

“Walking Around” in Central Mozambique:  
Meanings and Normative Perceptions Encasing Concurrent Sexual Partnerships

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## Executive Summary

Concurrent sexual partnering is commonly discussed as a factor contributing to the epidemic spread of the HIV virus through sexual transmission in parts of Africa, including Mozambique. This paper explores the concept of sexual concurrency within a broader human behavior context, reflecting on a series of discussion groups conducted in Dec. 2007 in semi-rural communities in Central Mozambique. The objective is to better map the dimensions of sexual concurrency as it is perceived by adults in this setting, and to understand what normative social perceptions and other psychosocial factors may be contributing to community members’ opinions of and engagement in concurrent sexual partnerships.

I first explicate the concept of sexual concurrency in the broader literature, looking across the definitional variations in the scholarly community in order to arrive at an operational definition of the phenomenon. Given the diversity of etiological lenses that researchers have applied to explain the causes of sexual concurrency, scholars offer a wide range of value judgments as to the behavior’s ultimate utility. The literature findings do not lend themselves to the assertion of a single, universally-applicable evaluation of concurrency as either good or bad for humankind.

Subsequent analysis explicates the concept of concurrent partnering as it was expressed by the semi-rural Zambezian respondents. A model was proposed revealing five distinct categorical definitions of concurrency which all fall under a broader behavior respondents refer to as “walking outside the home.” Just as scholars tend to inscribe their particular interpretations of concurrency according to their disciplinary affiliation, similarly Zambezian respondents were encircled by predominant social norms that framed their evaluations of a given concurrent partnering behavior. Just as a scholar could not confidently pose a value label for concurrent

partnering without neglecting a field of research, similarly Zambebian participants’ characterizations did not consistently condone or condemn all concurrency occurrences across the community, instead passing judgment according to the specific categorical location of that behavior vis-à-vis social norms, disease ramifications and anticipated life events. That is, each specific concurrency behavior appeared to carry its own distinct social norm. Community members may support a “mild” form of concurrency while simultaneously discouraging a more “extreme form,” just as an individual may alternately engage in or avoid that same behavior at different moments in his or her personal life. While HIV risk was found to be an important factor to community members in judging whether a specific degree of sexual concurrency is acceptable, there were additional psychosocial factors beyond economic need that factored into this judgment.

Prevention practitioners in the area of HIV and sexual health could benefit from learning local social categories that lie within a given sexual “risk behavior” and learn to gauge the local social and personal risks which are also at play in defining these categories. Behavior change programs could likely increase their effectiveness if they could target each subcategory of concurrency separately, and account for the community’s distinct perceptions of each in messaging strategies or activity type. Research and practice can work together to identify such societal complexities, and not assume a state of consistent attitudes across a broad behavior, nor assume attitude-consistent behaviors within members of community. Finally, existing behavioral models for sexual concurrency or similar behaviors tend to focus either on situational factors or contextual (social) factors. A more comprehensive model could shift from a single behavioral outcome (concurrent partnering) to multiple behavioral outcomes (for each specific local concurrency behavior), and could specify social and situational factors for each.

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Chapter 1. Introduction

*Section 1. Public Health Context: Concurrency, HIV and*

*Sexual Behavior in Mozambique*

*1.1.1 Concurrency and HIV*

Concurrent sexual partnering has emerged in recent years as a sexual behavior, or an attribute of sexual behavior, that is believed to contribute to the epidemic spread of HIV. Concurrent sex, or “concurrency,” refers to a person being involved in two or more partnerships where sexual activity overlaps in time, for example, “when one or both of the partners has other sexual partners while continuing sexual activity with the original partner” (Drumright, 2004), p. 437. Concurrency is considered important in public health because it can increase the rate that infectious disease spreads through a sexual network (Adimora, Schoenbach, & Doherty, 2007). Concurrency was first raised in the early 1990s as a potential explanatory factor for the variable rate of HIV incidence across different settings (Watts & May, 1992). Epidemiologists recognized that the probability of HIV transmission within a sexual partnership was not constant per sex act, and developed more complex disease transmission models that could allow transmission probabilities to vary depending on other attributes of the partnership, such as the partner’s risk behavior. A principle risk behavior of concern is when the partner is simultaneously engaged in another sexual partnership – a “concurrent” partnership (Watts & May, 1992). In terms of HIV, concurrency is of most interest in the first few months after becoming infected, when viral load is higher and per-sex-act probability of transmission is greater (Adimora et al., 2007).

### *1.1.2 Concurrency and HIV in Africa*

Researchers estimate a high rate of concurrent partnering in much of sub-Saharan Africa, and while it varies from country to country, scholars postulate that concurrency is contributing to the rapid epidemic spread of HIV in the general population in the region (Gregson et al., 2002; Halperin & Epstein, 2004; Morris & Kretzschmar, 1995). HIV and AIDS policymaking bodies also consider concurrency to be an important “driver” of the epidemic in sub-Saharan Africa (UNAIDS, 2007). A top USAID science advisor opined that individuals having multiple concurrent partners, even a low number with limited concurrency, still constitutes the chief driver of the AIDS epidemic (DeNoon, 2007).

Research suggests that in sub-Saharan Africa there is a tendency for these concurrent partnerships to involve long-term secondary partners, where these would be considered regular partners, not casual partners. The chance of HIV spreading from one dyad to another through concurrency is expected to vary depending on the number and frequency of sex acts within these overlapping relationships. So while the chance of contracting HIV in one lone sexual act is fairly low, the chance of contracting HIV with a long-term sexual partner is higher, given there are more sexual acts over time, and thus more chances for transmission (Halperin & Epstein, 2004). Given this, both short- and long-term concurrency would likely be of interest for HIV prevention practice, especially in contexts where such behaviors are common.

### *1.1.3 HIV in Mozambique*

In Mozambique, the epidemic is believed to have not yet reached its peak (UNAIDS, 2008). Mozambique’s life expectancy had begun to improve in the late 1990s, as the nation was emerging from extreme poverty and a health system destroyed by civil war, but longevity has since dropped to 38.1 years due to AIDS mortality, and is expected to decline further if the

epidemic expands (CNCS, 2004). In contrast to epidemics in other parts of Sub-Saharan Africa that are beginning to plateau, Mozambique has until recently been experiencing a rapid increase in HIV prevalence among adults (ages 15-49), from 11% in 2000 to 16% in 2004 and remaining around 16% 2007 (CNCS, 2006b; UNAIDS, 2008). National serosurveillance data indicate that national HIV prevalence among Mozambicans ages 15-49 is hovering around 16% (0.95 CI 14%-17%), indicating either a slowing of the epidemic or high mortality among those infected (UNAIDS, 2008). Among younger ages (women 15-24), prevalence is still increasing, leading epidemiologists to assert that incidence is still rising (UNAIDS, 2008). Seroprevalence is highest in Maputo, Gaza, Sofala, and Zambezia provinces, with up to 35% of pregnant women testing positive in some urban sites (UNAIDS, 2008; Grupo Tecnico Multisectorial, 2005). In the midst of a generalized HIV epidemic fueled by heterosexual transmission, as is the case in Mozambique, reducing multiple and concurrent partnerships, transactional sex, and cross-generational sex are key factors in halting the epidemic spread.

#### *1.1.4 Unmet need for HIV prevention in Mozambique*

Despite this high prevalence and routine AIDS awareness rhetoric in the country, there is still a pervasive culture of silence around the disease, prompting the national HIV/AIDS council to call for expanded prevention activities (CNCS, 2006a), especially with adults and pre-adolescents, who are somewhat “left out” of existing campaigns that focus on adolescents and young adults (CNCS, 2007). On paper, the government has articulated its aim to catalyze a social movement around HIV/AIDS. This is detailed in the National Communication Strategy to Combat HIV/AIDS, developed in 2006 by the National Council to Combat HIV/AIDS (CNCS, 2006a). One component of this movement is a national communication campaign to change social norms around Mozambique’s primary sources of HIV transmission – gender roles in

relationships, intergenerational and transactional sex, and safe sex and abstinence behaviors. The national HIV/AIDS council and its NGO partners are planning new expanded national campaigns, especially targeting pre-adolescents and grown adults—the two groups underserved by existing adolescent-centered prevention activities. UNICEF is taking the lead among pre-adolescents, and Johns Hopkins is taking a leadership role for adults. For Hopkins, the pending step was to conduct formative research with adults to inform the development of communications on these topics (as explained in Section 2 below). The National AIDS Ministry warns of the need for effective behavior change through such programs if the population of Mozambique is to avoid an economic and social catastrophe in the coming years (CNCS, 2004).

#### *1.1.5 Concurrency in Mozambique*

Sexual concurrency is believed to be common in Mozambique. While there are no national measures of temporal *overlap* of partners, there are estimates for the prevalence of multiple partnerships in general. The latest round of national behavioral surveillance shows that approximately 29% of Mozambicans ages 15-49 have had more than 1 partner in the past year (UNAIDS, 2008). This statistic for Mozambique comprises the highest rate of self-reported partners in the last 12 months compared to all other neighboring states, as shown in Table 1 (author’s note: condom use figures not available for South African males). While we do not know what portion of these partnerships are concurrent, these data are the closest nationally collected comparable figures for estimating concurrent sexual activity.

Also, national HIV reports have cited concurrency as an issue, describing a “widely held acceptance of multiple concurrent partners among men” (Republic of Mozambique, 2008, p. 44). While national condom social marketing campaigns are beginning to make significant headway in increasing condom recognition and use in irregular partnerships (Population Services

International (PSI), 2005), self-reported condom use at last high-risk sex is lower in Mozambique than in any of the bordering countries, as seen in Table 1. As long as condom use is limited, concurrency will continue to be a risk behavior for HIV infection.

Effective HIV communication needs to address concurrent sexual partnerships in countries where such behaviors are known to be common. Given that the specific nature of the concurrent partnering (frequency, number of partners, long-term vs. short term) is important in understanding prevention needs, health communication planners need to have a clear concept of how and why concurrency is taking place in a given population. Research synthesized from various locations globally has shown concurrent sexual partnering (specifically, extramarital partnering) to be quantitatively linked to perceptions of the frequency and acceptability of concurrency among peers as one of many contextual factors enabling the behavior (Allen et al., 2005). Other studies from the region have suggested that social norms and social acceptability play a strong role in sexual partnering behavior (Barker & Ricardo, 2005a; Boer & Westhoff, 2006; Feldman, O'Hara, Baboo, Chitalu, & Lu, 1997; Harrison, O'Sullivan, Hoffman, Dolezal, & Morrell, 2006; Smith & Nguyen, 2008), including sexual concurrency (Parikh, 2007; Smith, 2007a). Finally, HIV policymakers in Mozambique's National AIDS Council have cited social norms as an important factor in current sexual risk behavior, as well as an axis around which to lever behavior change messages (CNCS, 2006a). Thus, this study of concurrency concepts and norms in Mozambique may serve as an input to improving HIV prevention communication in that country, within the programmatic context of the work of the Johns Hopkins University Center for Communication Programs (JHU/CCP). Based in part on the formative research data analyzed in this study, JHU/CCP hopes to assist the Government of Mozambique in triggering

protective behavior change responses in the general population through strategic health communication.

### *Section 2. Programmatic Context*

This paper is based on analysis of a portion of qualitative data recently collected as part of a larger formative research study being undertaken in three Mozambican provinces by the Johns Hopkins University Center for Communication Programs (JHU/CCP), a university-affiliated non-profit headquartered in Baltimore, Maryland [www.jhuccp.org](http://www.jhuccp.org). As data collection is still in process, official study results have not yet been released or published. The contact for this study is P.I. Maria Elena Figueroa, PhD, [mfiguero@jhuccp.org](mailto:mfiguero@jhuccp.org). In the context of an academic field placement internship, I was based at the Mozambique country office of JHU/CCP from July-Dec. 2006 in the capacity of research assistant for the first phase of this same study, as described in more detail in Appendix A.

## Chapter 2. Literature Review

### *Section 1. Concept Explication Across Disciplines*

Concurrent sexual partnering has been a topic of inquiry in many disciplines. From religion to social sciences, literature to biology, scholars have developed diverse understandings around the concept of concurrency and its causes. In undertaking an analysis of concurrency in Mozambique, it is important to be clear as to the specific behavioral delineations that mark concurrency, and by what dimensions it is understood within human life and society. This falls within the analytical activity of concept explication, a set of analytical steps a researcher can follow to make manifest the contextual definition, meaning, significance and limits of a concept (Chaffee, 1991). The need for better definitional explication in the area of extradyadic or concurrent sex has been cited in prior literature reviews and commentaries (Allen et al., 2005;

Epstein, 2005). Following Chaffee’s (1991) guidelines from a communication perspective, and a similar process undertaken by nursing researcher Beck (1996), this section provides an explication of the concept of concurrency, seeking to understand its definitional parameters as well as associated determinates.

## 2.1 *Working definition of “concurrency”*

2.1.1 *Nominal phrases.* The public health notion of concurrency has intellectual roots in a variety of disciplines, as exemplified by the use of the following terms: “concurrent sexual partners” (Drumright, 2004; Go, Quan, Voytek, Celentano, & Nam, 2006); “extramarital sex” (Tawfik & Watkins, 2007); “extradyadic sex” (Allen et al., 2005; Whisman, Gordon, & Chatav, 2007); “promiscuity” (Safier, 1949); “sexual infidelity” (Whisman et al., 2007) or simply “infidelity” (Egan & Angus, 2004); “adultery” (Druckerman, 2007); “casual sexual encounters” (Lenton & Bryan, 2005); “cuckoldry” (Sinclair, 1993); “nonmonogamy” (Allen et al., 2005); or “omnigamy” (Betzig, 1989).

When a scholar selects one of these nominal phrases for referring to concurrency, she necessarily imbues a certain contextual meaning to the concept. For example, the term “concurrency” focuses on the temporality aspect of the behavior, “extramarital” focuses on the social relationship to a primary partnership, “casual” focuses on the social intensity of the secondary partnership, and “infidelity” focuses on the moral or emotional dynamics of the two dyadic partnerships in relation to each other.

2.1.2 *Classification.* Other authors acknowledge the wide variation in defining concurrent behaviors (Allen et al., 2005). Concurrency appears to be a binomial variable in most cases, in the sense that a discrete unit -- a person, a sexual encounter -- either *is* concurrent or is *not* (Whisman et al., 2007; Watts & May, 1992). In other words, an act of concurrency either did or

did not occur (Wardlow, 2007); someone either engaged in infidelity or they did not (Hirsch et al., 2007; Whisman et al., 2007). Researchers usually have a way to define an event or a nonevent of concurrency, even though what constitutes an event may vary from field to field.

Based on the literature, concurrency appears to be a categorical variable nested within a binary variable. Across studies, concurrency is initially a binomial variable in that concurrency clearly either does happen or doesn't happen (Betzig, 1989; Choi, Catania, & Dolcini, 1994; Smith & Nguyen, 2008; Watts & May, 1992; Whisman et al., 2007) and others. This “event” vs. “non-event” dichotomy can be applied at several levels. Many scholars classify this yes/no at the level of the primary individual of interest, or Index Person. For example, following Hirsch (2007) or Johnson (2001), we could say of our Index Person, Antonio, that “Antonio either cheated or he didn't.” Alternately, some authors such as Drumright (2004) define this dichotomy at the level of the partner of the index person, out of concern for the risk posed to the partner; a sample statement would be “Maria's husband Antonio either has extramarital partners or he doesn't.” Researchers such as Lagarde and colleagues (2001) assess the network spread marker of concurrency at the level of the dyad, considering whether a member of the couple has concurrent partners, as in the statement “Maria and Antonio's marriage is marked by Antonio's concurrency.” Also seen in Largarde's work (1991), for population-level concerns it is useful to measure concurrency at the level of the overall sexual network in the population of interest. We could illustrate this with a statements such as “30% of adult men in Antonio's community have frequent extradyadic encounters, making this a high-concurrency network.”

Across studies, the physical action which most frequently divides concurrency from non-concurrency is penetrative intercourse, either vaginal or anal, heterosexual or homosexual (Adimora et al., 2007; Choi et al., 1994; Go et al., 2006; Lenton & Bryan, 2005; Morris &

Kretzschmar, 1995; Sinclair, 1993). While some researchers also consider any sexual activity (whether involving penetrative intercourse or not) to be grounds for concurrency (Epstein, 2005; Smith, 2007a; Tawfik & Watkins, 2007), self-defined “infidelity” -- which depends on the definition each individual believes in (Egan & Angus, 2004), oral sex (MSNBC, 2008), or even emotional infidelity such as secret phone conversations or internet sex (MSNBC, 2008), meta-analysis suggests that penetrative sexual intercourse is the most common criterion (Allen et al., 2005). For arriving at an operational definition, using the measure “penetrative vaginal or anal sex” has the utility of being clearly measurable, in the sense that it is clearly defined and distinguishable from other less specific actions such as fondling. As well, it is relevant in the Mozambican context where HIV transmission is the underlying health interest, given the probability of HIV transmission from oral sex and other non-penetrative measures is extremely low and therefore ultimately of less programmatic and epidemiological interest.

Within the “event” half of the binomial, concurrency can be categorized according to different characteristics. While this can be continuous, in cases such as epidemiological estimations of the degree of concurrency in a population (Lagarde et al., 2001) or the contact rate of a network (Hethcote & Van Ark, 1992; Morris & Kretzschmar, 1995), it is most often divided into categories according to the degree of the characteristic(s) of interest. Thus it is suggested we also look at concurrency as a categorical variable: No concurrency vs. Concurrency-Category (Level) A vs. Concurrency-Category (Level) B vs. Concurrency-Category (Level) C and so on.

Looking at categories, scholars have partitioned concurrency into levels (such as low-medium-high) based on quantitative factors that affect HIV infection, such as frequency or number of sexual intercourse acts within a given dyad (Hethcote & Van Ark, 1992; Voeller, Reinisch, & Gottlieb, 1990), concurrency history – the portion of an individual’s past

partnerships which were concurrent (Egan & Angus, 2004), seroconversion status and viral load (Morris & Kretzschmar, 1995; Voeller et al., 1990), partner’s concurrency (Voeller et al., 1990), duration of the overlap (the relationship between Index Person and Partner B) (MSNBC, 2008; Petrucelli, 2006), number of Partners B, C, D that an Index Person has (Morris & Kretzschmar, 1995), and whether the sex acts are protected or not -- including condom use, anal versus vaginal intercourse, or wet versus dry sex (Drumright, 2004; Go et al., 2006; Hirsch et al., 2007) and others.

Looking at levels beyond HIV risk, concurrency events can also be grouped into socially distinct categories that follow the societal meaning of a given type of concurrency. To highlight a few of these social criteria, concurrency can be categorized based on: (a) degree of financial transaction, e.g. the difference between a purely sexual dalliance with a prostitute compared to an emotional infidelity with an unpaid partner (Hawkins, Mussá, & Abuxahama, 2005; J. S. Hirsch et al., 2007); (b) the marital status of Partner A (Groves, Benson, Mosher, et al., *Vital Health Stat 1.*; Hirsch et al., 2007; MSNBC., 2008; Public Domain, 1987) ; (c) social characteristics of Partner B, who can be a casual acquaintance or sex worker (Go et al., 2006; J. S. Hirsch et al., 2007), opposite sex or same-sex (Adimora et al., 2007; Hethcote & Van Ark, 1992; J. S. Hirsch et al., 2007), coworker or past “flame” (MSNBC., 2008) , and so on; (d) income gap between the partners (Bagnolle & Chamo, 2003; Hawkins et al., 2005); (e) durations short-term (“fling”) vs. long-term (“affair”) (MSNBC, 2008); or type of sexual encounter -- for example, penetrative sex vs. just kissing vs. online sex (Allen et al., 2005; MSNBC, 2008).

Note that these points of definitional change, whether related to social constructs or biological probability of HIV transmission, make the difference between low, medium and high

concurrency, or between acceptable, tolerable and unacceptable concurrency, according to the variable of interest to the author as an epidemiologist or anthropologist, or interest of the community member as a wife or reverend. While there is not one absolute variable that predominates, these illustrate how the degree of concurrency usually varies categorically by multiple measures.

*2.1.3 Measurement.* In terms of measurement of concurrency, there are various qualitative and quantitative methods that have been used in the past, though even within each division there is a notable lack of uniformity (Allen et al., 2005). The most common method of measurement is self-report on past sexual behavior and partnerships, administered through individual interviews (Egan & Angus, 2004; Voeller et al., 1990) or – in the gold standard for avoiding underreporting due to social desirability -- private computer-assisted questionnaires (Drumright, 2004; Groves et al., 2005). Ideally, these interviews could be performed with both members of a couple, in order to gauge awareness of partner concurrency (for risk protection reasons) and associated relationship factors such as communication styles. Helpful time-related information can be retrieved if interviewers are able to use a narrative history or sexual history instrument. Shorter online and interview surveys can be used for studies trying to develop a population estimate of concurrency (Lagarde et al., 2001). In quantitative research, there is a need for more population-based random sampling methods (Voeller et al., 1990), as a great number of studies only measure concurrency in subgroups such as clinic clients which are not representative. However, it can be useful to accompany this with more in-depth interviews with individuals from subgroups which do have a higher likelihood of engaging in concurrency, in order to understand facilitating mechanisms and other contextual factors (Allen et al., 2005). As an option to self-report on the behavior itself, it is also possible to ask about intention to engage

in a concurrent activity, as a proxy measure, for example, “desire to commit infidelity” (Egan & Angus, 2004, p. 576).

Recent qualitative research has attempted to triangulate qualitative data on concurrency using mixed-methods studies. For example, the multicenter Love, Marriage and HIV research project uses a combination of archival research, key informant interviews (ex. health workers, commercial sex workers), participant observation (bars, plazas, households, family activities) and – finally – in-depth interviews with men and women about their relationship histories and ideals (Hirsch, 2007; Parikh, 2007; Phinney, 2008; Smith, 2007a; Wardlow, 2007). To note, this search of the literature did not find prior use of projective techniques for research in this area.

