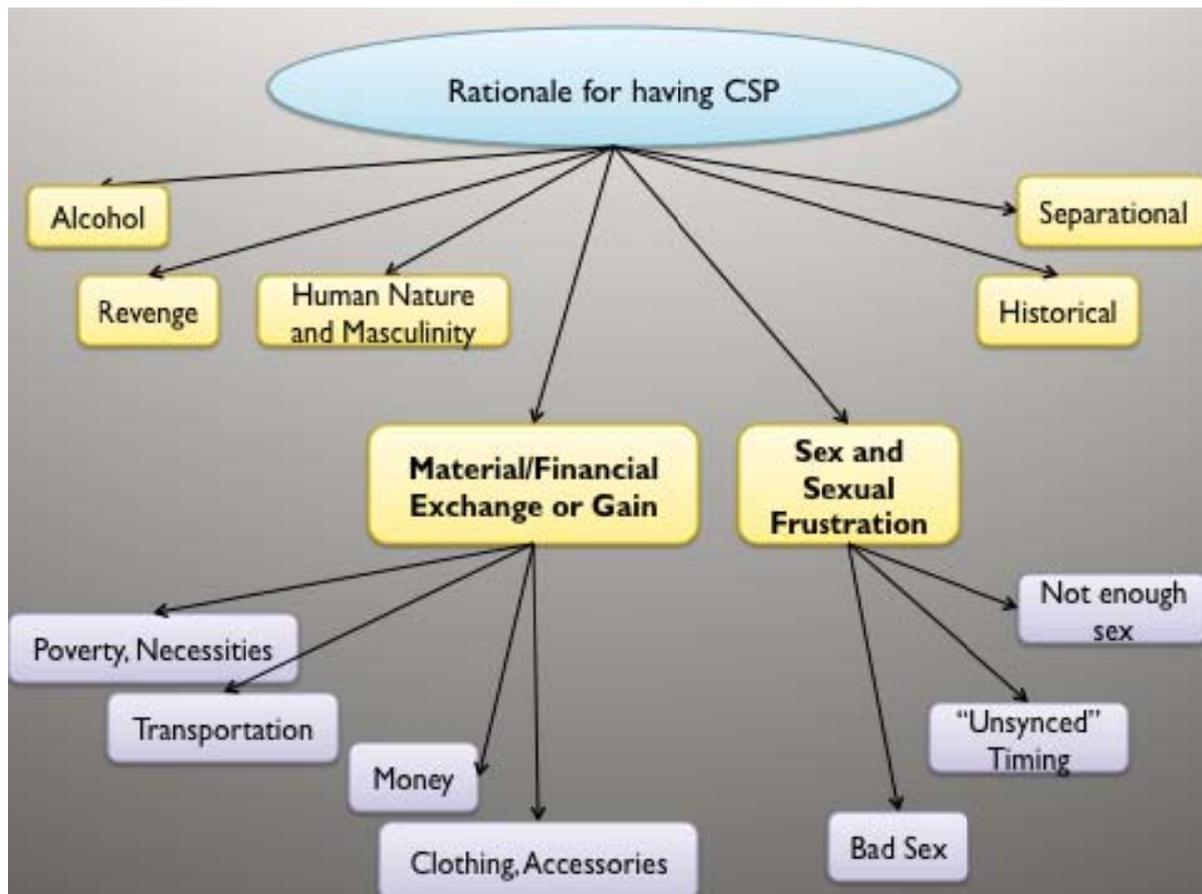


Figure 1. Rationale for concurrent sexual partners

Another explanation for concurrency, particularly among men, was the use of alcohol and the frequenting of *shebeens*.² Men made references to losing their sexual inhibitions after drinking. The references to alcohol were often mentioned as excuses for behaviors which respondents acknowledged were not proper. One man (aged 30-34) stated, “*And when I'm drunk I won't discriminate...It's ruining my relationship with my wife but I still do it anyway.*”

However, despite the reasons mentioned above, two reasons dominated all six focus groups: material or financial exchange or gain and sexual frustration or inadequacy. Numerous respondents stated: “*It's being greedy and not being satisfied.*” Financial or material exchange was expected of most partnerships, whether it was with a main partner or a secondary partner. Men and women acknowledged that men were expected to provide for the women with whom they were in sexual partnerships with. There were also several mentions of women providing money for the men with whom they were having relationships

² *Shebeens* are local establishments, e.g. bars, pool halls, etc., in the townships that serve alcohol.

with. The kinds of exchange that occurred depended on the resources at the disposal of partners within a relationship. Monetary exchange was commonly mentioned. However, the exchange of money or material goods was never viewed or expressed as commercial sex in the conversations. Rather the exchange was expressed as a normative element of a relationship.

