Chapter Nine

“Being Faithful”

Limiting Partner Number
and/or Practicing Fidelity

In sub-Saharan Africa most adolescent sexual health interventions have focused on abstinence and/or condom use. Far less attention has been given to reducing partner number and/or increasing fidelity (Shelton et al., 2004; Grills, 2006; UNAIDS, 2007; Wilson and Halperin, 2008; Leclerc-Madlala, 2009; Lurie and Rosenthal, 2010; Green, 2011). For example, a 2004 review of school-based HIV/AIDS prevention in Africa identified four programs which targeted abstinence only, and six which targeted both abstinence and condom use, but none which specifically focused on limiting partner number or fidelity (Gallant and Maticka-Tyndale, 2004).

Research on these behaviors in general populations in sub-Saharan Africa has also been relatively limited. For example, when one of the main search engines for public health and medical journal articles (PubMed) was used to identify papers on each behavior in 2010, 71 percent of retrieved articles related to condoms, compared to 18 percent for abstinence, and 11 percent for being faithful and/or limiting partner number.¹ Some sub-Saharan African studies have examined all of these risk reduction goals together, and they might not be listed in such an individualized search (e.g., Ferguson et al., 2004; Amuyunzu-Nyamongo et al., 2005; Okware et al., 2005; Pool, Kamali, and Whitworth, 2006; Steele et al., 2006; Landman et al., 2008; Selikow et al., 2009; Sambisa, Curtis, and Stokes, 2010). However, such studies have also typically given less attention to limiting partner number and practicing fidelity than to abstinence or condom use. In addition, the vast majority of these studies have consisted of surveys with adults. Very few have involved in-depth, qualitative research focused on young Africans’ perceptions and experiences.
Studies of people’s motivations and experiences of “being faithful” in sub-Saharan Africa may be sparse partly because of how challenging it is to define and measure this behavior. “Fidelity” is often used interchangeably with “monogamy,” but this can be problematic. Monogamy is a condition or a practice of having only one sexual partner for a given period of time, whereas sexual fidelity implies a loyalty or obligation to a partner not to have other, non-agreed upon partners, and someone can have a monogamous relationship due to circumstance rather than a sense of loyalty or obligation. For example, adolescent boys may want to have multiple partners but only be able to convince or provide material exchange to one girl. Similarly, in much of sub-Saharan Africa polygynous men may practice fidelity with multiple wives by not having extramarital relationships. However, even this interpretation of fidelity is ambiguous, as studies have found that people sometimes interpret “faithfulness” to partners as respect, discretion, and/or trust, but not necessarily sexual exclusivity (Leclerc-Madlala, 2009; Lillie, Pulerwitz, and Curbow, 2009; Baumgartner et al., 2010; Kenyon et al., 2010).

Even if “fidelity” is taken to mean “monogamy,” it can be interpreted and practiced in diverse ways which have very different implications for HIV risk. Monogamy is likely to be most safe if both partners test negative for HIV before having unprotected sex, and then have a long-term, mutually monogamous relationship. In practice, however, many monogamous relationships do not involve HIV testing, are not long-term, and/or are not mutually monogamous, all of which can contribute to greater HIV risk. For example, an individual may practice monogamy by having a series of brief relationships, with small gaps between them. Practicing serial monogamy in this way can substantially increase risk of exposure to infection if condoms are not used, increasing the chance that a person has contact with someone with HIV or another sexually transmitted disease. In addition, if there is only a short period of time between sexual relationships, there is a greater chance of transmitting infections received from one partner to a subsequent partner, including bacterial infections which have a limited period of infectivity, and viral infections which have an initially brief but intense period of infectivity, such as HIV (Kraut-Becher and Aral, 2003; Pilcher et al., 2004; Wawer et al., 2005). Alternatively, a monogamous person might have a long-term relationship with a partner who entered the relationship HIV-positive, or who contracted it from another partner during the relationship. Indeed, in such circumstances sexual fidelity may be a high-risk practice (Painter et al., 2007; Landman et al., 2008; Hageman et al., 2010). However, expectations of trust within mutually monogamous relationships can make it difficult to raise such
concerns, or to insist upon condom use (e.g., Parikh, 2007; Jana, Nkambule, and Tumbo, 2008; Hirsch et al., 2009; Shai et al., 2010).

Research and intervention work focused on “being faithful” is further complicated because it typically is assumed to include the behavioral goal of limiting partner number. However, a person may lower his sexual health risk by reducing his concurrent partners from four to two, even if he is not practicing monogamy or fidelity. Alternatively, an individual who maintains the same number of partners and frequency of sex for a given time period—for example, having three partners over a one year period—but who shifts from concurrency to serial monogamy, is also practicing a lower risk behavior, at least for the earlier partners who cannot be indirectly infected by later partners. The goal of limiting partner number may also involve quite different approaches depending on the target population. In a high-risk population, for example, it may involve reducing existing partner number (e.g., from multiple concurrent partnerships to one), while in an early adolescent population the goal might be to have few lifetime sexual partners once participants become sexually active.