“Prevalence” of concurrency has been measured either as the portion of individuals in a population involved in a concurrent relationship or the portion of partnerships in a given network which are concurrent (Lagarde et al., 2001). It is difficult to compare across studies since some use cross-sectional measures while others measure past-year or even lifetime prevalence. Cross-sectional prevalence ranged from less than 5% of sexually active adults (U.S.) (MSNBC, 2008; Whisman et al., 2007) to 74% of married men ages 15-40 (Cameroon), as shown in statistics made available in Appendix B. In a multicenter cross-sectional study across five sites in sub-Saharan Africa, personal concurrency point-prevalence ranged from 13-21% among married women and 41-51% among married men (Lagarde et al., 2001). One trend that observable across studies is that concurrency is almost always higher among men than among women in the same population, with an exception seen among U.S. adults where the difference was only marginally significant (Whisman et al., 2007). This indicates that concurrency can be either a very common behavior or a fairly rare behavior. Second, it shows that concurrency takes place to some degree in all societies, happening across cultures, continents, historical epochs and stages of economic

development (Betzig, 1989). Thus it is an inescapably present behavior for humans, as well as for many other animal species (Allen et al., 2005).

*2.1.4 Associations.* Concurrency can be better understood by exploring other phenomena with which it is associated. For example, concurrency level is correlated with several demographic and life experiential factors, including exposure to certain prevention messages, as shown in Table 2. As well, statistical correlation has also been observed between sexual concurrency and a litany of psychosocial factors and personality trait factors at the individual and relationship levels, as shown in Table 3. This suggests that concurrency in a given population can be studied in terms of its predictors, or facilitating and inhibiting factors, as well as its consequences, given that some of these correlations are causal in one of these two directions. This reinforces the “causes” and “responses” organization used in Chapter 4, Results.

*2.1.5 Theoretical Frameworks.* It is important to review past theoretical models attempting to explain concurrency. In the case of extramarital affairs, Allen et al. (2005) follow a tradition of looking at “risk factors” in a time-sequential buildup, where the first stage risk factor predisposes the next, as shown in Figure 1.

The Mozambique data did involve asking some temporally-relevant questions such as “what do you think happened to this couple before this?” and “what might happen next?”; therefore, it is reasonable to suggest this study may be able to address some of these factors suggested by Allen and colleagues (2005), such as predisposing, precipitating, or response factors. In addition to the above events-sequence model, researchers have taken a spheres of influence approach to the contributing dimensions. Similarly, Hirsh consolidated findings on extramarital activity in Mexico into social structures that motivate affairs and, in turn, “fidelity opportunity structures” that appear protective against concurrency (Hirsch et al., 2007). This

reiterates the need for an approach that looks at social expectations and the social construction of relationships as factors that either motivate or inhibit concurrency. Across studies, Allen and colleagues found it useful to divide facilitating factors according to the interpersonal level of influence, as summarized pictorially by this author in Figure 2.

*2.1.6 Requirements.* Based on the above literature, it is possible to isolate the key requirements. In order for concurrency to exist, there needs to be:

1. **A minimum of three subjects:** The Index Person, Partner A, and Partner B. In most studies reviewed here, Partner A would be a primary partner from a committed relationship (spouse from marriage or common-law union),. Meanwhile, the others (Partners B, C, D etc. ) would be secondary partners, each categorizable depending on the nature of the encounter between the Index Person and that partner (casual or serious, short-term or long-term, vaginal sex or other, space where it occurs, involving financial transaction or not, and so on).
2. **A minimum of three encounters:** (1) Sexual encounter with Index and Partner A at  $t=0$ ; (2) Sexual encounter with Index and Partner B at  $t=1$ ; (3) Additional sexual encounter with Index and Partner A at  $t=2$ . More encounters can be added, with these same partners or additional partners, as long as there is temporal overlap.
3. **A discrete time interval:** The three or more encounters must take place in the same time period, which begins with the first sex act with Partner A and ends with the second sex act with Partner A, or the last of multiple sex acts with partner B. This can range from one day to one month to one year. Customarily it is not discussed if the time between the first encounter with Partner 1 and the second encounter with Partner 1 were greater than a year apart (Adimora et al., 2007).

4. **Sequence:** To reiterate, the three or more encounters must take place in that order. That is, an encounter with Partner B *must* take place in between two encounters with Partner A (Adimora et al., 2007).

2.1.7 *Working definition.* In conclusion, based on this concept explication it is possible to consolidate a working definition of concurrency relevant for use in this paper (Beck, 1996):

Concurrency (n.)

*The state attributed to a person or a dyad when, in a given time period, an individual engages in three or more consecutive penetrative sex acts with two or more partners, where consecutive sexual acts with a given partner are divided in time by an act with a second (or third, or fourth) partner. Can vary in intensity, nature, value and other characteristics as long as the above requirements are met.*

This is illustrated in Figure 3. Notice that while concurrency is a noun, it is describing a behavior, thus the concept of concurrency is an action performed. We expect that concurrency will be empirically verifiable as either happening or not happening (event/non-event), and that cases of concurrency will vary categorically depending on the degree that certain factors or characteristics of interest are present.

This study aims to understand concurrency in Mozambican adults ages 25-40, of whom over 80% are married or in consensual unions (Instituto Nacional de Estatística & Ministério da Saúde, 2005). This study focuses on concurrency **within the context of a cohabitational primary partnership** (e.g., marriage, common-law union) . Additional scenarios will be touched upon when appropriate, but are not the focus of this analysis.

*Section 2. Causal explication of concurrency across the literature*

Based on the above observations, it is legitimate to explore potential causal factors motivating concurrency. After conducting a brief analysis of values or evaluations attributed to concurrency in studies, it emerges that concurrency can carry a qualitatively positive, negative or neutral value depending on the scholar and his or her evaluation criterion of interest. A sample of these diverse evaluations is described below, showing that a given social value of concurrency is frequently associated with the perceived or attributed causes of this behavior, with the causation depicted as yielding the subsequent evaluation.

### *2.2.1 Perceived Causes Yielding a **Positive** Evaluation of Concurrency*

*Case 1. Concurrency perceived as a functional response to tensions. Yields a positive evaluation as “Healthy.”* According to some perspectives, such as that of psychoanalyst Jean Petruculli (2006), concurrency is judged by its function, not morals. The clinician may view short-term concurrency as serving a necessary function to relieve sexual tensions “in order to be able to remain in a marriage” or to create the necessary crisis to end a bad marriage, or to cope with a death in the family, a career slip, a mid-life crisis, fear of aging, and so on (Petrucelli, 2006). This could include, for example, functioning to reassure an individual of their sexual desirability, a reported motivation for 33% of U.S. women who reported cheating (MSNBC, 2008).

*Case 2. Concurrency perceived as a rational response to an uncertain future. Yields a positive evaluation as “Pragmatic.”* Concurrency can also be viewed from the philosophical lens of rational choice theory, which suggests that a person would *only* forego the temporary pleasure of a sexual encounter *if* the future is certain and they can be sure of future gains being paid in exchange for losing this encounter. According to some authors, if the future is not certain, it is a more pragmatic transaction to cash in on present (and therefore more certain) pleasures

(Chisholm, 1999; Gardner & Herman, 1990). A similar angle is evident if taking a life history theory approach, which expects that humans will maximize their reproduction as demanded by their life situation. In neighborhoods with shorter life expectancies, and among individuals who personally did not expect to live as long, men and women became fathers and mothers at younger ages (in Chisholm, 1999).

*Case 3. Concurrency perceived as an autonomy-based choice enabled by economic self-reliance. Yields a positive evaluation as “Empowered.”* Sociologist Terry Burnham (2000) views extramarital affairs and divorce in the context of gender-related power. He posits that the more economic power or equal social power women wield in a particular society, the higher the rate of divorce will be, because the woman can afford to shed off her previous mate. He views divorce as a proxy measure for infidelity.

#### *2.2.1 Perceived Causes Yielding a **Neutral** Evaluation of Concurrency*

*Case 1. Concurrency due to sexual inattention from the primary partner. Yields a neutral evaluation as a “Response to needs.”* According to American news poll respondents, 61% of respondents who “cheated” said they were motivated because the concurrent partner was “more attentive to their sexual needs” (MSNBC, 2008)

*Case 2. Concurrency due to poor socialization during childhood. Yields a neutral evaluation as a “Compensatory behavior.”* According to biologist James Chisolm and colleagues (1999), concurrency can also be seen as a consequence of emotional development during childhood, specifically attachment history. If a person did not have a close and warm attachment to their own parents when they were young, then they are more likely to have a more emotionally distant relationship with their primary partner in adulthood, and, as a consequence,

to report more short-term relationships that are highly sexual but less emotionally intimate (Chisholm, 1999).

*Case 3: Men. Concurrency driven by hormone levels or reproductive strategy. Yields a neutral evaluation as “Natural.”* According to human biologist Dabbs (1990), concurrent sexual partnering by men can be seen as a biological consequence of hormone levels, as higher testosterone has been linked to 10 or more sex partners in one year. This is echoed by biologist Burnham that taking on concurrent partners can be seen as an evolutionary desire to secure progeny (2000). For men who are unfaithful, he suggests it is not driven by frustration within the marriage, as much as the genetic wiring to reproduce as much as possible, whenever a mate is available. Burnham (2000) reinforces this attribution with a genetics-driven argument, asserting that promiscuity would be our expected natural state of affairs, and must have been the principle *modus operandi* over most of our evolutionary history, given that most of male sperm volume is actually sperm that is designed to “beat out” any sperm from a competing male; only a small fraction is for fertilizing the egg. Unfaithful men are seeking “additional fertility and/or better partners” (Burnham & Phelan, 2000, p. 180).

*Case 3: Women. Concurrency driven by hormone levels or reproductive strategy. Yields a neutral evaluation as “Natural.”* The authors cited above suggest that women who are unfaithful have different genetic motives than men. In contrast, most women who are unfaithful to their husbands are indeed discontent in their marriages. Since women have a maximum fertility of one child per nine months, they cannot increase their fertility by having concurrent partners within that nine-month period. It is pointed out that gender disparity in concurrency – with men more frequently concurrent than women, inclusive of “modern” societies – may result from the fact that a woman can only slightly increase her fertility by having multiple male

partners, with the heavy potential consequence of losing her primary partner and provider -- whereas a man can greatly maximize his with multiple partners (Betzig, 1989). So, it is suggested, female infidelity is driven by one of two factors. First, a woman cheats in subconscious pursuit of better male genes than that of her primary partner; authors point out that most women are unfaithful during their fertile days when they are ovulating, emphasizing a genetically-driven hormonal impetus to mate well in this period (Burnham & Phelan, 2000). Alternately, a woman would be genetically-driven to cheat with a man who could provide better emotional or material resources (for her and her offspring) than her primary partner (Burnham & Phelan, 2000). “Unfaithful women are seeking better genes for their babies and/or better partners” (Burnham & Phelan, 2000, p. 178).

*Case 4. Concurrency due to the geographical distance of labor markets. Yields a neutral evaluation as “Necessary.”* South African economist Nicoli Natrass (2004) cites structural factors such as the geography of employment opportunities, explaining that migrant labor drives both men and the rural wives to have “extramarital affairs” as economically necessary (p. 32). This economic aspect encapsulates sex involving exchange as “survival sex” (Wojcicki, 2002, p. 340).

*Case 5. Concurrency resulting from greater sexual attraction to a person besides one’s primary partner. Yields a neutral evaluation as “Response to chemistry.”* Again from American news poll respondents, 41-48% found their concurrent partner to have a “sexier body” and 31% a “more attractive face” (MSNBC, 2008), suggesting it is a specific attraction and not merely general hormonally driven desire for procreation, but desire elicited by a specific individual’s physique.

*Case 6. Concurrency driven by a desire for more frequent sex. Yields a neutral evaluation as “Response to sex drive.”* In this same reader survey, 44% of Americans who cheated did so because they wanted sex more frequently (MSNBC, 2008). This is conceptually related to earlier arguments about hormonal levels, but implies that overall level of sexual desire can vary from person to person.

*Case 7. Concurrency resulting from a lack of emotional attention. Yields a neutral evaluation as “Fulfilling emotional needs.”* In contrast to physical needs, emotion is perceived as a cause by individuals who themselves participated in infidelity: 40% of U.S. women who cheated did so seeking more emotional attention (MSNBC, 2008).

### 2.2.3 Perceived Causes Yielding a **Negative** Evaluation of Concurrency

*Case 1. Concurrency as a maladaptive response to a psychological defect. Yields a negative evaluation as “Unhealthy.”* For certain clients, psychoanalyst Petrucelli (1996) views long-term or continual concurrency as maladaptive, and considered a compulsive or addictive behavior. An example would be concurrency which is an outgrowth of aggressive hatred towards one’s partner. This line between “functional” concurrency (seen in 2.2.1) and “compulsive” concurrency (addressed here) appears to relate more to the psychological issue motivating one’s entry into the concurrent relationship, than to the concurrent arrangement itself. Regardless, there is still the concept of moderation. Too many partners or too long an affair means an individual descends into the negative label of a sexual addict. However, compulsive or not, it is not a moral failing, just a less healthy way of coping with the psychological imperfections that are inherent to humans.

*Case 2. Concurrency caused by selfish disregard for obligations. Yields a negative evaluation as “Socially irresponsible.”* Anthropologist Betzig (1989) discovered that across 160

different cultures, infidelity was the primary reason for divorce. Other scholars thus classify infidelity as “wanton disregard for the marriage contract” (Burnham & Phelan, 2000, p. 186). While it is in our genes, sociologist Burnham and colleagues consider it a negative behavior, explaining that it requires self-control and hard work to keep the primary relationship interesting enough to avoid temptation.

*Case 3. Concurrency caused by a breakdown in traditional values and structures. Yields a negative evaluation as “Unruly.”* On the more structural level of society, concurrency or “promiscuity” has also been attributed to a breakdown in traditional rituals and beliefs that would have served to promote marital monogamy, often with the underlying assumption that the stable state of households in the past – considered to be marked by chastity – was preferable and has positive value (Oppong, Oppong, & Odotei, 2006). Traditional mores -- which involved strong penalties for any man who would seduce a married woman -- are praiseworthy in the researcher’s perspective since they minimized sexual harassment of women (Oppong, Oppong, & Odotei, 2006). In his analysis of the Nzema ethnic group in Ghana, scholar Nnuroh (2006) explains also the indigenous labels traditionally placed on married individuals taking concurrent partners; a man with multiple partners would be considered a “woman-eater” and a woman who seeks men would be a *sanfelele* or “cheap fish that could be bought at any price” (p. 99).

*Case 4. Concurrency caused by adherence to traditional values. Yields a negative evaluation as “Backwards.”* In some African cultural studies, multiple sexual partners – some of which are concurrent – would be seen as an outgrowth of traditional social constructs such as the idea of the *isoka* or the man with multiple sexual partners (Nattrass, 2004). In this case it is criticized by the scholar as being misogynist and discriminatory by gender.

*Case 5. Concurrency due to a lack of moral discipline. Yields a negative evaluation as “Sinful.”* In much of Africa, religions have framed the discourse over AIDS, which has centered largely around condemning extramarital sexual relations and alcohol abuse (Baylies & Bujra, 2000). In a specific example, Assembly of God songs have attributed AIDS as the consequence of “an adulterous life” (Baylies & Bujra, 2000, p. 87).

*Case 6. Concurrency the result of one’s foolishness. Yields a negative evaluation as “Spiritually harmful.”* In the Bible, beyond being sinful, adultery is viewed as something which is self-damaging to a person, as seen in the following passage from Proverbs 6:32: “But whoso committeth adultery with a woman lacketh understanding; he that doeth it destroyeth his own soul” (Public Domain, 1987).

*Case 7. Concurrency motivated by the desire to enact revenge. Yields a negative evaluation as “Malicious.”* Only a small portion of Americans who reported cheating did so because they wanted revenge on their primary partner (MSNBC, 2008). Interestingly, this has been seen across cultures and historical periods in a comprehensive meta-analysis, suggesting it is not unique to this poll (Betzig, 1989).

#### 2.2.4 Summary of **Cause** → **Value** Relationships.

Table 4 provides an overview of some of these causal criteria in the literature, and how those are linked to positive, negative, or neutral value judgments (evaluations). In summary, evaluation of concurrency is largely dependent on its causes as perceived by scholars or community members. Concurrency – which can vary categorically – can be valued as a positive behavior, left untouched as a neutral behavior, or excoriated as a negative behavior, depending on the variable of interest to the person in the position of judgment, whether this variable is HIV risk, or social appropriateness, or economic stability. Based on this review of the literature, it is

advisable that this study undertake its own explication of concurrency as it is understood in the study area in Mozambique, with attention to categorical definitions, attributes of concurrency which are of local interest, and the social and personal evaluations placed on the behavior, with an eye to what is believed to “cause” concurrency locally. This is the type of concept explication attempted by this author and presented in Chapter 4, Results.

### *Section 3. Theoretical Lenses*

Prior studies of sexual concurrency offer strong coverage of structural determinants such as labor mobility (Campbell, 1997) financial need (Bagnolle & Chamo, 2003), and gender inequality in power (da Silva et al., 2006; Ezumah, 2003; Hawkins et al., 2005). This analysis, by contrast, focuses more on psychosocial factors that can influence sexual partnering decisions. Departing from the explicated concept of a behavior called “concurrency,” this study utilized constructs from common health behavior theories in order to achieve a better understanding of individual, interpersonal and societal expectations contributing to concurrency, with an eye to factors less explored in existing literature.

#### *2.3.1 Social Norms*

The general concept of social norms has played an important role for several decades in studies of health behavior, as in the Theory of Reasoned Action/Planned Behavior (Ajzen, 1991; Fishbein & Ajzen, 1975) and Social Cognitive Theory (Bandura, 1986). More recently, health behavior scholars have found it useful to draw on additional theorists and distinguish between two types of social norms: **injunctive norms** (what “ought” to be done to conform with the “positive expectations” of others), compared with **descriptive norms** (what a person empirically observes everyone else to be doing) (Cialdini, Reno, & Kallgren, 1990; Deutsch & Gerard, 1955). Note it is an individual’s *perception* of norms in both of these cases that matters more

than the actual norm – the key is her perception of what others think she ought to do (perceived injunctive norms), and her perception of what others around her are doing (perceived descriptive norms). Given that sexual behavior is an inherently social phenomenon (Wiggers, Wit, Gras, Coutinho, & van den Hoek, 2003), it is not surprising that perceived descriptive and/or injunctive norms have been found to be linked to sexual activity in sub-Saharan Africa (Petersen, Bhana, & McKay, 2005; Smith, 2007a) -- including intention to be faithful or concurrent (Smith & Nguyen, 2008) -- as well as various sites around the world (Dancy & Berbaum, 2005; Hirsch et al., 2007; Flores, Tschann, & Marin, 2002; Peterson, Rothenberg, Kraft, Beeker, & Trotter, 2008; Sorensen, Anderson, Speaker, & Vilches, 2007). Given the relevance of social norms theories, the study was designed to elicit normative responses from focus group participants. As described in more detail in Chapter 3 (Methods), study instruments included separate items on these distinct subjective norms, for example: “What do that man’s friends think about the fact that he threw his wife out of the house?” (injunctive norms) or “Does this type of a story happen frequently?” (descriptive norms).

Social norms are often studied by collecting data from individuals, to learn their perception of community-level behavior and approval. A woman’s normative beliefs are unique to the set of interpersonal influences that have molded her perception of social sanctions. For example, her parents, church pastor, husband, friend, or even an unknown voice over the radio could contribute to a woman’s idea of what she should do or of what is most commonly done. So while norms are ultimately perceived by an individual, and expected to impact his or her personal behavioral decisions, these normative beliefs only come into being through that individual’s *relationships* (Maccoby, 1990). Thus, concurrency norms are established through the dyadic relationships with peers, family, friends, and primary and secondary sexual partners,

and conformity with these norms is demonstrated back to these same people. Thus, in taking a social norms perspective, it must be understood that these norms are exerted and conformed to in a relational context, not just an individual or society-wide context.

### *2.3.2 Gender-specific Social Norms*

This study considers gender norms as an inseparable aspect of overall social norms around sexual partnering. Gender norms have been cited as a key factor to understanding sexual HIV risk in sub-Saharan Africa (Barker & Ricardo, 2005a; Campbell, 1997; Ezumah, 2003; Harrison et al., 2006; Seeley, Grellier, & Barnett, 2004; Wolff, Busza, Bufumbo, & Whitworth, 2006). In Mozambique specifically, studies suggest much of social and economic life is shaped by gender-role expectations (da Silva et al., 2006), and social science and health researchers have found it useful to take gender norms into prominent consideration in studies of sexual behavior in Mozambique (Agadjanian, 2005; Hawkins et al., 2005; Machel, 2001).

The concept of gender – what it means to be a man or a woman – is understood by many scholars to be socially constructed (West & Zimmerman, 1987). This construction is believed to occur through both cultural and psychological cues and individually variable responses throughout one’s lifetime. This is an outgrowth from an earlier social determinist perspective on gender, in which it was viewed that a person’s behavior is kept in line with gender-appropriate standards through role modeling beginning in childhood and supplemented by ongoing positive or negative reinforcement by other individuals, groups and media throughout their lifespan (West & Zimmerman, 1987). In slight contrast, social constructionism recognizes that each individual, based on his or her personal character and situations, responds differentially to the social models presented to him or her, resulting in a collage of masculinities and femininities that overlap and vary over time, even within the same individual. So gender is co-constructed between an

individual and his or her society. Other scholarship within public health considers that socialization, while valid, is not the sole source of gender-differentiated behavior, but is instead in constant interaction with biological determinants of behavior, such as hormone levels (Udry, 2000). Despite debate, there appears to be broad assumption in the HIV programmatic literature that gender-distinct behavior is at least largely determined by an individual’s response to societal acculturation (Barker & Ricardo, 2005b; Osorio & Arthur, 2002).

Importantly, predominant scholarship has suggested that within any culture, multiple versions of manhood and womanhood are circulating, in a concept called “multiple masculinities” (Connell, 2005). Note that this would apply to descriptive norms – that within a population, individual men are behaving in a variety of ways -- as well as to injunctive norms – that in any one society, there are multiple prescriptions for gender-appropriate behavior. According to Connell (2005), at any given time one of these prescriptions is likely to dominate as the “hegemonic” or preferred masculinity (or femininity), though few if any real men or women fully achieve this idealized “manhood” in their actual behavior. Thus there exist multiple norms for each gender’s behavior, but some will exercise more influence than others depending on the time period or population subgroup. The assumed possibility of multiple social norms surrounding gender is an important assumption in this analysis.