The exchange of money was linked to providing material from a wide spectrum, which Leclerc-Madlala (2003) refers to as the “continuum of needs” ranging from items of subsistence (e.g. food, rent, clothing) to items of consumption (e.g. cellular phone airtime, outings/entertainment, fashionable clothing). The continuum of needs was reflected in various responses by the participants, such as: *“That man will buy her train tickets. The other man will give her grocery money. The other will give her spending money.”* While the subsistence end of the continuum was mentioned, more individuals mentioned items associated with the consumption end of the continuum. This may reflect what Handler (1991) and Leclerc-Madlala (2003) refer to as ‘symbol capital’, emblematic of Western or globalizing trends and modernization. Items such as cell phone minutes, transportation in taxis or “nice” vehicles, and fashionable clothing were often expected of a good partner. One woman (aged 30-34) stated, referring to other women, *“They want money! Money is the root problem! They want to eat nice food, dress in nice clothing and get their hair done.”*

However, the distinctions between subsistence and consumption were not always clear from the respondents’ statements. One woman (aged 30-34) stated, *“One [partner] will be for finance, pays bills, the other for hairstyles and the other for taking care of the children.”* Given the exposure to global media and images in South Africa and social pressure to appear modern, items of consumption – e.g. having fashionable clothes and stylish hair – are now commonly perceived as items of subsistence (Leclerc-Madlala, 2003). In order to access such items, women may engage in multiple partnerships. Because the needs that are fulfilled by different partners are not equal, the partnerships that individuals often engage in are also not equal.

The second most common explanation for the occurrence of concurrency was sexual frustration with a main partner. Sexual frustration was expressed in numerous ways, often as “not being satisfied at home” and was common among both men and women respondents. One woman (aged 25-29) stated, *“...if my husband doesn't satisfy [me], I must go and look elsewhere for satisfaction, and to cool of my stress.”* It is evident that not all the women were passive and subordinate, but rather actively sought to fulfill their sexual needs. One man (aged 30-34) stated, *“Sometimes when the wife refused to have sex, I as a man*

will go out and find someone who will give me sex! And then she'll also do the same!” Sexual satisfaction or dissatisfaction was often expressed in general terms, but commonly referred to a partner’s ability to sexually please his/her partner: *“If the sex is bad a woman will still go out and find someone to satisfy her sexually”* (woman, aged 30-34). In many conversations about sexual satisfaction, love did not play an obvious role. For many individuals, there appeared to be a purposeful disconnect between the notions of love and sex. It is possible that the notion of “fidelity” encompassed love, but not sex, such that having a concurrent partner could still be considered faithful, if the individual did not love this partner.

Timing was a common reason for searching out additional partners, where one or the other partner was not interested in having sex at a given time. The explanation seems to lead to both concurrent regular partnerships as well as concurrent casual partnerships, with the former appearing more common. The timing was also linked with an inadequacy of sexual frequency. One man (aged 30-34) stated, *“The reason other people cheat is...your partner not being in the mood for sex when you are in the mood. You find that days go by with you not ever having any sex... So you eventually find someone else who is willing to fulfill your sexual needs.”*

These reasons for engaging in concurrent partnerships were universally mentioned by both men and women, which may indicate a common cultural understanding of acceptable or acknowledged reasons for acquiring concurrent partners.

In addition to speaking about reasons why individuals in their community engage in concurrent partnerships, several respondents discussed why some individuals do not have multiple concurrent partners. Several reasons for having monogamous relationships emerged: trust that a partner is also monogamous, being sexually satisfied with one partner, fear of getting diseases from additional partners, family obligations and religion were all mentioned.