Given a situation where one of these gender-specific prescriptions dominates in a given community, it is expected that each individual will, often subconsciously, alter his or her behavior in compliance with or defiance to this prescription; Pleck (1995) suggests compliance will usually reign, depending on how much a person is naturally motivated to be in line with societal expectations. He goes on to posit that being out of line with this prescription can lead an individual to experience “gender role strain.” In a fashion similar to the household concept of

“peer pressure” (where a perceived difference between oneself and others leads a person to conform to group norms), in gender role strain, if an individual recognizes, or is made to recognize, that her behavior is inconsistent with behavior prescribed for a woman in her community (gender role “discrepancy”), it is expected she would experience cognitive and emotional stress (gender role “conflict”). It is expected this stress would spur her to conform, or continue to plague her should she maintain distinct actions (Pleck, 1995). Further, the act of bringing oneself into line with the dominant gender norm can also be damaging to oneself or one’s family (gender role “trauma” or “dysfunction”), in the sense that this requires the individual to perform behaviors that are physically or emotionally harmful, such as a man committing domestic violence or a woman enduring it in silence. Such a harmful behavior would be understood as being maintained in spite of these deleterious effects, due to the strong, instinctual need to be in social compliance (Pleck, 1995). This concept of gender role strain has been successfully applied in other studies on sexual concurrency, suggesting it is an important factor (Campbell, 1997; Chapman, 2004). In this analysis, the category of gender role trauma and gender role conflict are present in the analytical assumption that gendered social norms not only exist, but that people will generally have a strong subconscious need to comply with these norms as they perceive them, lest they experience extreme social and personal discomfort.

### *2.3.3 Common Behavioral Determinants*

Besides a general concern with normative influences, analysis also borrowed from other common health behavior predictive constructs, principally attitude toward the behavior from the Theory of Reasoned Action (Fishbein & Ajzen, 1975) which includes beliefs about the outcome of the behavior and a positive or negative evaluation of those outcomes (Glanz, Rimer, & Lewis, 2002). Similarly, this analysis examined perceived causes, motivations, consequences (including

perceived susceptibility) and other determinants of human behavior in general, and of in concurrency in particular. Regarding concurrency-related decisions, the author considered that some decisions about concurrency may be subconscious while others may be rational and self-aware; the potential role of the latter explicit decision-making is suggested in other qualitative research around extradyadic sex in the region (Smith, 2007b).

#### *Section 4. Research Questions*

The research questions addressed in this paper are:

- RQ1: How is concurrent sexual partnering defined by adult community residents in semi-rural Zambezia, Mozambique? By what characteristics does it categorically vary?
- RQ2: What are residents’ attitudes towards these concurrency behaviors?
- RQ3: What are the gender-specific social norms encouraging or discouraging concurrency, as perceived by residents?
- RQ4: Within the context of the committed primary partnerships common among Zambebian adults (marriage, cohabitational unions), what is the understanding of residents as to what causes or influences concurrency, beyond the primary causes already espoused in the literature? Similarly, what do residents perceive as the consequences of concurrency?
- RQ5: How do residents perceive HIV/AIDS in the context of concurrency?

#### Chapter 3. Methods

This paper reports on data collected as part of the Johns Hopkins University Center for Communication Programs (JHU/CCP) programmatic work in health communication and HIV prevention in Mozambique. This analysis – specific to the behavior of concurrent sexual partners -- was nested within the broader formative research being undertaken by JHU/CCP.<sup>1</sup> This text

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<sup>1</sup> The broader JHU/CCP qualitative study investigated several categories of adult heterosexual behavior across different Mozambican provinces through a variety of instruments and methods (interviews, groups, etc.).

has limited its descriptions to the portion of the data examined in the present analysis: concurrency-related dialogue in discussion groups in semi-rural communities in Central Mozambique conducted by JHU/CCP in November-December 2007. This qualitative study involved discussion groups with (a) men ages 25-35, (b) men ages 35-40, and (c) women ages 25-40, in two districts within the largely agricultural province.

*Section 1. Study Area*

The study took place in the province of Zambezia (Figure 4), a fertile area in Central Mozambique known for its agriculture and natural resources. It also houses some small industry such as textiles, and is a route for goods traveling over highways and the mighty Zambezi River to and from Malawi, the Northern provinces, and the port city of Quelimane. Zambezia is known for its independent nature and historical opposition to the central government and ruling party. Zambezia is ethnically distinct from Northern and Southern Mozambique, with seven languages spoken in its different sub-regions (Instituto Nacional de Estatística, 2006).

The two study sites consisted of semi-rural neighborhoods around the main townships in two districts – Mocuba and Morrumbala (Figure 4). Mocuba is a medium-sized town and regional trading center at the crossroads of a major East-West and North-South highway in Central Zambezia. Within the town there are boarding houses, restaurants, truckers, and a sizeable market. Surrounding the town are predominantly agricultural communities, whose residents often travel to the town market to sell their products. There is also some foreign investment in the area for industry, so there are families with non-agricultural employment as well. Politically, Mocuba largely supports the opposition party. Languages are Lomwe, Chuabo and Portuguese.

In far Western Zambezia, Morrumbala is the urban center of the district by the same name. It is a much smaller town that is the last main stop before entering Malawi. Morrumbala saw heavy fighting during the civil war and much displacement. Politically, Morrumbala has stronger ties to the government party (socialist). Languages are Sena and some Portuguese. Due to language difficulties among research staff, only one discussion group was conducted in Morrumbala.

HIV prevalence in Zambezia province is estimated at around 19% (95% CI, 12%-29%) based on surveillance data among pregnant mothers (UNAIDS, 2008). Based on prior statistics, the selected study sites were expected have similar or higher prevalence than these provincial-level figures (2004 data suggesting prevalence around 18.4% in Mocuba and 22.4% in a comparable town to Morrumbala (also along the Malawi border) (Grupo Tecnico Multisectorial, 2005). Thus, HIV prevalence in these communities was likely on par with or greater than the provincial average.

### *Section 2. Study Design and Procedures*

The study design was approved by the Institutional Review Board of the Johns Hopkins Medical Institutions. The study design and draft instruments -- prepared directly in Portuguese by the JHU/CCP research team<sup>2</sup> -- were presented to provincial stakeholders (provincial health directorate and local and international outreach organizations) in order to receive feedback on methodological issues such as selection of the study sites, participant recruitment, and field techniques, as well as political issues such as navigating local gatekeepers in the study sites.

Within Zambezia, study sites were selected through two-stage theoretical sampling. In the first stage, the research team – in conjunction with local government and NGO officials –

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<sup>2</sup> Principle Investigator, Maria Elena Figueroa, PhD, JHU/CCP, and Mozambique Research Director Rosa A. V. Said, MS, JHU/CCP. Their work received support and input from Emily Holman, Student Research Assistant, JHSPH.

selected three administrative districts that would, taken together, reflect a diverse set of locally-known cultural patterns within the province, prioritizing expected diversity in terms of gender norms, economic livelihood, and sexual behavior patterns. This also included intentionally over-selecting for proximity to transportation corridors, where HIV prevalence was thought to be higher. Within each of these two districts, the second phase of theoretical sampling involved selecting peri-urban and semi-rural neighborhoods in order to cover diverse lifestyles and economic livelihoods within the district, while minimizing travel time to extremely remote locations. There was intentional over-selection for semi-rural neighborhoods, given the identified gap in rural research on sexual behavior in Mozambique.

### *Section 3. Pretesting*

The research team pretested the instruments near the provincial capital city of Quelimane, with approximately 50 adults (~32 men ages 25-40, ~18 women ages 25-40) in one peri-urban site (at a health center after-hours) and one semi-rural site (neighborhood gathering place), under observation of the JHU/CCP team. Based on a review of recordings and feedback received from the local researchers, the team made adjustments to simplify wording on complex questions, include additional topics that surfaced in the pre-test, and limit the overall length of the instruments.

These stakeholders provided references of qualified college-trained individuals working in provincial capital who could serve as group facilitators or individual interviewers. Interested candidates attended a two-day training which covered the underlying research questions, use of the specific instruments, probing techniques, and logistical aspects of the research commitment. Following a workshop simulation, they practiced administering the instruments in two separate field sites, under observation of the P.I. and Research Director. Candidates with sufficient skill

were hired, and brought back a week later for a one-day review session, where the Research Director covered revisions in the instruments and reinforced the open-ended exploratory style expected from the facilitator and interviewers.

#### *Section 4. Data collection*

Data collection involved the use of informal discussion groups of 7-10 individuals of the same sex, where the facilitator guided participants in semi-structured discussion through the use of the six instruments described below. Each discussion lasted about 70-90 minutes, occasionally more. Groups were age/sex divided as shown in Table 5, for a total of seven groups, or approximately 60 respondents.

The groups drew heavily on projective elicitation techniques, which can be used in behavioral research to unearth the subconscious expression of respondents’ experiences, beliefs, and the meaning they attribute to concepts (Wiehagen et al., 2007). Borrowed from psychology, these techniques are most frequently used in a clinical or institutional setting around sensitive topics such as child abuse or suicide, often for diagnostic purposes (Flanagan & Di Giuseppe, 1999; West, 1998; Zalsman et al., 2000). While there is some debate about their accuracy in clinical diagnostics (Garb, Wood, & Nezworski, 2000; Lilienfeld, Wood, & Garb, 2000), they have been used effectively for formative research in marketing. The groups drew heavily on projective elicitation techniques and the health sciences (Donoghue, 2000; Regan & Liaschenko, 2008; Wiehagen et al., 2007). For purposes of this study, these exercises were used to elicit inner feelings, values, and attitudes about concurrency through non-invasive, *indirect* questioning (Donoghue, 2000). For example, instead of asking a group of women, “Have any of you had extramarital partners?” , which would be very direct and intimidating, a projective technique would instead showing the group a *picture* of a woman similar to them and then ask if they think

*she* (the woman in the picture) has ever had an extramarital partner. It can be assumed that any experience a respondent projects onto the woman in the photo is coming from an experience they or someone they know has had, or that it is an experience within the realm of what would be possible or realistic in their community. Second, any phrases they use to describe her, positively or negatively, should reveal personal attitudes towards the behavior or the type of person she represents. Finally, since these discussions are held in groups with other peers in their community (as opposed to strangers as is often the case in marketing focus groups), they constitute a semi-public setting, not a private group. Given anything a woman is willing to say in this peer group is likely self-censored for public display, we would expect mostly normative responses. A taboo issue or piece of knowledge may only come out as projected onto the deviant character portrayed in a photo or story.

There were seven instruments used within the discussion groups, as described here:

1. Open-ended question on the Ideal Man/Ideal Woman: Respondents were asked to explain, in their opinion, the key elements of a “good man” and a “good woman,” a “bad” man and woman, and how men and women are different from each other.
2. Ambiguous photos: Respondents were shown, one by one, a set of photos that show couples in different states of high emotion of an ambiguous nature or cause (an argument, a sad facial expression). For each, respondents were asked in an open-ended format to explore what the characters were feeling, what they thought might be happening between the characters, what events might have led up to the pictured moment, and what might have happened next.
3. Narrated photos: Respondents were shown, one by one, a set of photos, and the facilitator narrated a story about each. These narratives brought up topics like HIV infection, good

health, condom use, and concurrent, transactional and cross-generational sex.

Respondents were asked structured questions about specific characters’ feelings, risk perception, the social influence of peers and family, and other contextual topics relevant to sexual behavior.

4. Case study of concurrent sexual partners: Respondents were told a story of a concurrent sexual network where a man discovers he is infected with HIV. They were then asked to give comments about the character’s feelings, motivations, and what steps he might take.
5. Case study of cross-generational, transactional sex: Respondents were told a story about a relationship between an older married man and a younger woman and were asked to give their comments about the characters’ feelings, motivations, and how society might have perceived them.
6. Counterarguments: Respondents were given controversial (attitudinally loaded) statements about health-protective behaviors, and were asked to rebut as to why people might not conform to such behaviors. For example, “While we know that fidelity is important, even so, some people aren’t faithful because...” and then respondents offered possible reasons.
7. HIV in the community: Direct second-person questions about HIV in the community and how it has affected them locally. Unfortunately, due to time limitations, these questions were not posed to most of the groups.

Discussion groups and interviews were conducted by native Zambebian researchers in Portuguese, in local dialect, or in a combination of the two. Sessions were recorded on cassette tapes, mini-cassettes, or digital recorders, labeled with a distinct code, and turned into JHU/CCP for safekeeping. In the case of discussion groups, the facilitator was paired with a partner

researcher, a co-facilitator, who took handwritten notes summarizing participant responses and recording any noteworthy facial expressions, withdrawn body language, or other non-audible aspects of data.

By design, JHU/CCP presence in the study sites was kept to a minimum, in order to minimize social desirability bias. Also, this enabled the researchers to establish a comfortable, trusting climate with the community leader (*régulo*) and participants that would have been more difficult if a foreigner (or a Mozambican from another province) had been present at the research site.

Recordings of the discussions were transcribed in part by the research team, according to a set of transcription conventions that included recording incomplete expressions, utterances, and significant moments of silence or pause. Transcriptions were reviewed by the JHU/CCP team in their initial stages to be sure researchers understood the importance of direct transcription without regard to grammar preservation. Dialogue in native languages was transcribed directly into Portuguese by the bilingual interviewers. Remaining tapes were transcribed in Maputo by social science university students according to these same conventions. Any identifying markers such as names of real people were blocked out at the time of transcription.

Portions of the tapes were reviewed each evening to monitor facilitation style, and suggestions were made to the interviewers on how to improve their elicitation technique based on these tapes. Also, this helped the research team to identify which issues were not coming out sufficiently in the data and make adjustments. For example, concurrency was not being discussed in sufficient detail, so the concurrency case study instrument was moved earlier into the field guide. Also, the photos section was considered so long as to be burdensome to participants, so the research team eliminated photos that were eliciting less relevant discussion.

A timeline of these research activities is presented in Table 6.

### *Section 5. Analysis*

This analysis was confined to data from semi-rural settings, specifically six discussion groups held in communities in Mocuba district and one held in a community in Morrumbala district. I did not take into consideration other research activities that were not topically focused on concurrency.

My work consisted of a combination of qualitative analytical approaches common in qualitative public health research. I intentionally did not participate directly in research activities, with the assumption that the data are more valid or unfettered self-representations by the respondents to the Mozambican facilitators, who were similar to respondents in terms of speaking the language and being from the same province, but different in that they were from the capital city and had not grown up in the specific neighborhoods where the discussion groups were conducted. I attempt to limit my introduction of personal observations beyond what I believe the transcripts themselves suggest, though I do corroborate my data-driven observations with my perceptions based on six months living in the country, and certainly these perceptions, and my personal interest, have framed what patterns I was and was not primed to recognize in my data combing.

Ontologically, I assumed reality to be somewhat subjective, in the sense that a respondent's *perception* of the world was a valid endpoint for the research to try and comprehend. However, in that vein I did bring my somewhat positivist belief that actual “thought patterns” do exist among the respondents. While respondents' thoughts certainly fluctuate and evolve over time and place and person, I trusted that any patterns detectable by me as a researcher were likely to have some similarity to true “thought patterns” or justifications

which were, at least at the time, circulating in the communities. So while the most detectable “thought patterns” may not have corresponded to the most prevalent behaviors, they should indicate some of the existing social understandings.

My interpretation was based in social constructivism or the idea of social representation (Flick, 2006). I focused on how discussion group respondents understood and made meaning out of the sexual and relationship behaviors being discussed (Creswell, 2007). In reading the text, I expected some comments would arise from the participants’ subconscious organization and understanding of events, since the projective techniques intended to solicit “gut” reactions that would involve less self-censoring as respondents were not explicitly speaking about their own household when discussing stories and photos. At the same time, I expected discussion to necessarily include respondents’ intentional representation of their thoughts, crafted into what respondents would consider to be the socially desirable dialogue as they perceive it to be in the eyes of the other discussion group members and the group facilitator (researcher from the provincial capital). The opinions respondents expressed should indicate responses which would have been socially appropriate (and perhaps common) in semi-public settings in these communities. Given my interest was in studying social norms, a response manipulated to be socially desirable would be valid as an indication of existing constructions. This is consistent with a similar qualitative study (on extramarital sexual activity in rural Malawi), where it was also expected participants were “managing their presentation” and thus inviting an analysis of “rhetoric” (Tawfik & Watkins, 2007) that may or may not closely correspond to reality.

Methodologically, I took a largely phenomenological approach. In trying to explicate the concept of concurrent partnering (Chaffee, 1991) as respondents understood it, my effort was similar to the “composite description of the essence of the experience” that a phenomenologist

undertakes (Creswell, 2007). My analysis also drew from the phenomenological camp in my interpreting a predominant definition across discussion groups, that is, I sought to identify a general or overall experience (Creswell, 2007). However, true phenomenology would involve direct questioning about an individual’s lived experiences (Creswell, 2007). Instead, in my case respondents were not directly presenting their experiences per se so much as their personalized *understanding* of locally known experiences, some of which they may have taken part in.

Portuguese language transcripts were entered onto Atlas-Ti 5.2 QDA software (Gmbh, Berlin). I had a pre-established public health interest the phenomenon of concurrent partnering, and in identifying behavioral determinants (such as “social norms”) around concurrency. Data review involved open coding on a small section of transcripts in order to identify emerging topics and themes. This meant I simultaneously generated structural (axial) codes on topics (such as “concurrency” or “transactional sex”), theoretical codes on behavioral constructs (such as “risk perception”), and thematic codes on emerging constructs in the local language (such as “a good household” or *um bom lar*). Then I used this general codebook to review the full set of transcripts. I considered my pre-established topics of interest alongside newly emerging themes, without a rigid phase-driven order. As I reflected on emerging patterns and discussed with others, this would lead me to new theories and then I would introduce new codes as they appeared necessary. Thus index and thematic coding were not done in sequential phases but rather both at the same time, and throughout the analysis process the data were continually allowed to suggest new topics and categories of meaning. In a final stage, I returned to the quotations under codes of greatest interest, such as “concurrency,” “HIV” and “conflicting social norms,” and selected illustrative excerpts, verifying my points of discussion through excerpts and supplementing with text from conceptually related codes. In moments where interpretation was

unclear due to insufficient data, I corroborated my observations with similar data from discussion groups in peri-urban settings (around the Zambezan capital of Quelimane).

## Chapter 4. Results

### *Explication of Concurrency in Zambezia*

This chapter explicates concurrency as it exists in the minds and shared experiences of Zambezan respondents. Since the objective of this paper is to understand local meanings and behavioral contexts for concurrency, rather than to quantitatively measure instances of concurrency per se, results have been limited to explicating the concept in its endogenous perceptions, identifying social norms and attitudes underlying these local understandings, and explore any other factors that Zambezan respondents appear to associate with concurrent behaviors.

#### *Section 1. Categorical Explication*

##### *4.1.1 Overarching Categorical Explication*

In analyzing the discussion group transcripts, four concurrency categories emerged from the Zambezians’ descriptions, falling under a broader category that can roughly map over the working definition of “concurrency” established in Chapter 2. For these categories of concurrency, I have selected Portuguese verb phrases from the data to title them, according to how respondents described these actions.

First, in looking for an endogenous Mozambican phrase to represent the overarching category of concurrency, the phrase *andar fora* or “**walking outside**” (“to take a walk outside the home”\_ would be the best overarching fit. *Andar fora* assumes the initial existence of an “in” that is within the home (that is, a primary partnership) – in contrast to a depicted place outside the home (where concurrent partnerships would be formed).

*There are certain men that do this because at home there isn't understanding with the wife, and he **goes outside** saying that I'm going to refresh myself there outside...*

Men 25-35, Mocuba

*She's at home; she **went outside** to have it with this man.*

Women 25-40, Mocuba

*You can always find her **outside** with another lover. Besides her husband she has sexual relations with another person.*

Men 25-35, Morrumbala

*Now when you **take a walk** with Antonio, Francisco, you get AIDS.*

Women 25-40, Mocuba

*...**to walk** whichever way with the men.*

Women 25-40, Mocuba

Another potential Zambesian synonym for concurrency is the phrase *Não ser fiel*, or “To not be faithful” which was frequently in the data accompanying discussions of these various concurrency categories. “Faithful” was often a descriptor for the behavior which would be opposite of or in contrast to these concurrency categories.

*Because a man tries **to be faithful** for a woman and she goes and **betrays** you later on, this hurts a lot.*

Men 25-35, Quelimane

One common definition of fidelity was two-way monogamy with one's partner, or non-concurrency at the level of the partnership.

*Because to have a fidelity, it should be from both people, not just one part or another part, because I can be faithful, and if my wife **isn't faithful**, we aren't doing anything.*

Men 25-35, Quelimane

For most respondents, it appeared that “walking outside” would be considered an infidelity, as in the following comment where the respondent makes it quite clear:

*...in order to have a fidelity it is necessary that this fidelity be from the two people, not from just one part, because I can be faithful to my wife, and if my wife isn't [faithful to me], well in that case we're aren't doing anything.*

Men 25-35, Quelimane

However, this is not conclusive, as some dialogues left it questionably open whether fidelity was any extradyadic sex, or only extradyadic sex that could lead to disease transmission. This vagueness about differentiating between all sex, protected sex, disease-causing sex, and societally-damaging sex, and where fidelity might fall within that, is seen in the following discussion excerpt:

*F: How is HIV transmitted?*

*R: **The AIDS virus is transmitted when someone isn't faithful to their male or female partner**, also by transfusion of infected blood, and you shouldn't use the same cutting objects.*

*F: Is it found to be convenient to practice unprotected sex? Why?*

*R: I don't think so, because practicing unprotected sex a person runs the risk of transmitting STDs.*

*F: Do you know why it is that one uses the condom?*

*R: You use a condom to prevent the transmission of the virus, also avoiding unwanted pregnancy that could put at risk the life of the woman or the baby, or [put at risk] the very family or society in general.*

Men 25-35, Morrumbala

Given the potential for over-simplification should we equate all “walking outside” with “not being faithful,” we will opt for using “walking outside” as the best overarching concurrency term.

As this paper focuses on concurrency among adults over 25, most of whom were in primary partnerships (marriages or common-law unions), there is an intentional bias towards exploring concurrency within the context of an established primary partnership between two adults. In the discussion groups, respondents only described heterosexual relationships, therefore this analysis only refers to encounters with opposite-sex partners; while homosexual concurrency may occur, it is beyond the reach of these data.

In the following pages, the four behavioral categories (I, II, III and IV) falling under the umbrella behavior of “Taking a walk outside” are proposed as the author’s best reflection of how Zambesian respondents were mentally categorizing concurrency behaviors. These categories are

summarized in Fig. 5. Each description summarizes the behavior itself followed by the attitudes towards the behavior espoused by the respondents (Ajzen, 1991).

4.1.2 *Category I: “Ter Amigos.” Translation: “To have [opposite sex] friends.”*

This first category was the behavior of “having friends” (*ter amigos*). This constituted a relatively short-term sexual dalliance with someone besides the marriage partner. The word “friends” was often used by respondents when referring to these partners.<sup>3</sup>

*F: Do you think this man has other women?*

*R: He does. He could have **friends** (“amigas”) – he has [female] friends – friends are not lacking.*

Women 25-40, Quelimane

For this category, the primary function of the encounter appeared to be completing the sex act itself, not the broader social-emotional functions of an established relationship. These were mostly one-time or short-term involvements. The parallel in the public health literature would be the “casual partners” (as a subset within the category of “secondary partners”). One female respondent tries to explain why this might happen:

*F: I know that fidelity is important, but...*

*R: But there are some people, some people aren’t faithful because [pause], I don’t know what it is [pause], they begin to feel, they want to have another [female] **friend**, for example, if a man wants to be faithful to his wife he can’t go out and seek out another -*

Women 25-40, Quelimane

In this case, she appeared to understand the behavior within the context of a temporary feeling that is to be alleviated through this “friend.”

*Attitudes towards the behavior.* As seen in the above quote, this category of having an occasional casual partner was considered, in this case, an act of infidelity, given the respondent

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<sup>3</sup> Note that in all the above quotations, “F” indicates words spoken by the Facilitator, and “R” refers to words spoken by one of the Zambesian Respondents. In the case where it was possible for the transcriptionist to discern between the voices of distinct respondents, R1, R2, etc. were used to distinguish between them.

described the action in opposition to being “faithful.” However, despite considering it a technical infidelity, the respondent evaluated the action somewhat neutrally, given she believed she understood why a normal man would be motivated to have a friend. She did not demonize him in her description with judgmental language.

Interestingly, some women in the community were thought to hold positive views of “having friends.” Respondents expected these women would criticize a man who was not open to Category I “friends” behavior, as the following excerpt illustrates:

*F: What do women think of this type of man [who stays at home with his wife]?*

*R: Other women could go so far as to hate him.*

*R2: Other women talk bad about him saying that he doesn't have **friends**, that he only stays at home with his wife and doesn't even go out to walk around*

Men 25-35, Mocuba

Although this was a male respondent speculating as to what other women think, it is our assumption that some experiential observation by this man led him to that conclusion. In this next case, another respondent also considered “having a friend” to be an action of infidelity.

Here respondents evaluated this behavior by a fictional husband from one of the stories:

*The [husband] forgot that he already got into it with several [women]; he already slept with Joana or with Manuela, with Antonia. He already forgot about them. Now he has come back to his wife.*

- Men 35-40

These men characterized it slightly negatively, as they portrayed the man as being rather foolish to not even remember, or care to remember, his past experiences “having friends.”

#### *4.1.3 Category II: “Ter Amante.” Translation: “Having a lover.”*

In contrast to the category of “friends,” which are more casual, we see a second category emerge as these outside friends become serious enough to earn the label of “lovers” (“*amantes*”). This appears to be when the partnership is of a measurable duration or ongoing nature. This constitutes an extramarital *relationship*, not just an extramarital sexual encounter.

In public health literature, this is often referred to as “long-term secondary partners” (Halperin & Epstein, 2004), an ongoing series of encounters with the same person.

*It could be [in the photo] that that woman is the wife of that man, and she has just surprised the husband with his lover (“amante”) and is there to settle accounts with her, while their friend is trying to separate them.*

Men 25-35, Mocuba

Such quotes gave the sense that an *amante* or lover would be an established figure in a person’s social life, receiving the title of “lover” as a personalized moniker. This was distinct from narratives of untitled men or women that a person would only have had sex with once or twice, as suggested below:

*He could have gotten AIDS from a third woman and then transmitted it to his wife and his lover.*

Men 25-35, Mocuba

Note that a person could have more than one established lover:

*This woman doesn’t trust her husband because perhaps he walks around a lot, he has lovers (“amantes”) and sometimes he arrives late at home, or doesn’t even come back the same day.*

Men 25-35, Mocuba

*Attitudes towards the behavior.* In discussing this category, respondents donned a variety of behavioral evaluations. In the following scenario, respondents spoke rather matter-of-factly, with a neutral characterization of each of the characters.

*But it could also be that she is the wife of that man, and she surprised her husband with his lover (“amante”) and she’s there to settle accounts with the lover and their friend is trying to separate them.*

Men 25-35, Mocuba

The behavior of having a lover was sometimes portrayed in negative light, equating it with the term *traição* which means treason, essentially being a traitor to one’s spouse. The word *traição* was used in this more serious case of “having a lover.” Having a lover was also viewed as negative in terms of the potential to get HIV from the relationship:

... *Joao could transmit the AIDS he got from his lover (“amante”).*

Men 25-35, Mocuba

It became evident that whether or not AIDS could be brought in from the *amante* in question was a significant factor in how Mozambicans evaluated the behavior. To tackle this required clarifying two separate sub-categories within “having a lover,” given respondents seemed to distinguish between having a lover and using condoms – labeled Category II-A -- versus having a lover and *not* using condoms with that lover – labeled Category II-B (Figure 5). A description of these sub-categories follows.

*4.1.4 Category II-A: “Ter Amante e Se Proteger.” Translation: “Having a lover and protecting oneself (using a condom).”*

The concept of this separate category was identified in November 2007 in Mozambique by Dr. Maria Elena Figueroa of CCP (Figueroa, 2007) and reinforced in analysis by Rosa A. Said of CCP in December (Said, 2007). Depending on the respondent who was speaking, having an outside lover might not signify infidelity, as long as the character was using condoms with that outside lover. This was suggested in the below dialogue about a “good man” character who was head of household and, from the facilitator’s narration of the story, explained to be HIV-free:

F: *Do you gentlemen think that this husband has other women?*

R: *He could, inclusive, have other women.*

F: *What does this guy do when he likes (is attracted to) another woman?*

R: *If he likes another woman, he first sends her to go get an HIV test in order to know if she is infected or not.*

Men 25-35, Mocuba

*Attitudes towards the behavior.* Interestingly, attitudes were generally positive concerning Category II-A (“have a lover but use a condom”) behavior. In considering the behavior of a fictional “family man” character (who is healthy and HIV-free), respondents listed

careful selection of a disease-free outside lover as one of the positive, responsible options that this man could take to avoid HIV. They implied that the important outcome, for purposes of this man’s happy marriage and family, was to avoid is bringing disease into the partnership, rather than to maintain a Western-defined sexual fidelity per se, as seen at the end of this dialogue:

- F: Could Samuel have avoided getting infected?*  
*R: Yes, he could have.*  
*F: How?*  
*R: Using a condom, being faithful to his wife, controlling his own outings.*  
*R2: He should have tried to find out the [HIV] status of his lover before getting involved with her without a condom.*

Men 25-35, Mocuba

In characterizing this same family man, respondents again considered he could be a faithful husband as long as he was protecting against HIV with any secondary partners.

- F: Do you think this man has other women, or what do you think he does when he likes another woman?*  
*R: Ay, when he walks, or, when he is wanting to walk with other women, he walks with a condom in order to take care of himself, se if he can’t, if he cannot get a disease, yes.*  
*F: Any other ideas?*  
*R2: It’s what he said, he always walks around in a way to take care of his body, uh huh, when he goes outside then he prevents, that’s why he doesn’t have HIV.*

Men 25-35, Mocuba

An additional respondent also placed condom use with an outside partner to be in a similar general category as fidelity,

*Using a condom, being faithful to his wife, controlling his own outings.*

Men 25-35, Mocuba

For example, this healthy man was described by respondents as being good to his wife and family. They subsequently portrayed this family man as engaging in category II concurrency, but in a responsible manner (using a condom) – therefore it was not portrayed as an “infidelity” at all, as seen here:

- F: Do you think his friends are like him?*

- R: *They're different, because what his friends do, he doesn't want.*  
F: *Do you ladies think that this man has other women?*  
R: *He has only one woman, now I don't know if that other woman [an elderly woman in the family photo] is another woman or not, I don't know well.*  
F: *Now, when he likes another woman, what does he do?*  
R: *She can come and sleep with him, if he likes it he will marry her, or take care and use a condom.*

Women 25-40, Mocuba

In summary, *responsible* concurrency was actually not considered to be infidelity to these male respondents. This “responsible” concurrency could even include *unprotected* sex with an outside woman if he was certain she was HIV negative. Again, in a consideration of the behavior of the same photo of the “healthy” family man:

- F: *Do you gentlemen think this man has other women?*  
R: *He could even have other women.*  
F: *What does this man do when he likes another woman?*  
R: *If he likes another woman, he first sends her to go get an HIV test to see if she is infected or not.*

Men 25-35, Mocuba

Thus, in the eyes of some respondents, a man could still be faithful to one's spouse as long as he was using condoms (Figueroa, 2007; Said, 2007) or taking measures to ensure the outside partner was disease-free.

*4.1.5 Category II-B: “Ter Amante e Nao Se Proteger.” Translation: “Having a lover and not protecting oneself.”*

In this category, respondents demonstrated how by not using a condom with one's lover, a person would be endangering the primary partnership in measurable ways. A committed (married) man or woman having an outside lover and not using condoms is, in the eyes of locals, “not being responsible” because this puts their primary partner and family in danger of: (a) suffering from HIV or disease; or (b) suffering reduced resources, as time and money are deviated to the secondary partner.

Attitudes towards the behavior: For this category, respondents framed condom use positively and recognized that not using condoms would be the more negative behavior.

*I wish men would accept to use condoms in occasional relationships. Because when they don't use them they are carriers of disease, we can consider that the women can also not use condoms, also the women should have the attitude that the man should use a condom.*

Men 25-35, Quelimane

*Others say that we want the pleasure of flesh to flesh, as they say, this thing that others don't like to use condoms, but if we would all comply with the order then it would be better if we could manage to use condoms.*

Men 25-35, Mocuba

Many respondents seemed to consider that a wife had a trustworthy husband as long as he was using a condom with outside lovers. If he were to cease to do this, and begin to have unprotected sex with outside lovers, then he would no longer be trustworthy. In fact, the concept of Category III concurrency appeared to be so accepted as the “good” option that, according to respondents, a man might go so far as intentionally plant condoms in his pocket in order to trick his wife into *thinking* that he is using a condom with outside lovers, even when he wasn't actually using them:

*The whole thing is pretty complicated to prevent. And also you [the wife], you can trust in your partner and then when he goes outside, he has sex without a condom, and when he arrives back at home he always brings a condom in his pocket in order to deceive you. You, when you grab his pants to wash them, you see the condom and you say to yourself, “oh, my friend, when he goes outside he always uses a condom” while actually he only takes it with him as a testament so that his wife won't be worried.*

Women 25-40, Quelimane

So while respondents recognized that using a condom may not be common, they depicted condom use as the responsibly preferable behavior for such partnerships.

#### 4.1.6 Category III: “Ser espalhado.” Translation: “To be all over the place.”

The third category of concurrency corresponds to when Zambezian respondents described people engaging with many partners, not just one or two. Respondents tended to associate such

behavior with the youth, who they viewed would involve themselves with many different people. Respondents contrasted the youth as different from themselves as adults or from previous generations (the ancestors), who they portrayed as not having such excessively numerous or excessively casual relationships.

R2: *It's that, the things have changed, in these times there's no longer a period of courtship -*

R1: *There isn't. They just find each other in the street.*

R3: *"I liked it, okay, done."*

Women 25-40, Mocuba

Importantly, the respondents did not appear to distinguish between whether these many partnerships were concurrent (overlapping in time) or sequential (dating one person after another) but there is the impression that these are rather brief commitments. In public health, this could fall under the term “multiple partners.”

*If Joao got into it with Fatima in a time when she was all over the place (“uma espalhada”) then he could transmit AIDS he gets from her as his lover.*

Men 25-35, Mocuba

Being “all over the place” (*espalhado*) appeared to be less of a discrete action and more like a distinct behavioral code of being more strewn about sexually. The behavioral code of “all over the place” is described in opposition to fidelity:

R: *They are faithful to each other.*

R2: *The man and the woman aren't **all over the place** (“espalhados”).*

Men 25-35, Mocuba

*Attitudes towards the behavior.* Being “all over the place” was presented similarly as the earlier categorical behavior of having “friends,” but instead with the clear concept of excess – having too many friends.

*It is difficult how to avoid AIDS, for example, a woman in the home can protect herself from her husband – how? If her husband is all **over the place** with other women, if he gets into it with them, has sex, he could come to have it with his wife and end up contaminating her.*

Women 25-40, Mocuba

Note that the above examples suggest that much of the reason why respondents found the behavior to be negative was directly because of the possibility for AIDS transmission. This would be similar to what we saw with the “lover” categories, in that having a lover became inarguably negative once HIV could or did enter the picture.

*Because the problem is that Samuel didn't walk with only one woman, and that woman didn't walk around only with Samuel, this is because each one went, went around all over the place (“espalhando”) meanwhile, beginning with Samuel a lot of people could get contaminated [with HIV].*

Men 35-40, Mocuba

Again, the excess of being “all over the place” is related by respondents to its HIV transmission potential:

*Yes – he goes all over the place, goes all over the place, and, I want to say, the more he goes out and meets up with others without protection, also they run the risk of getting more – the virus – other people too – he is all over the place and he gets [the virus] with other people, to say that the disease goes spreading – spreading.*

Men 25-35, Quelimane

Women also criticized the behavior due to its potential for HIV infection.

*It is difficult to avoid [HIV]. For example, a woman in her home can care for herself – how can she [protect herself] from the husband? Well now if the husband is all over the place (“se espalha”) with other women, and gets into it with them, has sex. He then comes to have sex with her [his wife] and he can contaminate her.*

Women 25-40, Mocuba

This concern with HIV infection if a person was out of control and “all over the place,” laid in stark contrast against the backdrop of respondents valuing a socially responsible and well organized family – one where the husband and wife were generally faithful to each other.

*R: They're different [from other couples] because this couple, they are an organized couple, they only live at home between the husband and wife, meanwhile others are all over the place (“espalhados”), well this is what makes the difference between this couple [and other couples].*

*F: When you talk about being organized, or all over the place, what are you referring to?*

*R: Organized is a way of saying, for example, he is with his wife in their house, and understanding only the two people, that is you and your wife, while there are others that leave their own woman to go outside and look for other women, with*

*many things it is this that, they say “espalhado”, yes. That is exactly how a person can be all over the place (“espalhado”).*

Men 25-35, Mocuba

So a concurrency of “being all over the place” is not part of a respected, orderly household in the community.

4.1.7 *Category IV: “O Caso Das Catorzinhas.” Translation: “The case of the 2:00 pm girls.”*

Category IV speaks to the case of younger girls, called “*catorzinhas*,” going out with older men. In social sciences this it is often referred to as the “sugar daddy” phenomenon, (Bagnolle & Chamo, 2003) and in public health this is often referred to as a “cross-generational” sexual relationship with a “transactional” component of material exchange<sup>4</sup> (Hawkins et al., 2005). In Mozambique, according to anecdotes shared orally with this author, the word “*catorzinha*” comes from a decades-old practice of men taking an extended lunch break from work and having a fling around 2:00 in the afternoon – or 14:00 in the European clock (known as *catorze* or “fourteen” in Mozambican Portuguese) – conveniently a napping hour when they were far enough from home to pursue outside women. Adding a diminutive suffix for “little” girls this became “*catorzinhas*” in local parlance. In terms of how respondents spoke about it, this category of an older man with a younger girl could technically exist as a subset of any of the above three categories of concurrency (a man could have a younger girl as one of these “friends,” “lovers” or an “all over the place” fling. This consisted of any case where there was a significant age gap between the two partners, and where it is clear to observers that the younger woman would not be involved if there weren’t some material or career gain to be made. In the group discussions reviewed in this paper, this cross-generational relationship was only

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<sup>4</sup> Note: This does not include commercial transaction as in prostitution. Commercial sex was not explored in this study, as other Mozambican organizations have already conducted research in this area.

ever described in cases where the man was older and the woman was much younger, usually a teenager, or young enough to be the man’s daughter.

*The only thing that the man gains is that she is younger than his wife at home. It’s that whole history of making love with 2:00 pm girls (“catorzinhas”).*

Men 25-35, Mocuba

While this category is acknowledged here, it is intentionally not explored in the present paper as it has already been researched in other studies in Mozambique (Bagnolle & Chamo, 2003; Hawkins et al., 2005; Karlyn, 2005) and is being addressed in upcoming prevention interventions in the country by organizations such as Pathfinder International and Nweti/Soul City.

*Attitude towards the behavior.* Overall, category IV “2:00 pm girls” concurrency was evaluated as a negative behavior. In the below quote, the fictional character Joao, who was married and separately dating a teenage girl, was criticized by focus group respondents:

*F: In your perspective, what does Joao gain from this relationship [with the teenage girl]?*

*R: He doesn’t gain anything, it’s just defamation for him.*

*F: And Joao’s friends, what do they think about his behavior?*

*F: They think he’s bad, that he must not have a head to think with.*

Men 35-40, Mocuba

Women were similarly critical of such a man.

*F: Why does Joao get involved with young women if he’s married?*

*R: It’s just to destroy.*

*F: Just to destroy?*

*R: That little girl. To lose. She won’t be married because he is sleeping with her, but not [intending] to marry her.*

*RI: In the range of 15 years old or so to come and try and reach those [many] years of Joao’s age, that she is going to be a woman? Oh --*

*F: She’s not going to be a woman that way?*

*R: (Small pause) Their age isn’t the same.*

*F: !*

*R: She ceases to be a woman because of them not being the same age, and from there she won’t only stay with Joao, she’s going to get to know more [male] friends. And this is why I said that she will destroy herself. No, she won’t be a woman like the others because she started earlier [than they] in knowing the sex of a man with a more elevated age.*

However, other respondents viewed it more matter-of-factly with more mild judgment of the characters.

*There are two things going on here: This underage girl could come to know, but given she needs money she has to accept to have a relationship with this man because of the state she lives in at home, perhaps her parents are poor and she doesn't have the possibility to buy something, she has to accept this man, although she knows where it will end up. Meanwhile the man knows he has to have a little something and he needs to give a little more because he knows it is easier to **betray** because he has money.*

Men 35-40, Mocuba

Interestingly, one important aspect determining whether concurrent partnering is positive or negative appears to be whether the man has an intention of marrying the woman he's becoming involved with. For example, in the case of a married man named “Joao” taking on a younger girl named “Fatima” as a second lover,

*Some people don't worry because they think Joao's intention is to marry Fatima.*

Men 25-35, Mocuba

Polygynous marriages are allowed in Mozambique; therefore, it is perhaps understandable that a man engaging in concurrency without intention of marrying the second partner was viewed poorly by respondents, while a man who had the intention of taking on the second partner as a second wife appeared to be normatively acceptable.

As seen within previous categories, HIV risk again appeared to be a strong part of why some appraisals were negative.

*Given this man is married, this teenager could get involved with him without known that he is married, or even that he could be infected by the AIDS virus.*

Men 25-35, Mocuba

This negative evaluation of cross-generational transactional concurrency may have been due in part to traditional disease concepts (predating HIV) that have long considered it unhealthy to have sexual mixing with a large age gap:

*R: Given Joao is an older person, his blood is tired out and thus he could contaminate her [the younger girl].*

*F: Contaminate her how?*

*R: He could be anemic, weak, have health problems, he could have AIDS, anemia, and others.*

Men 25-35, Mocuba

To reiterate, this behavior is not addressed specifically in the remainder of this paper in order to focus on more adult-with-adult concurrency, which has been less researched in Mozambique.

### *Section 2. Gendered Social Norms around Concurrency*

Recalling the discussion in chapter two of the important role of social norms and gender norms in mediating sexual behavior in the region, it is valuable to examine the shape these norms appear to be taking regarding concurrency in our study communities. In the case of sexual behavior roles in Mozambique, social norms are strongly specific to the gender of the participant (da Silva et al., 2006; Machel, 2001), suggesting that many social norms around concurrent partnering are, in essence, gender norms. Therefore, I attempt to examine the two in combination – the “gendered social norms” surrounding concurrency in our respondents’ perceptions.

In the marital relationships discussed by the focus groups, most respondents depicted a strong separation of gender roles. These roles were portrayed as functional, adding a healthy order and organization to the community. In summary, most respondents espoused ideas falling under “traditional” gender norms – the woman caring for the household and family and garden, and receiving guests privately inside the home -- and the man as head of household, having an agricultural or urban job that brought in money and supplies, and interacting with the public by receiving visitors and mentorees more publicly outside the home. This reinforces what has been written about Mozambican gender roles in other reports (da Silva et al., 2006) and noted in preliminary data analysis by CCP researcher R. Said (Said, 2007).

*R: A good man has a good understanding in his home, the two [of them], with his wife and with his children, and a good behavior with the population, he walks well with the population without any maliciousness, this is the absolute best.*

*F: You spoke a lot that I didn't understand. What is this about good understanding?*

*R: Good understanding, for example my husband, today we go to the fields, yes sir, we go to the fields? My woman, today we are going to do this. Yes sir, my husband, we are going to do that. Or, no, my husband, that isn't good, hm, it's not good sir. So this is an understanding.*

Men 35-40, Mocuba

Similarly traditional roles were espoused by the women respondents,

*They say it's good also, that "that woman is a good woman," because, in her house they don't have many problems, she is considerate of her husband, she attends to her husband well.*

Women 25-40, Quelimane

Given this study does not aim to describe the broader gender norms, but only those specific to concurrency, it is sufficient to explain that this clear understanding of separate male and female roles within marriage, as seen in the above quote, was remarkably consistent throughout the different discussion groups and, as noted by Said (2007), espoused by both male and female respondents, echoing other research in the region (such as Harrison et al., 2006).