HIV, Risk and Concurrency

A high degree of general awareness of HIV/AIDS was perceived, unanimously, by all six focus groups. This is consistent with previous South African research, which shows that most people have some knowledge about HIV (Shisana et al., 2005, Pettifor et al., 2005). Despite this basic knowledge, the general consensus among the respondents was that numerous misconceptions exist and many

people do not believe HIV is real, or will affect them: *“Everyone knows about HIV! They know it. Some might not believe it's real, but they know about it!”* (woman, aged 25-29). Issues related to denialism, fatalism, and stigma influenced how participants perceived the topic. For instance, one woman (aged 30-34) stated, *“No one wants to disclose that their family member died of AIDS...so no one actually believes AIDS kills because we hide these things.”*

Another common perception was that people do not believe someone can have HIV if they look healthy. This sentiment was clearly expressed by one man (aged 30-34): *“It doesn't even matter or help bring an HIV positive person who will demonstrate how to live healthily with HIV – they just laugh him off and brush him off as someone who got paid to act that out for them. Our people will never understand that. No matter how many times you tell people you are HIV positive – they'll still refuse to believe – because you are not thin or appearing sick.”*

Participants were asked to discuss the links between having concurrent partners and the risk of HIV. It was clear that participants understood, and perceived the community to understand, that having multiple sexual partners increased risk of acquiring HIV. However, ‘knowing’ about HIV and the increased risk of HIV was perceived not to discourage most people from having concurrent sexual partners. One woman (aged 25-29), for example, stated that *“a person just continues with his life”*, and one man (aged 30-34) stated: *“People know everything about this virus, but that still doesn't stop them from playing around. Instead of changing their ways they simply go forward and cheat stronger. No one ever steps back from having multiple partners.”*

In addition to not believing HIV represents a real threat, infrequent or inconsistent condom use was an underlying reason expressed for the increased risk of acquiring HIV in multiple partnerships: *“Most of the time – they don't use condoms. Some people don't care about condoms. They don't use it!”* (Woman, aged 25-29). Even among the participants themselves, despite recognizing the effectiveness of condoms at reducing disease transmission, consistent or even frequent condom use did not appear to be common. One man (aged 30-34) talked about his own experience: *“And the matter of condoms usually comes later – after the deed has been done. ‘Eish, I didn't use a condom!’ And it's too late because you're already inside her and there's no stopping. Above all you cannot tell your wife that.”*

An often-mentioned barrier to condom use was trust, which is similar to findings by numerous researchers in South Africa (MacPhail and Campbell, 2001, Sayles

et al., 2006). One man (aged 30-34) stated, “A condom is usually used between two people who do not trust one another. But when you know one another and trust one other - then you might end up not using a condom.” Another man (aged 35-39) stated, “Whenever your sex partner loves you, you eventually abandon the condom. You might use a condom for the first three days or two days, but thereafter you won't use it.” Since concurrent partnerships are often regular and long-term, trust often develops between partners, thereby reducing the need for or appropriateness of condom use. It is therefore evident that consistent condom use between regular and concurrent partners may be difficult to attain.

Changing Behaviors

Participants discussed the feasibility of changing sexual behaviors related to having multiple and/or concurrent partners, as well as about specific interventions that might change behaviors. Initially many participants indicated that persuading individuals to have fewer concurrent partners would be difficult or impossible, despite the knowledge that HIV/AIDS was present in their community. One woman (aged 30-34) stated, “Even though some have heard about the virus, many of them don't change their ways - they still stick with their many partners.” Participants often referenced reasons such as financial or material gain and the human nature of having multiple partners to explain the difficulty in changing behaviors in Khayelitsha. One woman (aged 25-29) stated, “It's difficult because that person is used to that way of life.” Further pointing to the difficulty of changing behaviors, one woman (aged 35-39) stated, “No, no one supports [concurrency]. But no one is going to stop these things because they are the ones doing it.”

Participants also spoke about the previous failures of preventing HIV, despite government messages and interventions. Part of the failure was due to individual choice or lack of opportunities to make changes. One man (aged 35-39) stated, “You can give them as much advice as you want but if that person doesn't want to change they will not change. It's an individual thing.” Another man (aged 35-39) stated, “I mean all of us have cravings - that won't change. If I meet someone I want I will have her. And there's nothing government can do about my cravings.” The focus on the individual in making decisions about sexual behavior often appeared to be disconnected from the influence of social norms. Or more specifically, the decision to have concurrent partners was made in the absence of strong social norms or mores against such behaviors. In none of the focus groups did participants mention the role that the government or other institutions could have in altering social norms that would in turn impact

individual choices and sexual behaviors. This may be indicative of a lack of effort on the part of current HIV interventions to shift cultural norms that affect individual behaviors – either consciously or unconsciously.

The difficulty in designing interventions to address concurrency and multiple partnerships lies in the complexity of understanding the intersection of social norms, individual choice and behaviors and partners' choices and behaviors. With concurrent partnerships, an individual can take steps to prevent the acquisition of HIV, but only to an extent. The prevention also depends on the behaviors of his/her partner. Therefore, it is extremely critical to influence the broader social and cultural norms, which will affect both individual and partner behaviors.