Nonetheless, mapping over this domestic-wife/public-husband setup, the respondents seemed open to a man or a woman taking on more modern tasks – such as a woman working as a nurse, or a man helping watch the children while the woman was doing chores, as long as such tasks would still be responsibly contributing to the maintenance of the family unit, and each partner would be taking part of this responsibility. In summary, within the family unit, a man and “his woman” (the phrase Zambebian respondents used to refer to a man’s wife) were depicted as clearly having their own places and expectations to meet, with respondents depicting a certain havoc or household disintegration to result when either partner would step too far from his or her respective obligations, whether modern or traditional.

#### *4.2.1 Injunctive Norms for Men*

For men, injunctive norms varied as to whether a man should or shouldn't be concurrent. Culturally, there appear to be some precedents for concurrency (“walking around outside”)

within the male gender role. When asked why a married man would have another woman, a group of older men responded that it is part of what a man will always want, seemingly an inextricable part of the male role historically:

- R: *Why does he do this? It is, it is an issue that comes from a long time ago, because always a man, wherever he is, wants to make love.*
- E: *Even knowing he is married?*
- R: *Even knowing that I'm married, that I am the father of children, but still he doesn't lack, doesn't lack the act of conquest.*
- E: *Why not?*
- R: *It's necessity...*

Men 35-40, Mocuba

Similarly, it might depend on whether they have more personal family examples that make them feel special adherence to a family tradition of polygyny:

*You shouldn't have relations with more than one partner, because you don't know if one of them might be contaminated or not. Or if all of the women are faithful or not. Some people have been [with more than one partner] because of their origins, they have cases of their ancestors, I mean to say, that is their father married three women or more, he automatically thinks he should marry in the same manner that his father did.*

Men 25-35, Morrumbala

Some female respondents spoke out against polygyny, noting the inherent HIV risk in taking on multiple wives:

*... Because a polygamous man leaves his woman [wife] at home and goes to marry with another. There there will just be struggle, and if the woman of the house is in good health, but the other woman that he is going to marry – she could be sick, and then he is going to contaminate his wife and then all of them will end up skinny. Then the man that got SIDA and brought it to the house all because he wanted to get married [to a second woman].*

Women 25-40, Mocuba

Responses further suggested an injunctive gender norm that a man should naturally “want to have a lover” (*quiera amantizar*). Interestingly, respondents posed a reading that the wife can't

necessarily deny her husband the right to a lover, but accepting this part of nature, she can very reasonably impose that he use a condom:

*The woman will tell her husband to start using a condom if he wants to take on lovers.*

Men 25-35, Mocuba

This was somewhat conflicting, in the sense that, according to some respondents, a man should be expected to have concurrent sex, yet also should, according to some, use a condom. While this seems reasonable, when recalling that condom use at last high risk sex is only about 50% for men (and this is not adjusting for social desirability in survey responses), it is difficult to believe that the injunctive “should” of condom use holds very much weight (Republic of Mozambique, 2008).

It appears that even some women also may think a “real man” should have concurrent partners. When asked about community perceptions around a man who is *not* concurrent, some respondents anticipated a good deal of criticism:

*F: What do the women think of this type of man?*

*R: Some women might even hate him.*

*R2: Other women talk bad about him saying that he doesn't have any male friends, he just hangs out at home with his wife and never even walks around.*

Men 25-35, Mocuba

In the following conversation, women considered that there are a variety of judgments in circulation. They are discussing the character “Joao’s” behavior of having a “2:00 p.m. girl” as supported by some men and criticized by others, but regardless seen as fairly common.

*F: What do Joao's friends think of his behavior?*

*R: (brief pause) There are some that don't like it, and there are others that like that he has one [a 2:00 pm girl], that have the same idea as Joao.*

*R1: That it is better to walk around with little girls than with his own woman.*

*R2: ...there are others that say 'that Joao is too much [older], she must be his daughter...'*

Women 25-40, Mocuba

It may be that concurrency is either encouraged or discouraged depending on who is offering the judgment. In speaking of a man who stays at home:

*R: Some men talk bad about him saying that he’s embarrassing us as men, he stays at home while his wife goes out to walk around, but there are other men who recognize that he is doing a good thing.*

*R: He stays at home because he knows his wife didn’t go out to play around, but just to bring their child home from school.*

The respondents recognize variation between peers. Indeed, here is another example where male peers would look down upon a friend who was involved in a category IV concurrency (with a younger girl):

*F: What do Joao’s friends think of his behavior?*

*R: They think he is an irresponsible man because he has no business making love with a girl 15 years old.*

Men 25-35, Mocuba

Finally, we notice that in some male focus groups, none of the male respondents would ever admit to having concurrent partners, indicating a negative injunctive norm even among men against concurrency:

*F: Among us does anyone have more than one woman?*

*R: No.*

Men 25-35, Morrumbala

This could be because the group was over-represented by community leaders or activists, but does provide the clue that at least some male peer groups would frown upon concurrency by other men. A similar pattern of non-disclosure was seen regarding extramarital infidelity in Nigeria, where it was attributed to men’s need to maintain secrecy around their personal concurrency so as to not be discovered by their wife and not hurt their reputation among family members, church colleagues, and so on (for example, Smith, 2007).

#### *4.2.2. Descriptive Norms for Men*

Moving from what a man should do to what most men actually do, respondents considered normal behavior by men in these communities to include some men who practice concurrency (“walk outside”):

*There are certain men that do this [have sexual partners outside their marriage] because back at home there isn't understanding with his wife, and he leaves the house saying, "I'm going to refresh myself outside." But also there are other men who do this purely for the vice of wanting to have 3, 4 women.*

Men 25-35, Mocuba

Again, it would not be unusual for a man to be “helplessly” concurrent by nature:

*Because there exist men who have the habit and custom of saying that they can't possibly manage to live with only one woman.*

Men 35-40, Mocuba

For men, concurrency might not only be normal, but be very common. In this quote it appears that for a man to *not* be concurrent is an exception to the rule, as the respondents have just heard a story about a married man who has a younger female lover:

*F: What type of married man doesn't do this?*

*R1: Ha! It's difficult; there are few that think well. It depends on the behavior of each person.*

Men 25-35, Quelimane

However, in discussing a specific case of a married man pursuing a *younger* woman, male respondents depicted this as common only among wealthier men.

*F: What type of married man doesn't [pursue younger women]? What is this man like?*

*R: Many of the men that do this are those men who are officials, men that work, and not those men that are just peasant farmers.*

Men 25-35, Mocuba

This is in line with Mozambique HIV prevention programs that have considered transactional concurrent partnerships to be higher among moneyed men. While this may be true for concurrency in general, the data did not give sufficient feedback on this point. For example,

other respondents seemed to consider the case of a married man pursuing an outside younger partner as fairly common across the community.

*F: Do cases like this happen in this community?*

*R: They do happen.*

Men 25-35, Mocuba

In summary, it appears that some men practice concurrency, and some men do not, and that it varies from person to person depending on the state of their “heart”, as suggested here:

*F: And this man’s friends, are they like him?*

*R: They’re different.*

*F: Why?*

*R: Because hearts are different also. What is happening over here isn’t happening on the other side. What I want to say with this is, it’s like, in one house they don’t argue, but in another house they will argue daily until the children end up becoming skinny for all the fighting. They beat each other until the children also do it, while in other homes you find yourself living happy because they are different. They don’t have this thing of seeking out another woman. He stays in good comfort and begins to think, on this road, when I begin to do something I’m going to contaminate my woman, my family, it’s worth the cost for me to sit and conserve myself.*

Men 25-35, Mocuba

#### *4.2.3 Injunctive Norms for Women*

There were more limited data on adult women being concurrent compared to comments on adult men being concurrent. This may be because it was not as common for adult women to have concurrent partners, or it may be because the instruments were designed to solicit more examples about male concurrency with very young women. For women, there was less variety in responses in terms of whether “walking outside” is something a woman should or shouldn’t do, with a predominating injunctive norm that a good woman shouldn’t practice concurrency. In the two rural focus groups conducted, women would not admit that they themselves had ever had concurrent partners. Instead, they posed it as something foolish that “others” do:

*F: How could she have avoided getting AIDS?*

R: *Not... walking in whatever way with the men, to have just one man like those of us who marry, we only walk with our husbands, now when you walk with Antonio, with Francisco, you get AIDS. If you take care of yourself, perhaps the man will contaminate you and only later will you know that, oh this AIDS, it was my male friend who gave it to me.*

Women 25-40, Mocuba

Despite “walking around” being negative, respondents acknowledged that women are motivated to experiment sexually, just as men are. Though again, this tendency is framed negatively by the respondent:

*These teenage girls today, even with advice [about fixing their marriages] they can still decide not to go back because they want to go and play around at their whim with other men.*

Men 25-35, Mocuba

Not surprisingly, male respondents held a negative injunctive norm about female concurrency, considering it something women should not do. The respondent below was quite frustrated by what he perceived as practically epidemic female infidelity, even more reprehensible for being driven in part by money:

*In summary, the majority of women – I don’t want to say all women – but lately love has become a fruit of interest, love is... a business. Once when I took a girl to the bedroom, and I said that I didn’t have anything, even though I really did have money in my pocket, I just wanted to test her. And so then the girl said, “Heck, here without you throwing down some money there won’t be any love!” I was testing her and she got up and left. I was about to say, “Damn, I’m not here to make a business transaction with you, I’m here to love you forever,” but she thought I was playing around and she left. For this in a great part the problem is with the women, they treat sex like a straight up business... All the social problems that happen, the disease is the women themselves, because a man tries to be faithful for a woman and she ends up betraying him later on, and this hurts a lot.*

Men 25-35, Quelimane

As seen above, this negative appraisal of female concurrency blended with a negative appraisal of female behavior in general. In the following quote, men criticized women for not being forward enough, while they also recognized that women worry that being forward will invite entreaties from interested men – creating somewhat of a “damned if you do, damned if you don’t” scenario that – as above – negatively characterizes general female behavior:

- R1: *...A person can mistrust whether this behavior is positive or negative because all women have negative behavior.*
- F: *You said that all women have negative behavior?*
- R1: *Yes.*
- E: *What do they do to have negative behavior?*
- R1: *It's that in playfulness you call a girl and she doesn't respond back --*
- R1,2,3: *(Laughing)*
- F: *What is the difference between men and women?*
- R2: *The difference – I'm going to talk about women. The difference is that you call a woman and she doesn't come. There are other women that you call them and they don't respond, they just start to go away, it is a very strange aspect. You should listen and come and talk to the person who called you, it could be that you have someone in the hospital, because many girls now when you call them they think that you want to conquer them, when actually there are men that when they call [a girl] it's not to flirt but it's to give a message from their brother in Mocuba. Women are very inclined towards this behavior [of withdrawing], unlike men –*

In the case of Category IV concurrency (cross-generational between an older man and a younger woman), respondents described different injunctive norms according to different groups of reference, or referent others. The adult women came out very strongly critiquing older men who engaged in concurrent relationships with much younger women, considering they effectively manipulate these girls and “corrupt” them:

- F: *In these photos that we saw, which one shows situations that you think happen, for example, that happen here in Zambezia province? ...*
- R5: *Photo number eight, as there always appears a man conquering a girl and deceiving her with money. Here in Zambezia, 60 to 80 percent of the girls are corrupted with old men all because of money.*

However, while adult women may have disapproved, the injunctive norm among younger women may be positive towards concurrency. In the case of the imagined friends of a fictional young woman, known as “Fatima” in the field guide story, men said the following:

- F: *What do Fatima's friends think of her behavior?*
- R: *She has friends that think her attitude is correct because she probably receives some little thing, but there are other friends who think that Fatima isn't doing a good thing because of the difference in her and Joao's ages.*

In another case, respondents explained that may not advise young Fatima at the time, but criticize her behavior afterwards and exercise strong injunctive influence at a later time:

*The friends walk away laughing while you go getting married with that old man. “Why, why did you do this friend, it’s not good like this,” and then she feels ashamed and will want to divorce from this [old] husband of hers.*

Men 35-40, Mocuba

Similar to men, where injunctive norms varied, it appeared that these would vary somewhat for women as well, though to a lesser degree. For a woman, there may be a minority of friends who support a concurrent behavior, while a majority of friends would discourage it. With women as well, the operational injunctive norm regarding concurrency might be different depending on with whom she is speaking.

#### 4.2.4 Descriptive Norms for Women

Despite limited data, an adult woman having concurrent relationships was within the range of normal possibilities in these communities. When female respondents were asked how a married woman could get AIDS, the first answer wasn’t “from her husband,” but instead that it could be from her own sexual dalliances:

*She got [AIDS] because she went to go sleep with another man who had AIDS and he contaminated her, when she go it then she went to mess around with the husband, also contaminated [the husband]. And if the man left and slept with another woman who had AIDS then he would also get it.*

Women 25-40, Mocuba

In another example, when participants were shown an ambiguous photo of a man and woman standing outside a house (Fig. 6), of all the possible impressions regarding the photo, their first interpretation was that this was an act of concurrency by a married woman with a married man. Given that there is nothing to specifically suggest the tension between the characters is sexual, and that a concurrency scenario came to mind *first* for these women, this suggested “walking outside” might be quite common in the area:

- F: *What do you think is happening [in this photo]?*  
R: *They are becoming lovers, this man is married and he went to provoke the woman of the other man here in the city.*  
F: *What happened before this?*  
R: *She is at her [husband's] house. She left the house to go outside to have it with this man.*

Women 25-40, Mocuba

Here we heard a fairly intricate narrative by female respondents regarding a woman negotiating condom use (unsuccessfully) with her lover. The high level of detail suggests the speaker had experienced such a conversation herself or from a friend, suggesting it really happens:

*This is what we are saying. There are men who oblige you to use [a condom], “I already have a condom, look it’s right here”... and there are other men that say, “eey, that [condom] is contaminated, woman, who deceived you? I don’t need to use it, if you want to then go and find your husband and use this with him.”*

Women 25-40, Mocuba

In another example, female respondents mentioned women taking concurrent partners as if it were a fairly regular behavior that they should cease to participate in:

*We are thinking about this husband [who abandoned his wife who got HIV], that we the women should stop walking around in whatever sort of form, because this creates disease. Or it can be the [male] neighbors that leave their women and go to provoke another [woman].*

Women 25-40, Mocuba

Concurrency did appear to be common enough, or common in people’s thoughts, that it is something a husband should concern himself with preventing.

*A man should be attentive to the behavior of his woman [wife] until he is sure that his woman is serious.*

Men 25-35, Mocuba

In the situation of a younger wife and older husband, male respondents perceived it as frequent that the wife would seek lovers outside the home:

- F: *What could happen if she [the young wife] begins to go out with other men?*  
R: *If she goes out with other men, her husband can make a confusion with them, he could even get diseases like HIV and if he doesn’t care for himself he could end up dying.*  
F: *Does this story happen frequently in our community?*  
R: *Yes it happens, yes.*

Whether this is due to an accurate perception of the frequency of female concurrency, or rather an over-preoccupation with control over women, cannot be conclusively discerned. Instead, it is sufficient to recognize that *perceived* descriptive norms include a quickly recognizable paradigm for anticipating female concurrency.

Interestingly, despite gender-specific sexual roles, the injunctive norm about non-concurrency was sometimes equally applied to both genders, as in this situation:

*F: What must it be that this couple does to not get AIDS?*

*R: They conserve themselves, the two don't walk around whatever way. Neither the woman nor the man. The two understand each other in their house, they have walked together a long time. The man doesn't look for another woman, neither does the woman look for other men. Just the two of them understand each other and their children just keep on being born.*

Women 25-40, Mocuba

### *Section 3. Perceived Causes of Concurrency*

In addition to gendered social norms as we have seen above, according to respondents, there were a variety of other motivations which could lead to concurrency. While this analysis does not attempt to distinguish an approach factor from a precipitating factor as in other studies (Allen et al., 2005), it does examine the general category of motivating factors. Some of these factors are shown below with illustrative quotes.

#### *4.3.1 Sexual Desire / Lust*

- Sexual attraction to others besides one's spouse.

*Later she will deny her [older] husband [having sex] because she will begin to see men of her preference...*

Men 25-35, Mocuba

*These young girls today, even with advice they can opt to not go back [to their husbands] because they want to play around at will with other men.*

Men 25-35, Mocuba

Put simply, “liking” someone else:

*F: Why does Joao become involved with young girls [like Fatima] if he's married?*

*R: Because he likes Fatima.*

Men 25-35, Mocuba

- Sexual curiosity.

*Other men it is just curiosity that, if that woman is like that on the outside, how must she be on the inside? And so he attacks her.*

Men 25-35, Mocuba

- Natural instinct.

*F: I know that fidelity is important, but some people aren't faithful because...*

*R: They aren't faithful by nature.*

Men 35-40, Mocuba

- Desire to play around.

*Sometimes it is a simple truck driver that is passing through. As the girls see the pretty car that he has, they think that's everything. They even prefer to ruin their home only for the cause of a simple little playing around.*

Men 25-35, Morrumbala

#### 4.3.2 Relational Issues with Primary Partner

- A result of communication problems within the relationship.

*There are certain men that do this [have outside lovers] because at home there isn't understanding with their wife.*

Men 25-35, Morrumbala

- A lack of sexual variety within the primary relationship.

*These men that have sex with young women, they think that these girls have more energy compared to their wives at home.*

Men 25-35, Morrumbala

#### 4.3.3 Relational Issues with Secondary Partner

- Male or female manipulation or deceit (*enganar*).

- *This man doesn't have any judgment. He can be deceived by this little girl, to abandon his own home for them to go live together.*

Men 25-35, Mocuba

#### 4.3.4 Relational Issues with the Community

- Failure to heed advice (*conselho*).

*F: Some people don't practice fidelity, even knowing that various diseases exist. Why?*

*R: Some people don't practice fidelity because they are ignorant, they don't want to listen to the others, they think they know everything.*

Men 25-35, Morrumbala

This issue of advice was present throughout:

*Others aren't faithful... because they don't want to listen to the advice of friends.*

Men 25-35, Mocuba

And here, when describing why people get AIDS, respondents explained:

*Because many receive advice from family members, but they don't accept to sit down and talk about the issue.*

Men 25-35, Mocuba

#### 4.3.5 Relational Issues with Peers

- Desire to impress one's peers.

*The majority of them [youth] aren't faithful because they think that having [only] one partner signifies a low level [class] of youth. Some don't practice fidelity because they want to show that they are the best in their neighborhood.*

Men 25-35, Morrumbala

#### 4.3.6 Character Defects

- Foolishness.

*This man doesn't have any judgment. He can be deceived by this little girl, to abandon his own home for them to go live together.*

Men 25-35, Mocuba

- Pride.

*Others aren't faithful because of the pride that they have.*

Men 25-35, Mocuba

#### 4.3.7 Psychological Crises

Similar to what we saw in North American clinical writings on affairs, it may be due to a mid-life crisis and fear of getting old (Petrucci, 2006):

*He does it for excitement, to pretend he is young even though he is married.*

Men 35-40, Mocuba

#### 4.3.8 Economic factors

- Women’s need for resources.

*Some girls aren’t able to say no because of the poverty in which they find themselves, and when they see the money they aren’t able to resist.*

Men 35-40, Mocuba

This pressure may be put on by the woman’s family, as here in the case of young women who are secondary partners for older married men:

*F: What do these girls’ mothers think?*

*R: There are some mothers that go so far as to encourage this type of practice by their daughters, because when they come home they always bring things home, but there are other mothers who don’t like this behavior by their daughters...*

Men 35-40, Mocuba

#### 4.3.9 Reproductive motives

- Desire to have a child.

*F: What does she expect from him?*

*R: She can hope to get pregnant.*

Men 35-40, Mocuba

*First the women want to make children and they don’t know who has AIDS and who really doesn’t have AIDS...*

Men 35-40, Mocuba

#### 4.3.10 Illness-related psychological coping

- To avoid dying alone of HIV:

*Others say, I can’t die alone, I could suffer, so then I’d rather die with others, yes, and he goes all over the place, goes all over the place, and the more he goes all over the place without protection...the disease goes spreading out.*

Men 25-35, Quelimane

In another harrowing example, which the respondent says happened in their community:

R3: *Because this man is 45 years old, he has a son like me who is in his twenties, and then this young girl should be falling in love with me, with the son of this man, she's going to want to get into it with me. It's going to be a problem. And this man, he could want to court this woman for his personal interest because there are older men and younger men that feel actioned and they say, "I should spread myself out a little to not die –"*

E: *Actioned – what is that?*

R3: *Actioned is a seropositive person. That says I should make love with this little girl in order to not die alone.*

R2: *This has happened here, and it happens even today...*

E: *How can he harm the girl like that?*

R1: *The man is going to not use a condom in order to harm the girl.*

Men 25-35, Quelimane

This same motive was also found in a Mozambican sociological study on masculinity (Matsinhe, 2004), suggesting it is seen beyond our specific study population.

#### 4.3.11 Review of Causes

In review, according to respondents, there were diverse reasons why a man or woman might opt for a concurrent partnership. Concurrency in these communities was not due solely to social norms, solely to sex drive, nor solely to money. The causal scenario the respondents painted was much more complex.

#### *Section 4. Concurrency and HIV & AIDS perceptions*

Participants in this study related sexual concurrency behaviors to contracting HIV. For example, a search on **HIV AND CONCURRENCY** structural codes in the transcripts yielded 18 separate occasions of overlap between the two concepts.

F: *How did she get HIV?*

R: *You could always find her out with another lover. Besides her husband she had sexual relations with other people.*

In a similar example:

F: *Now we're going to talk about the case of a woman who has HIV. [Shows picture.] How is it that she got AIDS?*

R: *She got it because she went out to go and sleep with another man that had AIDS and he contaminated her. When she got it, then she messed around with her*

*husband and also contaminated her husband. [Or] when her husband goes out and sleeps with another woman who has AIDS, then she can also get it that way.*

Conversely, as would be expected, *absence* of HIV was associated with *not* having HIV, or with being healthy.

- E: Is it possible that Samuel could have prevented becoming infected with HIV?*  
*R: Of course, if he had used a condom ... it would be the best prevention for him.*  
*R1: **Or have only one lover.***

Women 25-40, Mocuba

Of course, this could also be because HIV was closely associated with sexual intercourse in general:

- F: What’s happening in this photo?*  
*R: It is a man who is here, they got AIDS and they are asking each other, “among us, how are we going to do this?”*  
*F: What happened before this?*  
*R: First they had sex, from there the disease started right up.*

Women 25-40, Mocuba

#### 4.4.1 HIV and sexual networks.

The HIV-concurrency association was strong but not simplistic. Participants demonstrated a complex understanding of the way disease, especially HIV, could travel through sexual networks, as was observed by Said in her initial findings (Said, 2007). The following dialogue occurred following a story about a married man named “Samuel” who was described as having had a long-term secondary partner who also had her own husband, who also had other lovers. At the end of the story, Samuel unexpectedly tested positive for HIV. Then respondents were asked, “How might it be that Samuel got HIV?” One group responded:

- R: Samuel got the virus when that woman that he met a long time ago – she has a lover that travels all the time, when he travels he always goes out with different women. This group of people, each one has their own behavior. There are those that don’t use condoms, others that don’t get tested, and so it is easy to spread the AIDS virus.*  
*F: Besides Samuel, could any of these other people also be infected?*  
*R: Yes.*

- F: *Why?*  
 R: *For example, Samuel’s wife could also be infected. The woman that he met a long time ago is also infected.*  
 R2: *Samuel himself is the man who is traveling with several women; they can also be contaminated.*  
 R3: *They can all be contaminated.*  
 F: *Why could they all be contaminated?*  
 R: *They don’t use condoms.*

In another example, respondents walked through the possible sexual transmission routes with agility:

- F: *What type of problems could Joao’s wife have?*  
 R: *If Joao was involved with Fatima while she was all over the place, then Joao could transmit AIDS that he got from his lover, Fatima.*  
 R2: *Joao could have gotten it [AIDS] from a third woman and then transmitted it to his wife and the lover [Fatima].*

#### 4.4.2 Beliefs about HIV transmission

In fact, this association is so strong that people appear to view **infection as inevitable** in many of these relationships, instead of viewing it as a probability. This feeling of inevitability was expressed mostly among husband-wife and long-term secondary lover (“amante”) relationships, as demonstrated in the certainty of the above language, “The woman...**is** also infected” (emphasis added).

- F: *Could João’s wife have any health problems in this relationship?*  
 R: *She could, because Joao only knows how to walk with that little girl and he doesn’t know her status, automatically transport some thing will get transported and he will end up giving something to his wife.*  
 F: *Something like what?*  
 R: *HIV/AIDS.*

However, a minority of respondents did view infection as a probabilistic (likely, but not certain) outcome, as in the quote, “Samuel’s wife **could** also be infected”.

#### 4.4.3 HIV and AIDS severity evaluations

While an explication of local understanding HIV is not the focus of this paper, it is useful to make some brief notes regarding the participants’ HIV disease perceptions as they could relate to concurrency. There were some respondents who equated AIDS with a quick and certain death:

*F: What’s going to happen now?*

*R: They’re going to die, AIDS doesn’t have a cure, AIDS ends with death.*

Women 25-40, Mocuba

At the same time, there were other respondents who appeared to be educated about treatment options and seem to have a lower perceived severity:

*F: What’s going to happen to her [a seropositive woman]??*

*R: If she doesn’t take care of herself, take medicines, she could lose her life more quickly.*

Women 25-40, Mocuba

#### 4.4.4 HIV Risk perception

Despite the strong association between concurrency (“Not being faithful”) and HIV in the group dialogue setting, respondents’ projections of individual feelings and thought patterns suggest that – on an individual level -- there is still low perceived susceptibility to HIV, or low personalization of HIV risk.

*F: Before this happened [testing positive for HIV], did Samuel think this could happen to him?*

*R: He didn’t think so [think about it].*

*F: Why?*

*R: He didn’t think because if he had thought he could have used a condom to protect himself.*

Again, while people were aware of HIV generally, they tended to not personalize this risk or think about it in advance of decisions:

*F: Before [getting diagnosed HIV positive], did Samuel think this could happen to him?*

*R: Perhaps he didn’t think so, he didn’t count on this.*

*F: But why do you think he didn’t count on this?*

R: *Well, he only knew how to have sexual relations, forgetting that one day he could get it [HIV].*

Men 35-40, Mocuba

This might have been an intentional avoidance of thinking about unpleasant possibilities:

F: *Do you think Fatima or Joao are informed about the AIDS virus?*

R: *They could be informed but they don't want to comply with what is spoken about AIDS.*

F: *Do you think that they worry about the possibility of getting the virus?*

R: *(Answering in chorus) – They don't worry.*

Men 25-35, Mocuba

However, in other cases, respondents characterized concurrent individuals as being aware that their “walking outside” behaviors could be putting them at elevated risk for HIV, with respondents describing how this in turn could trigger a denial response. In other words, the more someone might have had a secret fear of HIV, the more they might not have thought about it or ignored the potential problem. For example, in response to the facilitator asking why some people don't get HIV tests, one respondent answered:

*Others don't get tested because they distrust the movements they make with many women without protection.*

Men 25-35, Mocuba

There also appeared to still be a strong tendency to proclaim that HIV doesn't exist.

F: *If you were infected by the AIDS virus, what would be your opinion in relation to those that aren't infected and didn't yet get tested?*

R: *My first opinion would be to say or make them understand that AIDS exists and it is a reality, it doesn't have a cure and it doesn't choose race, sex, age, social class...*

Men 25-35, Morrumbala

It may be that there was a strong risk perception, but low self-efficacy or social power to do anything about it.

*It is difficult to avoid [getting HIV], for example, a woman of the house, can she care for herself -- by what means? From her husband. Now if her husband is all over the place with other women, if he penetrates, he makes sex, then comes to have it with her, he can contaminate her.*

Women 25-40, Mocuba

Whether it is true that people actually doubted that HIV was real, or whether this was just a protective discourse made to peers, is unclear.

Finally, there appeared to be an injunctive norm that people *should* talk about infection, but a descriptive norm that they often did not have such discussions:

- F: Do you think he’s going to share this problem [being seropositive] with anyone? With whom? Or is he going to keep quiet?*
- R: Yes.*
- F: Why?*
- R: He should, because I think when he first came home, he didn’t tell anyone that he was in that state.*
- F: Do you think he should talk with his wife?*
- R: He should talk, yes.*
- F: Why?*
- R: He should talk with his friends, his family, the lovers that walk with him.*

#### *Section 5. Consequences of Concurrency beyond HIV infection*

##### *4.5.1 Conflict*

Beyond getting HIV or AIDS, there were other recognized consequences of concurrency. One was the very real possibility of a fight between one’s lover and primary partner (spouse).

*If it was a problem of treason [cheating], there could be a girl fight between the wife and the female lover...*

Men 25-35, Mocuba

In another example:

*Many mothers don’t like [their daughters to date older men] because they know that man’s wife can come over to the house to make a confusion.*

Men 25-35, Mocuba

##### *4.5.2 Diversion of Resources*

Another consequence of concurrency, as noted in Category II-B, was the diversion of resources from the primary household – in this case, from Joao’s home, to his lover Fatima’s household.

*Joao is going to end up spending a lot of money with Fatima, and his wife and family are going to have problems of malnutrition.*

Men 25-35, Morrumbala

And similarly,

*The other problem is that the wife could be deceived, or perhaps overhear that her husband is walking around with that woman, because where he goes he could spend money that would have been part of the budget for the household.*

Men 35-40, Mocuba

Also in this quote, the foremost transgression does not appear to be the fact that the man was with another woman, but that he had let it get in the way of his duties to his wife and family.

*He loses his head, he doesn't give his wife and children the attention they deserve because he has to take care of that little girl who is pregnant.*

Men 25-35, Mocuba

*In a home, there are men who don't have the behavior that others have. This Joao, he is bringing money to that other woman instead of giving it to his woman [wife], he is doing everything he can to give it to that younger woman over there on the highway.*

Women 25-40, Mocuba

Similar findings about resource diversion were observed by Smith (2007) in Nigeria.

#### 4.5.3 Divorce (Social Failure)

The third possible consequence of concurrency is **divorce** between the husband and wife. This would be seen as more extreme than the case of just a fight. Many quotes reinforced divorce as a strong possibility.

*If it was a problem of betrayal... it could end up with the couple getting divorced.*

Men 25-35, Mocuba

A similar possibility was laid out by one of the peri-urban discussion groups when asked to interpret an ambiguous photo of a couple in some sort of disagreement (seen below).

R: *There was this confusion of adultery. Not of adultery itself, but some question related to adultery somehow that must have happened. I think that the man, when he receives money from work he doesn't bring it home, the woman has a difficult time at home with the child, and she resolved to leave the child with the father and let the father take care of him. "When you receive money that you give to your young lovers ("catorzinhas") and I pass it badly at home with the child" – then the mother with all the nerve left the child [with the husband] for him to see how difficult it is to raise a child.*

F: *And what do you think will happen next?*

R: *Divorce. There will be consequences for the child and the mother too.*

Men 35-40, Quelimane

Again, concurrency was viewed as often leading divorce, in this case with the wife divorcing the husband:

F: *What do you think is happening in this photo?*

R: *I'm seeing that in this photo there isn't love or anything. Maybe she wants a divorce because I'm seeing that her face is all angry.*

F: *Why does she want a divorce?*

R: *Perhaps because the man's behavior isn't good.*

F: *But from what?*

R: *Perhaps because he doesn't have respect with her, and so she's not liking his behavior, and so the decision is only divorce.*

F: *But, what makes up this behavior of his?*

R: *Perhaps the man doesn't sleep at home.*

Men 35-40, Mocuba

Respondents also described that there could be a one-way dismissal of the wife by the husband, as seen below.

R1: *He sent her right away because maybe she got it with someone who was infected with HIV/AIDS.*

R2: *The wife went to get an HIV test, and when she went to tell her husband about the result of the test, it's like that, he sent her right out from the house.*

Men 25-35, Mocuba

#### 4.5.4 Reconciliation

In spite of divorce being a common expectation, among respondents there was the sense that divorce was not socially encouraged, and would be a failure. They seemed to propose that the better response to a marriage difficulty, such as concurrency by the husband or wife, would be to try and make up.

*I think that [the girl in the picture] is divorcing from her husband and is going to ask for advice...from the older woman. Or maybe it is before she has divorced she is asking [the older woman] what she can do so that the divorce doesn't occur... After receiving counseling from the older woman, this young woman will return to the house of her husband and attempt a reconciliation, each respecting the other.*

Men 25-35, Mocuba

In addition to it being socially encouraged for a married couple to stay together (after an episode of concurrency), respondents also considered it realistic. In this case, respondents were commenting on a situation in which a man was concurrent (category unclear), and what might happen afterwards:

*If he asks for forgiveness from his wife and she accepts [his apology], they could continue married and living together in the same house.*

Men 25-35, Mocuba

#### 4.5.5 Forced condom use

Keeping the marriage together through counseling was described as the socially desirable response. In fact, while there were no instances describing “friends” or no-condom lovers as sustainable, it did appear that a marriage could be preserved by limiting any concurrency to responsible (condom-using) concurrency.

*I think there will be reconciliation [between the husband and wife], because they are being counseled. The [mother/mother-in-law] is going to tell the husband to start to use a condom in case he wants to make love with a woman [“amantizar”].*

Men 25-35, Mocuba

Thus, a final consequence of concurrency would be for a man to be forced by outside community members to commit to always use a condom when he “walked outside.”

#### 4.5.6 Outside intervention

As seen above, engaging in concurrency is enough proscribed to merit **intervention** by one’s friends, family, or a community elder. This should generally take the form of *conselho*, or **advice**. For example, in the case of a married man engaging with the younger girl Fatima as a secondary partner, her peers might intervene:

*And her friends, they say, “Fatima, my friend, you can’t keep doing these things, that is, to walk around with an old man that’s not your age, this doesn’t work.” These are those friends who accept the advice of their parents because you should accept the advice of parents – these are those who have the best behavior.*

Men 35-40, Mocuba

#### 4.5.7 End up alone

An additional consequence of concurrency was that the individual’s primary partner could find out about the secondary partner and he could **lose both partners** (PD 17, lines 484).

- R: First this man romanced one of the ladies, and then he went to get involved with the other woman, and when the other woman realized this, she said, haaa, you are playing with that one? This man is mine (laughter), let’s take it outside -*
- E: What’s going to happen next?*
- R: From there all of them are going to lose, no one will get the man.*

Women 25-40, Quelimane

Interestingly, in terms of ending up alone, respondents portrayed the women as the ultimate losers – not the man. Perhaps this was because a man could more easily replace these women with another woman, whereas the women will not easily find a man after this. This has been found in earlier qualitative research in a semi-rural area in a different Central Mozambican province, where men were often simultaneously supporting two different long-term concurrent partners and their households in semi-secrecy. The women in this village would refer to their frustration competing for resources with these other secret “women around the corner” (Chapman, 2004). This came up indirectly at another point in our focus groups:

- F: What do you think is happening in this photo?...There are three women and one man. What is happening?*
- R1: They’re fighting over the only man.*
- R2: I think they’re fighting for the man.*

Women 25-40, Mocuba

This suggested that the consequences of male concurrency being discovered – his possibly losing both women – would be less dire and less likely than the possibilities if a woman were concurrent and discovered. The Chapman study (2004) suggested it would be more difficult for a woman to replace a lost male lover than for a man to replace a lost female lover. This was echoed in personal comments made to this author by female Mozambican friends. If true, it is part of a long human tradition, as it has been observed across cultures and time that a woman

will infrequently leave her husband when he is concurrent, whereas the wife’s concurrency will often lead to marital dissolution by the husband (Betzig, 1989).

#### 4.5.8 Life disorder

Concurrency could also lead to **general ruin** and loss of control, as in the example below:

- R: *They are becoming lovers. This man is married, and he went to go and provoke the woman of the other man. This is here in the city.*
- F: *What happened before this?*
- R: *She is in her house. She left the house to go outside and have it with this man.*
- F: *What’s going to happen next?*
- R: *They’re going to get contaminated with AIDS. He will sleep with her and it’s going to provoke a problem, spend all his money in order to rip this woman away from her husband, and her husband is going to get angry and go to the healer so he’ll put a spell for the other man to die or end up crazy. And the woman is going to start to throw off her clothes and run naked in the street, and she’s with a belly [pregnant].*

Women 25-40, Mocuba

In summary, potential consequences of concurrency included **emotional losses** such as a fight, breakup or divorce, **physical losses** such as illness (HIV) or reduced resources for the family, or **social losses** such as “defamation” and the ignominy of divorce.

## Chapter 5. Discussion

### *Section 1. Results of Interest*

#### *5.1.1 Explicated Concurrency Categories and Social Acceptability*

In review, given characterizations made by focus group members, it was possible to group Mozambican concurrency behavior into four categories that all fell under the umbrella behavior of “walking around outside” – having sex with someone outside the “home” partnership. These four categories varied in their social acceptability as shown in Fig. with occasional dalliances with “friends” being the least controversial (I), followed by protected sex with an outside lover (II-A). There appears to be less social acceptability of *unprotected* encounters with a lover (II-B), for having sex “all over the place” with an excessive number of

partners (III), and finally very little social acceptability for cross-generational relationships with “2:00 pm girls” (IV) all of which bring heavier consequences for HIV and other negative life events.

### *5.1.2 Normative Influences and Social Acceptability*

Looking deeper at injunctive norms (social acceptability) around these behaviors, there was stronger judgment against women who participated in these behaviors – whereas men “walking around” might be tolerated by those who see it as a natural vice of men. Regardless, no one admitted openly to any sort of concurrency, indicating that overall injunctive norms are either unclear to residents, or are negative (for men and women), especially when it could physically or materially harm those around them or the broader community. However, social acceptability was not uniform and varied with the judgment of the individual respondent. Similarly, the degree to which these categories are considered “infidelity” or betrayal may vary somewhat with this social acceptability.

In terms of descriptive norms, there did not appear to be a single perceived behavioral prevalence; how common concurrency was portrayed to be depended somewhat on which respondent was speaking. Nonetheless, there was an overall balancing point that was distinct by gender. For men, concurrency was seen as common – perhaps even a majority behavior -- but something that varies from man to man depending on the state of his “heart.” For women, while “walking around” fell within the expected range of female behavior -- as it is something women knew stories about and men worried about -- it did not appear to be considered a majority behavior for women. This might be impacted by the woman’s peer group.

The following quote is re-presented as it illustrates some of this seeming paradox of “walking around outside” behaviors being critiqued by some norms and supported by others. In

this discussion group, the facilitator was responding to men’s descriptions of a fictional married man who had other sexual partners besides his wife, at which point he posed the question:

*F: What type of married man doesn't do this?*

*R1: Ha! It's difficult; there are few that think well. It depends on the behavior of each person.*

Men 25-35, Quelimane

In one small phrase, the male respondent sums up several contradictions. First, the respondent positions that a person who would “think well” would not take on a concurrent partner, displaying an injunctive norm against concurrency – that in an ideal world a man should think well and not do this. Then he recognizes that despite concurrency being undesirable, it is nonetheless a majority behavior, since only “few” men do not take on concurrent partners (“there are few that think well”). In other words, descriptive norms support husbands “walking around outside” since most everyone does it. The respondent appears to rationalize this contradiction by recognizing it is “difficult” to only sleep with one’s wife; the respondent suggests that men would like to “think well” but that for most men there are too many barriers to supercede for this to be possible. Finally, despite this overall contrast between what married men *should* do (think well) and what they *actually* do (have other women), he recognizes that this varies from person to person (“depends on the behavior of each person”) and that no behavior is absolute across the community. Thus, the respondent considers there is a limit to these normative rules, and at the end of the day each man will make decisions as an individual according to his own situation, motives and judgment.

### *5.1.3 Etiology*

In terms of the “etiology” of concurrency, or “walking around outside,” some of the endogenously perceived causes agreed with common findings in past literature, such as: (a)

concurrency being perceived as natural for men or falling within cultural tradition (Campbell, 1997; Matsinhe, 2004), (b) female engagement to satisfy material or financial needs or wants (Bagnolle & Chamo, 2003), (c) a desire to impress peers (Smith, 2007a) and (d) a depersonalization or underestimation of personal HIV risk (Karlyn, 2005; Prata, Morris, Mazive, Vahidnia, & Stehr, 2006).

Less common findings, vis-à-vis my selected review of public health literature for sub-Saharan Africa, included (e) women’s lust or desire for men, (f) psychological motivations, (g) relational issues with the primary or secondary partner, (h) and securing a partner out of need for a caretaker and fear of dying alone. For these findings, there were only a handful of articles in my review that addressed these issues. A final explanation of concurrency I had not anticipated was when participants attributed “walking outside” to a person’s not heeding community advice. Respondents understood some types of concurrency to harm the balance within a home and consequently within the broader community, creating disorganization that was not in the interest of the broader community.

#### *5.1.4 Outcome beliefs*

In terms of behavioral outcome beliefs or perceived HIV susceptibility, we saw a very strong understanding by community members of the connection between concurrency and risk of contracting HIV due to the sexual network. In fact, HIV was at the forefront of topics that came up when discussing “walking around outside.” This suggested that fear of contracting HIV could be an important disincentive for participation in concurrency, if risk were to be personalized. Finally, we saw several other negative consequences of “walking around outside” that community members considered might influence someone to not participate in concurrency:

- Physical

- Bringing HIV into my home and harming my spouse and family
- My contraction of HIV and early death (if risk is personalized)
- Material
  - Not providing well for my family by spending resources on my outside lover
- Emotional
  - Separation or divorce from my spouse / primary partner
  - Being discovered and losing both my partners (ending up alone)
  - Fighting between my primary and secondary partner
- Social
  - Community intervention to correct my behavior (social critique)
  - Divorce (social failure)
  - Forced reconciliation with behavioral mandates (such as condom use)
  - Contraction of HIV and consequent social rejection

Thus, while perceived HIV risk and gendered social norms did appear to be centrally relevant to how concurrency is understood locally, other physical, material and emotional factors were also at play.

*Section 2. Implications: Behavioral Distinctions within Concurrency*

While public health scholars have often discussed sexual concurrency as if it were one discrete behavior, in Zambezia this actually corresponded to a number of distinct sexual behaviors. This suggests that in a given community, concurrency may include a number of different sexual behaviors that, in the eyes of community members, are different from each other. To a Zambezian, having a “friend” from time to time is a very different behavior than having a

different friend every night “all over the place.” In other words, when using a public health category like “concurrency” to define behavioral targets, researchers and practitioners risk

The public health literature on concurrency reviewed here did not appear to account for such categorical distinctions within the community of study. For example, studies classifying a behavior as either concurrent or not (Adimora et al., 2007). Interestingly, sub-categorization appears most thorough among epidemiologists (Morris & Kretzschmar, 1995; Watts & May, 1992), who must take into account distinctions such the variety of individuals a person is having sex with (e.g., to what extent a person is “all over the place”) in order to perform accurate mathematical modeling of transmission probability.

It could behoove social behavioral researchers to engage in a similar dissection process. A definitional clarification process similar to the concept explication we attempted with the Mozambican data could help behavioral research, for example, by clarifying survey or interview items to elicit information on all of the sub-behaviors falling under the category, instead of favoring the prototypical representation of concurrency (such as the sugar daddy scenario) over other frequently practiced but under-publicized forms (such as having “friends” once in a while). Such an explication in local terminology can also prevent more quantitative yes/no measures from validity issues by defining concurrency in exogenous public health terms (and thus missing true cases of concurrency). Also, by incorporating subtle differences in socially defined concurrency categories, it can also increase the clarity of questions regarding these specific sub-behaviors so that answers are more reliable. For example, a study on HIV prevention messages received distinct answers when asking interviewees whether they had practiced “fidelity” compared to a subsequent question on “mutual fidelity,” again suggesting the presence of crucial

sub-categories that respondents classify distinctly in their personal schematic organizations of their past behavior.