Participants were lastly asked to imagine that they were the Minister of Health and were to design interventions to reduce the frequency of concurrent partnerships. Again, doubts of the government's ability or interventions in general to change behaviors or individuals' unwillingness to change were frequent answers.

One woman (aged 30-34) suggested, "*You must tell them to use condoms...They'll become HIV positive if they don't use it. There's no other message.*" This participant's response is indicative of one intervention that has thus far been emphasized – condom use. That "*there is no other message*" is also telling in that the full range of behavior change messages may not be effectively implemented in this community, either because of ineffective or inadequate messages.

Another man (aged 35-39) suggested, "*I would encourage people to take only one side-partner not two or more.*" It is interesting to note that this participant did not suggest mutual monogamy as a message or intervention, but rather to have only one concurrent partner rather than two or more. This response demonstrates how difficult it may be to change social norms and persuade individuals to accept mutual monogamy as a behavior that can prevent the acquisition of HIV.

Discussion

The findings of this research are consistent with other qualitative research in South Africa and the region. Within this population, concurrent partnerships appear to be socially accepted, though they are often hidden. This was made

particularly evident from the common language that was consistently used across the multiple groups to discuss concurrency, as well as the perception that concurrent partnerships were common not only among men, but also among women and people of all ages. While the reasons why people engage in concurrent partnerships occur at the individual-level, they appear to be highly influenced by the social and cultural contexts. For instance, the lack of communication about sexual frustration, which was a major reason for engaging in concurrent partnerships, is likely to be a result of cultural and social norms that do not encourage such conversations. The desire for material goods – clothing, mobile phone airtime, hairstyling – is a direct reflection of the desire for upward social movement. The tacit acceptance of this exchange of goods for sex is a challenge for HIV prevention, particularly when the risks of such behaviors are known.

Strengths & Limitations

There are several strengths and limitations to this study. First, in selecting a small sample of the Khayelitsha population, this study cannot be generalized to the larger South African population. However, the results may be indicative of more generalized socio-cultural and socio-economic norms in South Africa. The sample population is generally similar to black South Africans in the Cape Metropolitan Area and may be similar to other black township populations in the country - where HIV prevalence is highest. Additionally, since the Xhosa population has some similar cultural and social practices to the Zulu population, which makes up the majority of Blacks in South Africa, the findings in this study may be generalized to the Zulu population. A study on concurrency among Zulus in KwaZulu-Natal reported similar finding, further indicating a common trend (Psaki et al., 2008).

A second limitation of focus groups is that group composition and dynamics, and individual personalities can affect the direction of the discussion. If the participants are not comfortable with one another, they may be unwilling to speak about more sensitive topics. Additionally, strong personalities may discourage others from voicing their opinions. Though these limitations may exist, they did not appear to be particularly strong in these focus groups. However, some bias may have been introduced into the focus groups during the recruitment period. Since acceptance into the study was much lower than expected, there may have been some characteristics that differ between those who agreed to participate and those who declined.

An important strength to this analysis is that it complements quantitative and focuses on the same sample population. From the quantitative data, correlates of concurrency could be analyzed. This analysis has provided a better understanding of the context in which concurrency exists in Khayelitsha, which is important for the design and implementation of interventions focusing on sexual behavior and concurrency in particular.

The variability in responses may be influenced by personal experiences as well as by reporting bias. Since questions were phrased in a general manner, asking about community behaviors rather than the participants' own behaviors, there may be over-reporting of concurrency in this situation.

Conclusion

This study has examined four key areas related to the social, cultural and economic contexts of concurrent partnerships. The focus group discussions indicate that concurrency is a common phenomenon in Khayelitsha, with a large proportion of the population having concurrent partners. The reports of frequency of concurrency appear to be significantly higher than estimates obtained from the quantitative data collected in Khayelitsha (Mah, 2008a). Two key issues dominated the discussions about rationale for engaging in concurrency: material or financial gain/exchange and a lack of sexual satisfaction. Although participants recognized that having multiple partners increases risk of acquiring HIV, this was not believed to discourage many people from having multiple sexual partners. A wide range of interventions were discussed to change behaviors, however, participants most commonly suggested that behaviors would be too difficult to change. This study provides additional evidence to suggest that successful interventions aimed at reducing risky sexual behaviors and HIV incidence will need to address both individual-level behaviors and the surrounding social and community norms around sex.

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