There is a similar lack of definitional clarity among HIV prevention organizations when defining concurrency, as terms vary from institution to institution and in translations from English to other operational languages such as Portuguese, seen both in Mozambique and abroad (Manuel, 2007). It is important that agencies not assume that community members define the behavior in the same way they as practitioners define it. Our results suggest that intervention designers, just like researchers, should develop a clear understanding of local sexual concurrency categories and what defines each (condom use or not, “friends” vs. “lovers” and so on), in order to be able to match or manipulate those categories for the benefit of the prevention messages. Programs should be clear on which sub-categories of concurrency they are targeting with a particular communication, and make the message specific to the aspects of that particular behavior that are problematic from a health standpoint.

If a Mozambican agency were to make a sweeping statement on a billboard about the high HIV risk of “walking outside the home” – the umbrella category – when this level of HIV risk is actually only found in extreme sub-categories such as being with a “2:00 p.m. girl,” it is possible that community members would view the billboard as an over-exaggeration and as inaccurate, discounting the entire message. We have reason to believe this based on past blunders in drug prevention; the “this is your brain on drugs” campaign oversimplified and grouped all drugs together, and when adolescents realized that pot didn’t necessarily fry your brain, they discounted the larger message. Now we see drug prevention campaigns and research focusing on the social norms around one specific drug instead (Zhao et al., 2006). This is logical within the context of behavioral theories such as the Theory of Planned Behavior, in which it is

important that beliefs and norms be highly specific to the behavior in question (Glanz et al., 2002). If practitioners cannot be certain what the specific sub-behaviors are within concurrency, it is difficult to measure social norms around those behaviors. Given the strong interest in social norms strategies for sexual health in Mozambique believable to adolescents, but again, only if the health messages are credible within their own experiences (Yzer, Cappella, Fishbein, Hornik, & Ahern, 2003). Taking this lesson to our case of concurrency in Mozambique, the agency could instead make one billboard communication specific to the HIV risk and behavioral barriers of a “2:00 p.m. girl” partnership, and a separate billboard to address the distinct risk and barriers specific to an “occasional friend” encounter, residents would be more likely to see these as credible, since they would better align within their own behavioral understandings and personal empirical observations of these distinct occurrences. Thus the process of exploring local behavioral definitions can be useful to sexual health practitioners as both a clarification tool and a “reality check.”

*Section 3. Implications: Concurrency’s Continuum of Social Acceptability*

The second important conclusion from these results is that these distinct forms or sub-categories of concurrency fall along a continuum of varied social acceptability (the degree to which injunctive norms would encourage the behavior and descriptive norms reinforce its desirability). Given that research has demonstrated that social norms mediate extramarital sex and relationship commitment, and that discussion with one’s peers plays a role in determining whether a person remains within a relationship or considers outside sexual alternatives (Buunk & Bakker, 1995; Choi et al., 1994; Le, 2004), it would be important to correctly gauge these concurrency-related norms when considering HIV prevention. To reiterate, respondents portrayed some forms of concurrency in more socially favorable light than other forms (Fig. 5).

In my review, I only found two public health researchers who linked these two concepts of (1) distinct types or acts of concurrency, and (2) differing social evaluations for these types. Parikh (2007) in her study of extramarital infidelity in Uganda, comments that “certain acts of infidelity are not considered socially harmful” (Parikh, 2007, p. 1206). Also, Hirsch and colleagues note this obliquely in their observation that “a [married] man does not provoke censure for a drunken fling, but he does for driving down the street in broad daylight accompanied by a woman other than his wife” (2007, p. 989), though they never formally subdivided infidelity into categories. A similar variance in social acceptability was also observed by Smith (2007a) in Nigeria, where approval was observed to vary depending on the discretion showed by the individual who was concurrent. The author notes that a man who would make a public deal out of his extramarital affair would not be viewed well by the community, but someone who handled the affair quietly – even if some people knew about it -- could continue to be accepted by the wider community as a man with good judgment (Smith, 2007a).

Depending on the specific form of concurrency, one’s peer group might encourage it as “natural” and a positive behavior, or discourage it as “foolish” or “selfish” and therefore negative. This could create a potentially confusing milieu, where a locally respected “good” man might engage in one form of concurrency behavior, while a locally disrespected “bad” man might also engage in a concurrency behavior. We could assume that local residents would be able to adeptly navigate this complex normative field because, as locals, they would likely already understand the distinction between subcategories and perceive subtleties around peer approval. However, in the case of outside practitioners, this could create confusion should they try to manipulate perceptions of normative approval in order to establish a less tolerant norm

around concurrency, similar to the normative efforts in Uganda that were seen as successful in reducing HIV risk behaviors (Slutkin et al., 2006).

In terms of behavioral research and theory, this is important because the determinants model for a particular behavior may need to capture more than one social norm, depending on which of the concurrency sub-behaviors of interest is being studied; or, to think of it in a different way, a separate model may need to be developed for each sub-behavior, in order to account for the distinct norm present for the particular sub-behavior, as directionality of normative influence may be facilitating in one model and inhibiting in another. In general, it suggests that for any umbrella behavior like “fidelity” or “partner reduction,” researchers should expect to unearth more than one social norm, and should be attentive to whether distinct norms match up with distinct locally-enacted forms of the behavior.

The degree of socially acceptability of a given concurrency category appeared to depend on various factors. For example, social acceptability appeared to drop for a given concurrency behavior when the behavior involved greater (a) HIV risk to one’s spouse or family; (b) diversion of household resources or incompleteness of duties to one’s spouse and family. These two reasons have been cited before by other authors (Smith, 2007a; Parikh, 2007; Tawfik & Watkins, 2007). In addition to HIV risk and household support, the concept of excess came into play, where “some” concurrency (having an outside “friend” from time-to-time) was more acceptable than “lots” of concurrency (having outside friends “all over the place”).

This HIV and norms relationship suggests that while HIV risk perception may be an important determinant in and of itself in behavioral prediction models, it is changing in relationship to social acceptability, the two variables modifying each other. Interestingly, the degree of risk perception associated with a particular behavior could be either a *result* of the

behavior’s social acceptability, or the *reason why* the particular behavior form is considered acceptable or unacceptable; from our transcripts, it was not clear which. This suggests that any communication model planning to target either social acceptability or risk perception would do well to target the two in tandem as they may be interacting with each other.

The issue of differential social acceptability may have important implications for health communication and prevention practice. First, in terms of message design, it is important to recognize which concurrency behaviors are clearly unacceptable, such as the 2:00 p.m. girls. Given injunctive norms are already strong against the behavior, critiquing it even though it is common, it would be a waste of campaign effort to attempt to persuade people that the behavior is negative if that is already the consensus; instead, resources would be better spent encouraging privately critical community members to publicize their existing critiques and rationale, for example, or to focus on the problem of having a socially undesirable behavior be so common.

There is another implication to having a sub-category which is already viewed as strongly negative. Let us take the case of a campaign trying to convince men that concurrency is irresponsible. The presumed argument would be that men should not take concurrent partners because it is more masculine to be responsible. If this campaign were to show examples of socially extreme versions of concurrency (such as 2:00 p.m. girls or being “all over the place”), it is possible that men in the target audience will think, “that’s not me, I only take an outside ‘friend’ every now and then” and thus distance themselves from the message as if it is only intended for more extreme perpetrators, similar to how HIV messages are often depersonalized by target audience members who consider they are only for “higher risk” groups like men who sleep with commercial sex workers. Were a campaign instead to depict a more subtle, socially acceptable version of “walking outside” in its prevention messages (as an example of what is not

safe) we would presume it would be harder for a man in that target audience to distance himself from the message.

A different programmatic quandary arises around concurrency forms that *are* socially acceptable. For men, the pressure to engage in socially condoned concurrency could be linked to one’s popularity with peers (Smith, 2007a), one’s status as heterosexual (Hunter, 2005), or one’s business interests when encouraged by higher-level colleagues (Phinney, 2008). It is important to recognize that the public health term “risk perception” is usually limited to disease and health risks, when actually social risks will be more relevant to a person in his or her behavioral decisions (Parikh, 2007). In other words, people may “seek socially safe sex rather than physically safe sex” (Hirsch et al., 2007, p. 990). One response could be, in the case of entrenched acceptance for a particular type of concurrency, that intervention planners should abandon the social aspect and instead focus on structural changes to remove “opportunities” for concurrency, as Hirsch (2007, p. 986), or on negative behavioral outcomes like financial or health loss, or the benefits of non-concurrency. Also, it may be that programs can get the most effective use of a dollar spent on reducing already socially undesirable concurrency, since it should be a simple case of leveraging existing norms to reduce its practice; such a harm reductionist approach has been suggested by other authors (Hirsch et al., 2007).

From a communication design perspective, it is important to be aware whether any behavioral sub-categories are socially acceptable even when the larger umbrella behavior is not. If a campaign assumes a specific behavior is *not* socially accepted when it actually is (ex. Having a friend), then an overtly negative depiction of that behavior might generate conflict and lead to a community member tuning out the communication message as irrelevant since it reflects values distinct from her own. Researchers have shown that change messages are most effective when

they espouse a belief that is within close range of the target audience member’s belief, but slightly more in the direction the program wants to move it (called “latitude of acceptance”) (Cialdini, 2001). Thus a practitioner will need to know what the degree of acceptance is for a particular concurrency behavior within the target subgroup. in order to appropriately nudge the social norm in the desired direction.

In considering the espoused normative approval within the target subgroup, it is important not to over-simplify the convergence of group members’ opinions. A general degree of social acceptability was detectable for each “walking outside” category in this analysis, however, this is not to say that all community members espoused the exact same normative acceptance for each of these behaviors. For example, respondents themselves suggested that some peers would encourage a specific form of concurrency while other peers would not approve of that form – and this could be within a given pool of friends. This diversity of peer influences was observed in Nigeria, where a man’s church friends and family would look down upon infidelity, at the same time that his neighborhood friends might congratulate him for it (Smith, 2007a). In Vietnam as well, some men considered infidelity as a natural male proclivity, while others considered it a waste of money in foolish imitation of U.S. media (Phinney, 2008). Thus when measuring behavior-specific variation in social norms, it is also important to remember there will be some variability within that norm. Again, prevention activities must be prepared to portray themselves favorably within the modest range of opinions that can be expected an overall pro- or anti-concurrency group.

In addition to individual human variation, there is gender-based variation. What respondents considered acceptable for a man in terms of his practice of concurrency was not the same as what was acceptable for a woman in her practicing concurrency. Based on participants’

dialogues, women appeared to have less range of motion within the social norms around female concurrency; that is, while it is possible for a woman to be concurrent, and it does reportedly occur, she could nonetheless be quickly faulted for even a small degree of concurrency. This same degree of concurrency was often excused by respondents when performed by a man. For men in these communities, the panorama appears to be confusingly broad as to those concurrency behaviors which could be appropriate. Some peers would encourage having a friend on the side, and other peers would even consider having regular unprotected sex with a lover to be fair play. This discrepancy in Mozambique of greater social support for men’s sexual behavior than for women’s has been noted by national scholars, and has been observed to include taking on of multiple sexual partners (Manuel, 2007). This is supported by literature from other areas. Findings were similarly gender-discrepant around extramarital infidelity in Vietnam, where both men and women were viewed as engaging in concurrency, but men had more ready opportunities to do so (Phinney, 2008). This brings up a question as to whether social acceptability is driving the true behavioral prevalence, as we are assuming in the case of Mozambique, or whether the true behavioral prevalence is being accurately perceived and thus defining the social acceptability, as the Vietnam researchers would suggest. The answer is probably that the two concepts are dialogically influencing each other, which would seem consistent with social norms theory that both aspects are important (Rimal & Real, 2005).

Despite the double standard, male and female respondents gave similar value statements. That is, women appeared to criticize concurrent females almost as much as men did. So while the author initially anticipated an analysis by gender, the similarity in the transcripts between male and female groups did not suggest such an analysis would be very fruitful. Such similarities in male- and female-held gender concepts were also seen in empirical scalar measures of gender

norms in South Africa (Harrison et al., 2006). Depending on the philosophy in force at a given organization, this suggests that practitioners either should leverage this similarity to target male and female audiences within the same billboard, or reiterates the need for more critical consciousness building so community members recognize unequal behavioral judgments, which bring female concurrency out into the open, decreasing stigma in order to improve social and health outcomes for women who are wrongly or rightly accused of “walking outside.”

In terms of research, the literature tends to focus on the higher behavioral prevalence of male concurrency, and therefore judge it practical, from a prevention standpoint, to focus research energy on men (Adimora et al., 2007; Barker & Ricardo, 2005a; Hirsch et al., 2007; Hunter, 2005; Kalichman et al., 2007; Phinney, 2008; Smith, 2007a; Wardlow, 2007). This pragmatism has unfortunately resulted in a lot of social gossip around women’s infidelity – if the discussions among our male and female participants were any indicator – but little scientific research into the context for its occurrence. There has been one in-depth study on female concurrency in Mozambique (Hawkins et al., 2005), but it focused on young urban women, meaning there is still little information on women in rural areas. One new study in Malawi actually chose to focus on female concurrency (Tawfik & Watkins, 2007), and was able to offer insightful critiques of international HIV programs. In the author’s mind, HIV prevention effectiveness is crippled by an over-reliance on feminist theory simplifications of men as powerful and women as disempowered, men as active and women as passive participants in survival sex. This blind spot was also noted by Said (2007) in her preliminary analyses. The Zambezian focus groups would reinforce Tawfik’s point that female concurrency is not entirely out of economic desperation, but also due to empowered motivations such as women’s lusty desire for sexual variety (noted in Chapter 4, Results). The very presence of this research gap –

driven in part by the simplistic assumption of one predominating social norm that encourages male concurrency and discourages female concurrency – only serves to reiterate the need for a more delicate exploration of social norms, which presumes a realistic diversity of sexual behavior patterns.

As suggested above, social norms strategies around sexual risk behavior typically aim to decrease the perceived prevalence of an unhealthy behavior or increase perceived social critique of that behavior (Rimal & Real, 2005). However, one author suggests this may backfire if it is too successful. Parikh (2007) notes that government campaigns in Uganda included harsh critique of infidelity. She considers they were so successful at stigmatizing the behavior, that it drove men with extramarital partners further underground; and hiding the behavior mean less disclosure and discussion around sexual practices and HIV risk within the primary partnership (Parikh, 2007). Perhaps this suggests that only the most dangerous sub-categories of concurrency be criticized in campaigns, less an umbrella-critique approach wash more harmless encounters into a dangerous zone of hiding, until condom protection is no longer possible.

The key to contextualizing social acceptability and concurrency appears to be variation. Concurrency categories may vary over time, as practices will change as new age cohorts come into the field (Bagnolle & Chamo, 2003). For example, many Zambezians considered “catorzinhas” a relatively new phenomenon, which was echoed in other programmatic research (Hawkins et al., 2005). Similarly, these categories may evolve as the underlying social or gender norms change due to broader societal processes (Hirsch et al., 2007). Also, different subgroups may see certain concurrency forms as more appropriate for their subgroup (ex. Adults more comfortable with “friends;” youth comfortable with “catorzinhas”, and women are more comfortable with limited or no “walking around.” Finally, an individual person may engage in

different forms of concurrency over different periods in his/her life; Smith (2008, draft in process) cites the story of an HIV-positive married Nigerian man who engaged with many concurrent partners at one point in his life, then exercised total fidelity for a period, then once again resumed concurrent partnerships. An individual could then be “high risk” one year and “low-risk” another year, in terms of his response on a DHS questionnaire. If individuals can move in and out of risk categories, and risk categories can differ in their social acceptability, then measuring social norms at the individual level is an imperfect snapshot. Perhaps the best thing researchers and prevention practitioners can do is evaluate these norms often to account for change, with a variety of people to account for variation, and with great attention to subtleties to account for the complex relationship between what lovers think, what they say, and what they may do.

*Section 4. Utility of Norms: Individual vs. Community Needs*

Social acceptability norms dictate that certain behaviors should be either performed or avoided. This raises the question, “Should be performed or avoided for whose benefit?” The Zambesian respondents offer two answers to this response. First, in considering certain unacceptable concurrency behaviors, many respondents emphasized the harm it could do to a person. As described in Ch. 4, “walking outside” could bring negative outcomes for that person, such as defamation, HIV infection, marital disharmony or fighting, being abandoned by one’s spouse, a loss in marriage eligibility for a young woman, and other negative life events. In this case, a person should avoid “walking around” for his own sake.

Second, respondents described the harm that unacceptable concurrency categories could bring to others in the community. For example, if a man was *espalhado* (“all over the place”), respondents considered he could have “contaminated” many people (that is, transmitted HIV); he

could contaminate his wife, or end up with “skinny” children, presumably starved from lack of material or emotional support. Interestingly, participants characterized some men as weighing potential consequences such as harm to their family, and making a conscious decision to not “walk around” with outside women in order to not bring difficulties to their family. Similarly, Many respondents depicted situations this way, with “walking outside” bringing the characters to certain ruin until they were “running in the street naked” in a parabolic doom. Such concurrency parables, as instruments of social control, could only exist in a community where there was sufficient social cohesion and interpersonal influence to motivate compliance.

This suggests that the social norm serves a function guide community members towards behavior that limits the misery of their families and others around me. The injunctive norm could be positioned more specifically to encompass what the community considers should be done *for the community’s sake*. This suggests that social acceptability in general would be largely endowed upon behaviors that would bring public benefit.

Respondents continually lauded the “organized” household with a harmonious balance of responsibilities and behaviors between partners. These harmonious couples were then perceived as being able to support others in the community when problems arose.

*A good man has a good understanding of his, in his house, of the – with his wife and with his children, and he has a good behavior with the population, he walks well with the population without malice, this is what is best.*

Men 35-40, Mocuba

This functional organization was portrayed as including both household tasks and sexual activity, as a good woman would,

R: *...push her superior labia [for greater male sexual pleasure], have respect at home, take care of the house for her husband, make breakfast for her husband.*  
 F: *Of all these things of a good woman, which is the most important?*  
 R: *To have sex.*

Women 25-40, Mocuba

A stable household was depicted by respondents as having a male head who demonstrated good behavior. While good behavior is not described in detail, respondents depicted good behavior as that which increases harmony within the family:

*The difference is this man is happy with his wife and children... This man lives happily with his wife, there doesn't exist that thing of saying 'I'm the man of the house and therefore I'm in charge.' Everything they do in the house is based on understanding and coordination...I think that this man has a positive behavior with his wife's family just as his wife has [positive behavior] with his family, and they live together happy with the family.*

Men 25-35, Mocuba

In that same vein, some text suggests more explicitly that such a well functioning household would probably not include excessive “walking outside,” given that respondents characterized the husband in an organized household as not spending his nights elsewhere:

*A woman in a house should care for the children and sometimes go to the fields with her husband, meanwhile the man's [duty] depends on the activity that he practices. If he is a farmer he should take his spade and go to the fields, and after returning [from the fields] he should stay in the house together with his wife.*

Men 25-35, Mocuba

And similarly,

*R: This man spends more time at home together with his family.*

*R2: This man reserves time to be at home with his family, instead of spending more time outside, so that is the difference...*

Men 35-40, Mocuba

Respondents were quite explicit about this happy home being socially desirable, and being characterized by a husband who is not pursuing other women in a way that could infect him with HIV:

*F: What do women think about the kind of man who spends more time at home with his family in the house?*

*R: Women think he is a well-mannered man, that there is good judgment and that he likes to live happily in his home.*

*R2: The women think that he is a man with good behavior because he doesn't have many women, and he follows the norm that AIDS is a dangerous disease and he could suffocate himself if her were to overextend having sex with other women.*

Men 35-40, Mocuba

Interestingly, while this description considers such a man would not have “many” women, respondents do not specify that he would never at all be with another woman. Corroborating

earlier findings about the importance of HIV transmission risk in framing social acceptability around these different concurrency behaviors, the point participants re-emphasize at the end of the conversation (above) is that this good man is not sleeping with other women in a manner that could bring HIV into the home.

Thus, respondents generally preferred an organized household where husband and wife had a harmonious relationship with each other. Such a household was intimated to not involve excessive levels of “walking outside,” though respondents did not explicitly state spouses would never seek outside friends.

In terms of the social benefit underlying the norm, it is logical to consider that an unhappy family is less socially desirable:

*...whereas that man kicked his wife out of the house because he doesn't want to be happy.*

Men 25-35, Mocuba

Perhaps caring and harmonious families benefit the overall community more than unhappy families because they have the emotional stability to reach outside their home to counsel others. For example, when asked to describe a good man, there was a high value placed upon helping others stay within the community norms for behavior:

*R1: He is orienting a person that could fail within a community as to how to live with others, and he can counsel that person to come into line.*

*R2: It is a good man that individual who has the initiative to help society to resolve its problems.*

Men 35-40, Mocuba

Similar texts also characterized such harmonious men as active volunteers, for example helping to protect and support children in the community.

In contrast, a person specifically pursuing a concurrent partner is potentially upsetting the community balance and organization. For example, a group of men made it clear that initiating a concurrency partnership with a lover in another locale (category IIA or IIB) is functionally

“provoking” and interfering in another person’s household:

*F: What do you think is happening?*

*R: They are falling in love, this man is married and he went to provoke the woman of another man over in the city.*

Men 35-40, Mocuba

A household with socially unacceptable concurrency was portrayed as not having this “understanding” and organization between husband and wife. Here respondents describe the case of an older man taking a much younger wife in an arranged marriage, where she ultimately pursues other male partners. Participants were certain this would bring problems:

*R: These homes, when something like this happens, it never takes much time, they destroy themselves.*

*F: But who comes out winning in the end?*

*R: It’s pretty much a total loss, because the parents don’t gain anything, nor does the girl gain anything, and things are going to get to a stage of panic.*

*R2: There you almost don’t win anything, when it happens a lot it only brings disgrace.*

Men 35-40, Mocuba

A disorganized household only brings disgrace on the community, whereas the members of an organized couple can bring counsel. And again, this disgrace is when it happens “a lot,” not necessarily for one or two chance occurrences of sexual concurrency.

Such a “bad” person is clearly not oriented towards helping others. Someone who doesn’t care about the community was depicted by respondents as isolated, almost selfish:

*The person who is full of badness, full of badness, [he] doesn’t consider that in the world there are also other people who exist. He is only worried with his own individual interests. He doesn’t consider even his own parents, he doesn’t consider them to be people. Well then this is not a good man.*

Men 35-40, Mocuba

Something similar to self-centeredness was also attributed to men who take on concurrent partners:

*Others aren’t faithful because of the pride that they have and others because they don’t want to listen to the advice of friends.*

Men 25-35, Mocuba

A parallel theme came up when respondents reflected on a man who threw his wife out of the house after she was diagnosed as having HIV. Participants judged that such a man was disregarding community and group needs in favor of his own, a negative and unusual practice:

*The man in the first photo (who drove his wife from the house) has a strange behavior, he likes to live his life by himself and he doesn't want to listen to the advice of anyone. In contrast the man from this photo enjoys a happy life in his home.*

Men 35-40, Mocuba

In conclusion, a happy and organized home is socially desirable, and such a home will not involve extreme categories of concurrency such as “being all over the place” as the following discussion suggests.

*F: Are this man's friends like him, or are they different?*

*R: They're different, they are.*

*F: Why are they different?*

*R: They are different because this couple, this is an organized couple, they just live in their home between man and wife, meanwhile other couples are all over the place (“espalhados”), , e um casal organizados, eles só vivem em casa entre homem e mulher então enquanto outros são espalhados, então isso que faz a diferença entre esses casal.*

*F: quando fala de organizados, espalhados a que se refere?*

*R: organizado e como dizer, por exemplo esta com sua mulher em casa só esta a entender só as duas pessoas tu e a sua esposa e há outros que deixam própria sua mulher então ir fora a procurar outras mulheres com muita coisa entao isso e que e, dizem e espalhado, sim. Assim e espalhar-se exacto uma pessoa.*

Men 35-40, Mocuba

At the same time, while this may be socially desirable, we see above that respondents did not perceive the organized household to be the descriptive norm, but rather the exception to the rule. Participants considered that most men would not be like this man. By extension, it is a possible interpretation that many or most residents would be acting on some degree of self-interest and engaging in some level of socially undesirable concurrency, even though this may be against the greater social good as residents defined it. In fact, some of the respondents painted it this way, as in the following example, discussing when young daughters develop relationships with older men and the social “confusion” that can result:

*Many [parents] don't like it because they know that that man can come and make confusion, for this reason they counsel their daughters to not do this type of thing, but the majority [of parents] incentive their daughters to seduce married men because they want to survive.*

Men 25-35, Mocuba

In this case, the family is not depicted as selfish, but instead as being in dire financial need and ultimately defying the community interest only to satisfy basic needs. Perhaps the family's level of poverty factors in to how unacceptable or acceptable other families may view their actions to be in terms of supporting concurrent partnerships. But again, there is the underlying concern of disharmony in the community when families make concurrency-related confusions with each other.

Whether out of self-indulgence or bare bones necessity, deciding not to “walk around outside” for the more socially unacceptable categories (III, IV and V in Fig. 5) appears to be ultimately about putting the needs of others (one's family, one's neighbors) before one's own (natural sexual desire, etc.). A person who is selfish may be less motivated to comply with community norms, instead pursuing personal interests.

This issue suggests that future research on community-level sexual concurrency could include exploration of factors or situations that increase motivation to comply with existing social acceptability norms that are already health-protective, such as avoiding unprotected concurrent sex or cross-generational concurrent sex. The recent work of Tina Loraas (2006) on intrinsic versus extrinsic motivators could serve as a good point of initiation for such an undertaking. As well, normative research in Mozambique could examine what is unique in terms of motivating compliance with a behavioral code that is considered to be for the greater social good or utility (for example, men using condoms with their wives) as opposed to a behavioral code that serves one's own good (for example, men using condoms with casual partners).

## Section 5. Limitations

### 5.5.1 Limitations in measurement

In measuring social norms, one limitation was that the elicitation prompts around norms were not necessarily specific for the respondent’s group of reference. While studies commonly measure social norms by asking individuals directly what “your friends” would think or want them to do (Flores et al., 2002), this study asked either projectively about the friends of certain characters in the story (“What do João’s friends think of his behavior?”) or more generally about what men or women “in the community” want, not specifying it to the respondent’s peer subgroup. This was a necessary limitation of the projective technique approach, that avoided direct second-person questioning of the focus group respondents, in order to enhance their overall comfort in participating and sharing their thoughts on intimidating sexual and relationship topics.

Second, recruitment of individuals into the discussion groups involved the local *régulo*, or community leader. Even though it was explained that the study needed to visit with “normal” people, not upstanding citizens, the *régulos* may have nonetheless brought in friends and the more esteemed individuals in the villages; it is unlikely they allowed any true social outcasts to be present. Given our aims were to collect normative data, these caveats are not necessarily problematic, but it is important to recognize we have no way of knowing if they are typical of an “average” person in the locality. Only after the groups or interviews were conducted were small snacks and soft drinks provided to express appreciation. No identifiers were taken beyond study site in order to ensure participant anonymity.

A third limitation is that the social norms approach to the research assumed that respondents could somewhat accurately gauge both social acceptability (injunctive norms) and

the degree to which a behavior is common (descriptive norms). However, given sexual behavior usually takes place in private, a person could only accurately determine the prevalence of their own concurrency, and would have to rely on their friends’ self-report or gossip-transmitted stories to guess how common concurrency behaviors might be among others in the community. If there were an underreporting of concurrency due to desire to remain undiscovered (Smith, 2007b), or an over-reporting due to a desire to impress one’s peers (Smith, 2007b) -- both of which surfaced as possibilities in the Zambezia transcripts -- social norms would be a shaky factor to base one’s sexual behavior upon. Thus, it is not possible to draw definitive conclusions about how common concurrent partnering behaviors were in the study sites, but rather the study served to explore possible ranges of how common concurrent partnering behaviors *were perceived to be* in the eyes of respondents. Similarly, each respondent would perceive social acceptability differently according to their personal sexual experiences and their distinct history of conversations within their particular network of friends, neighbors and family members. The privacy of sexual performance (behind closed doors) and the discretion behind sexual discussions (managed self-report) make a study of social norms around a behavior such as concurrent partnering inherently more problematic than a study of social norms around, for example, livestock raising, which usually takes place in the open and would be discussed rather straightforwardly among neighbors.

As well, interpretation is limited in that it was not possible in the transcriptions to differentiate between the specific voices of different respondents. While some transcriptionists were able to distinguish between two sequential comments by different people versus the same person talking twice in a row, it is not clear whether all pro-concurrency comments in a particular group, for example, might have all come from the same respondent, or whether several

different group participants were taking turns espousing these viewpoints. This means it is possible that across a given discussion group transcript, certain comments would have been attributed by this researcher as supported by the group, when actually one particular respondent dominated the conversation espousing uncommon views. However, across most group settings it is expected that uncommon views would be challenged and that the group effect would steer respondents overall towards more centrist or generally accepted statements, but this cannot be verified with the textual transcriptions forming the basis for this particular analysis.

#### *5.5.2 Limitations in Predictive Power of Social Norms*

It is important to make note that norms alone are not motivating any health behavior, and are certainly not the only determinant for sexual concurrency. Indeed, our own data reminded us of the plurality of factors that might spark a person’s interest in a concurrent partnership; it is likely that all the normative influence in the world would lead to few concurrent sexual encounters if there were not some physical attraction underlying it from at least one of the parties. Quantitative studies have also shown that while social norms statistically significantly contribute to sexual behavior or sexual behavior intentions, they do so on a lower order of magnitude than other predictors such as past sexual experience or current partner status (Flores et al., 2002). However, the Zambezia data suggest a limit to the power of these peer norms to overpower personal sexual preferences, as in excerpts cited in Chapter 4 where respondents described both men and women who actively neglected to heed peer advice and chose to have “outside” sex against their friends’ counsel.

Social norms researchers recognize that normative adherence assumes the existence, on some level, of an observable referent other (Rimal & Real, 2005). In a private topic like sexual behavior, which is difficult to observe as it is usually conducted in private, observation is

somewhat problematic. It may be that community members themselves recognize this limitation, and do not fully trust their peers’ self-report within social circles. In turn, if community members are aware that their peers or elders will have limited ability to observe their own actions, then a person could expect no social consequences of non-compliance with norms unless her non-compliance were discovered. That is, if someone has a concurrent sexual encounter “by the roadside,” as it is depicted in rural Uganda (Wolff et al., 2006) and judges they have little chance of being discovered by someone who knows them, then that person may have little worry of suffering social critique. The caveat is that in small communities where families’ huts were sometimes only 15 feet apart, sexual behavior may not be such a private affair after all. While a person may want to control their self-presentation, it is likely that word travels fast. Indeed, a separate study in rural Uganda found that privacy was quite hard to come by when pursuing concurrent sex, with men rushing through roadside extramarital sexual encounters in mere minutes out of fear someone would walk down the same road and discover them (Parikh, 2007).

Also, even if social critique was a likely negative consequence, it is worth recalling that humans do not always act according to long-term utility, but often respond instead to short-term costs (Weinstein, 1993), or, by extension, short-term benefits. In reviewing the causes of concurrency outlined by study participants, many motivating situations were utilitarian in terms of fulfilling shorter-term or momentary needs, such as lustful attraction and curiosity, the desire to play around or feel young. Others were to temporarily escape a negative situation, such as concurrent partnering driven by a deadening communication with one’s spouse, or lack of sexual variety in the marriage. Examples of more strategic, utilitarian motivations for “walking around outside” were also found: concurrency to meet economic, reproductive, or illness-driven caretaking needs. Only one of the participant-identified reasons – desire to impress one’s peers –

would fall into a social norms category. But respondents were much quicker to mention people dodging social norms in order to be concurrent – as in the oft-mentioned cases of individuals ignoring advice in order to satisfy other personal needs through their concurrency. Therefore it is important, when looking at social norms, to question whether they are long-term or short-term costs.

As well, it is worth mentioning that this study’s focus on the spouse-headed family fails to take into account the many cases of single mothers and fathers and how concurrency likely serves distinct functions, and receives distinct social evaluations, in these scenarios.

Also, this study attempted to measure norms within a given neighborhood peer group, though this may not have worked out in practice; while discussion groups were of similar age cohorts within a given housing section of a neighborhood, the individuals collected were not necessarily intimate friends or family, and therefore possibly not “peers” in terms of belonging to the same socializing subgroup. In this case, the norms would have been the safe and socially appropriate public responses. Therefore we could not know with exactitude which kind of peer group intimacy was present from group to group. Also, the use of discussion groups instead of interviews will tend to overemphasize could be the origin of this variation in our study.

## Ch. 6 Conclusions

Public health policymakers must learn to conceptualize concurrent sexual partnering as a community-level behavior as well as an individual behavior. Findings suggested that while HIV risk is beginning to drive social acceptability, acceptability does not cleanly map over HIV risk suggesting such points of incongruence could be respectfully highlighted in health communication to great utility. For this reason, it would be valuable if empirical measures could to incorporate information about concurrent partnering beyond HIV-risk-related predictors (such

as partner age and serostatus) to more psychosocial predictors such as perceived social acceptability, and non-health outcomes such as perceived risk to one’s economic or family stability. Qualitative and quantitative findings on these additional dimensions can help both researchers and practitioners to better understand what locally defined behaviors would be encompassed under the broad behavioral category that public health singly defines as “concurrent sexual partnering.” Prevention design and practice can then better take into account other life and social attributes of concurrent partnering that are important to community members in their personal sexual decisions and their approval or disapproval of the distinct locally defined behaviors falling under “concurrency.” Practitioners may decide that it is strategic to only target some of these behaviors, or to initiate distinct dialogue strategies specific to these sub-behaviors based on such attributes. Findings suggest the need for sexual concurrency research to expand from its original epidemiology- and psychology-driven orientation towards individualistic predictors to a broader model that encompasses community-level injunctive and descriptive norms as members themselves perceive them. This will enable health communication to respond with salient messages and activities that either capitalize on existing norms or work to change normative perception, but in a way that is sensitive to the normative injunctions that the community differentially applies to a specific sexual encounter depending on the situational attributes which are of value or importance to them. Finally, it could be helpful for researchers and prevention communicators to differentiate between concurrency outcomes impacting an individual versus those impacting his or her broader community, as a new point of leverage that exchanges negative external (Western, agency-driven) demagogic injunctions around individual “infidelity” for positive, local calls to smaller specific actions that are more realistic and that avoid distancing specific population members. Such normative research could, if ongoing, result

in more locally-responsive messaging strategies that can adapt over time to encourage protection of one’s self and others, without forgetting the diversity of unique life situations and normative values circulating and evolving over time among peer groups and within individual residents.

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## Appendices

### *Appendix A. Description of Field Placement*

#### *Section 1. Description of Agency*

The Center for Communication Programs (CCP) is an institution of the Johns Hopkins University Bloomberg School of Public Health, and is an affiliate of the Department of Health, Behavior and Society. It is supported through funding from government grantors and private donors. CCP conducts research and implements and evaluates communication programs for health promotion, health behavior change, and knowledge sharing, working in collaboration with government and NGO partners worldwide. Headquartered in Baltimore, CCP has approximately 450 staff members and over 30 field offices, mostly in Africa and Asia. It is at one of these, the field office in Mozambique, where I was stationed for my field placement. CCP’s programs are distinguished for their strong science-based programs, which are theoretically designed, draw on evidence from peer-reviewed literature, and are informed through original research conducted by the CCP with country partners. It is a leader in the health communication arena, receiving numerous awards for its work. It has a strong capacity to provide mentorship, as most staff members have a strong grounding in public health or related disciplines. More information is available on the CCP website at [www.jhuccp.org](http://www.jhuccp.org)

In country projects, CCP customarily serves as a research or communication design expert, working through a national CCP office. The CCP Field Office in Mozambique is located in the capital city of Maputo. My preceptor was Rosa M. A. Said, MS, CCP Mozambique Country Representative.

In Mozambique, CCP recently won a grant to take a leadership role in designing and executing a national social norms communication campaign to reduce HIV/AIDS risk behavior,

starting in 2008. Primary partners include the Communication and Advocacy Unit (UNICOM) of the National Council on HIV/AIDS (CNCS) and other government and NGO partners. When I arrived at the CCP/Mozambique office, they were anticipating conducting formative research on cross-generational sex, transactional sex, and concurrent partners, with special attention to gender roles and concepts of masculinity. In this research, CCP was to focus on the three provinces of primary concern to the national HIV/AIDS council.

*Section 2. Description of Field Placement activities*

CCP/Mozambique offered to host me as a student intern from July to December 2007 in order to assist the formative research process and other tasks. My preceptor was Rosa Said, MS, country representative and then technical director of the Mozambique field office. Ms. Said has an undergraduate degree in sociology, a master’s degree in public health epidemiology, and over 30 years of experience in public health that includes past positions as CCP’s country director in Brazil. In addition to my preceptorship under Ms. Said, I also had the opportunity to work with Maria Elena Figueroa, PhD, principle investigator for the Mozambique project; Patricia Poppe, MS, project manager for Mozambique; and Alice Merrit, Deputy Director of Country Programs, and numerous Mozambique staff and colleagues. Beforehand I also enjoyed the counsel of Rajiv Rimal, PhD, CCP researcher and my faculty advisor.

In the role of Research Assistant to Ms. Said, I began my field placement in Baltimore in June where I began a literature review on sexual behavior in Eastern and Southern Africa. I arrived at the CCP Field Office in Mozambique in July, and continued work on the literature review and accompanying other tasks such as proposal development. I presented preliminary results of the literature review to the CCP team in September. Then, under the careful tutelage of Ms. Said, I worked to organize literature review findings and gaps in terms of ideational factors

(Kinkaid/Figueroa) and other meaningful categories as input to Ms. Said and Dr. Figueroa in the consideration of research needs and the formation of research questions for the upcoming formative study.

Based on these gaps and other programmatic research interests identified by CCP, in late October I drafted the formative research proposal for submission to the Institutional Review Board, which was then revised and submitted by Dr. Figueroa. Following this, I accompanied the drafting of research instruments by the CCP researchers, and had the opportunity to offer my inputs. In November, I traveled with the CCP team to the Zambezia province for the selection and training of the research team, having developed two presentations and two guideline documents for CCP to use in orienting the researchers on the study topics, research objectives, and key techniques to follow in open-ended qualitative research. During this time I was also able to accompany the pretesting of the research instruments, solicitation of feedback, and Ms. Said’s adjustments.

The pretesting was followed by a one-week period in Maputo where I requisitioned, reproduced and organized the necessary research materials, binders and organizational protocols for the study. I then returned with Ms. Said to Zambezia Nov. 26<sup>th</sup> in the capacity of Research Assistant. During the data collection period (Nov. 28<sup>th</sup> – Dec. 7<sup>th</sup>), I coordinated distribution of recording equipment, data collection materials, verification of data collection by the researchers, and record-keeping of each research event conducted according to the monitoring forms I had prepared. I also had the opportunity to give feedback to the researchers on their elicitation styles and observe from a distance two occasions of data collection, as well as review recordings in the evening. When they were not in the field, I trained and coordinated the researchers in their transcription of the tape recordings according to a transcription protocol I developed, and

oversaw the transcription of a portion of the recorded data while we were in the field. Upon return to Maputo, I spent the final week coordinating transcription of the remaining tapes (a total of 55 events) by local university students and organizing data collection records for CCP files. Throughout the research period, I supported Ms. Said in logistical tasks such as payments to food vendors, preparation of contractual paperwork for the research team, materials acquisition and reproduction, scheduling, and other sundry aspects of research implementation.

Separate from my tasks with CCP, I spent on average 4-8 hours per week volunteering with the Mavalane Nucleus Against HIV and Drugs (NMCDS), a community-based peer education organization in the Mavalane peri-urban neighborhood of Maputo. NMCDS operated with financial support from the Irish government and Pathfinder International. I accompanied training activities and meetings with the youth peer educators. As part of this work, I had the opportunity to develop a training manual and sample peer education exercises on Peer HIV Outreach with a Gender-conscious Approach, and co-facilitated a one-day training course and field outreach activities in November with a 20-person subgroup of these peer educators as their first activity as the Technical Group on Gender for the organization.

*Appendix B. Sample of Case Study Instrument*

Exercise 3. The Case of Samuel (with Photo)

Instructions:

- a) Show the photo and read the case, without changing the text or demonstrating verbal or facial approval or disapproval with the story, in order to not influence the group’s perception.
- b) Ask if everyone understood. If necessary, repeat.

Janete has been married to Samuel for 8 years. They have three children. He is a taxi driver. He works the night shift at least 2 times a week. Sometimes, he sits a long time waiting for clients. One or another time he goes out with Cecilia, a woman that he has known for a long time. Cecilia has a boyfriend, Robert, but Robert isn’t always with Cecilia because his work demands that he travel out to the districts. When he’s on the road, Robert has a habit of going out with other women. Given that Cecilia spends a lot of time alone, she doesn’t think it’s anything overboard to go out from time to time with Samuel. None of these people use condoms. The other day Samuel went to donate blood for a friend in the emergency room, but his blood was rejected because it was tested and he discovered that he was infected with the AIDS virus.

1. How do you think Samuel got the AIDS virus?
2. Besides Samuel, could any of these other people be infected? Why?
3. Could Samuel have prevented his getting infected? How?
4. Before this happened, did Samuel think this could happen to him? Why?

NOTE:

If respondents say something like “Trust”, probe. What is “trust”?

5. Do you think that he will share his problem with anyone? With whom? Or will he stay quiet? Why?

If participants don’t mention Samuel talking to his wife, ask directly:

6. Do you think he should talk to his wife? Why?
7. Besides his wife, with anyone else?

*Appendix C: Sample of Unprompted Photo Elicitation Instrument*

Exercise 4. Photos without Description

1. Now I’m going to show you some photos. Here is the first one. Watch with attention:
  - a) What do you think is happening in this photo? (**give time for the participants to observe and describe what they’re seeing**)
  - b) What do you think happened before?
  - c) What do you think will happen next?

*Appendix D: Sample of Narrated Photo Elicitation Instrument*

Photo No. 12 – The Happy Family

This couple has been married for several years, and they constitute a healthy family. No member of this family has HIV.

1. What must it be that this family does in order to not get the AIDS virus?
2. Are this man’s friends similar to him, or are they different? Why?
3. Do you think that this man has other women? What does this man do when he likes another woman?
4. What do women think about this kind of man?
5. What is the difference between this man and the man in the other photo [who kicked his wife out of hte house for being HIV positive]?
6. How does this man relate with his wife? How is their way of living together?
7. How does this man relate to his wife’s relatives?

Tables and Figures

Table 1

*Prevalence of multiple partners (past year) and condom use (last high-risk sex) in Countries Bordering Mozambique*

Country	Portion of respondents ages 15-49 reporting sex with >1 partner in last 12 months		Portion of respondents ages 15-49 reporting condom use at last high-risk sex		Source
	Men	Women	Men	Women	
South Africa	4.4% (ages 15-59)	2.5%	NA	8.2%	2003 SADHS (no. partners) (Department of Health, Republic of South Africa., 2003)1998 DHS (condom use) (Department of Health, Republic of South Africa., 2002)
Zambia	14.4 %	1.3 %	50.0%	37.4%	2007 DHS. (Republic of Zambia, Ministry of Health, National AIDS Council., 2008)
Zimbabwe	14.1 %	1.2 %	71.0%	45.6%	2005-06 DHS. (The Zimbabwe National Monitoring and Evaluation Taskforce, UNGASS Technical Working Group, National AIDS Council., 2008)
Malawi	26.9 %	8.3 %	57.2%	37.5%	2004/2006DHS. (Office of the President and Cabinet, Republic of Malawi., 2007)
Tanzania	30 %	4 %	45.5%	27.5%	2004-05 DHS. (TACAIDS, 2008)
Mozambique	<u>52 %</u>	<u>24 %</u>	33%	24%	2003 DHS. (Republic of Mozambique, National AIDS Council., 2008)