Finally, the protective potential of limiting partner number is clearly greatest if condoms are used consistently within sexual relationships. However, the majority of sexually active young people in sub-Saharan Africa do not use condoms (Bankole et al., 2009), so most of the following discussion considers these practices in the absence of condom use. Condom use will be examined in depth in the next chapter, while the potential for individuals to employ different low-risk practices together, or to use different strategies at different times of their lives, will be returned to again in chapter 11.

The discussion above highlights how the goal of “being faithful” can be complex and ambiguous, and thus warrants careful examination. In this book the term will be assumed to encompass both partner number limitation and partner exclusivity, with the latter including monogamy, polygyny, and/or fidelity.

RESEARCH WITH MEN IN SUB-SAHARAN AFRICA

Until very recently, research on limiting partner number and/or partner exclusivity in sub-Saharan Africa has mainly involved asking survey respondents how many sexual partners they had over a given time period. Such data can be problematic, as some respondents may under- or overreport their partner number if they believe this to be socially desirable (e.g., Catania et al., 1990; Agnew and Loving, 1998; Devine and Aral, 2004; Beguy et al., 2009; Turner et al., 2009). Even if respondents strive to provide honest answers, they may have difficulty with accurate recall, especially those who have had many
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partners (e.g., Brewer, Garrett, and Kulasingam, 1999). In addition, such survey questions rarely clarify the duration and overlap of partnerships, or the frequency of sexual encounters within them, all of which can have important implications for sexual health risk.

Recognizing these limitations, survey data nonetheless provide some insight into factors which may be associated with low partner number and/or monogamy. For sexually experienced boys and men in sub-Saharan Africa, these behaviors have been associated with parental disapproval of early and premarital pregnancy; later sexual debut; later marriage; low lifetime partner number; marriage and/or cohabitation with a sexual partner; satisfaction with one’s main sexual relationship; belief that a partner is faithful; the partner knowing one’s best friends; belief that a best friend practices marital fidelity; older age; religion; rural residency; ethnic homogeneity of community; limited travel away from home; never having used condoms, alcohol, or tobacco; and never having had sex with a female sex worker (e.g., Ferguson et al., 2004; Babalola, Tambashe, and Vondrasek, 2005; Mpofu et al., 2006; Steele et al., 2006; Carter et al., 2007; Benefo, 2008; Jana, Nkambule, and Tumbo, 2008; Bingenheimer, 2010; Clark, 2010; Sandøy, Dzekedzeke, and Fylkesnes, 2010; Kenyon et al., 2010). A recent multi-study comparison also found that, in some countries, men residing in poorer households, with lower levels of education, and without wage-earning jobs were less likely than others to have multiple partners (Bingenheimer, 2010).

Many of the associations listed above have been found consistently in different sites, but some variables have had inconsistent findings. Early in the AIDS epidemic, for example, numerous African studies found that men with higher education reported more partners than those with less education, but this pattern has largely reversed in recent years (Mmbaga et al., 2007; Sandøy, Dzekedzeke, and Fylkesnes, 2010). It may be that existing HIV prevention programs have been more successful in promoting partner reduction amongst men with higher education level, or that they have come to see it as more socially desirable to underreport this in surveys. In another example, surveys in Zimbabwe and Zambia found that urban men were less likely to have multiple or concurrent partners than their rural counterparts (Sambisa, Curtis, and Stokes, 2010; Sandøy, Dzekedzeke, and Fylkesnes, 2010). The Zambian survey further found that single men were less likely to have concurrent partners than married men, even when polygynous relationships were excluded (Sandøy, Dzekedzeke, and Fylkesnes, 2010).

Chapter 3 described how polygynous marriages were fairly common in rural Mwanza, and polygyny was practiced in diverse ways by people of different faiths, both formally and informally. Similarly, in recent Tanzanian surveys 11 to 12 percent of married men and 23 to 24 percent of married
women reported that they were currently in a polygynous marriage (National Bureau of Statistics and ORC Macro, 2005; TACAIDS et al., 2008). The vast majority of those marriages involved two wives only. Older, rural, and/or less educated men and women were more likely to be in polygynous unions than others, as were relatively poor women (National Bureau of Statistics and ORC Macro, 2005). Polygyny is also common in many other parts of sub-Saharan Africa (Caldwell, Caldwell, and Quiggin, 1989).

By definition, polygynous marriages involve concurrency, which broadly suggests a higher potential sexual health risk than monogamous marriages. However, like monogamy, polygyny can be practiced in diverse ways which have very different implications for sexual health. In African settings where both monogamous and polygynous marriages tend to follow strict religious and social ideals, for example, polygyny may be a formal and uniform practice. In other settings, polygynous marriages can be informal and highly variable. For instance, a union may form when a married man makes an extramarital partner pregnant and she gradually comes to be perceived as his junior wife, whether or not she formally marries him, and whether or not she lives in the same household as his senior wife.

Although polygyny involves concurrency and it is widespread in sub-Saharan Africa, it has rarely been closely examined within HIV prevention research and interventions. Researchers and intervention developers may be particularly wary of raising questions about polygyny where it is a legal practice that is supported by strong religious and traditional beliefs (Caldwell, Caldwell, and Quiggin, 1989). The relative risks of different forms of polygyny compared to monogamous marriages or out-of-wedlock sexual relationships are thus not clear (Reniers and Tfaily, 2008; Vissers et al., 2008; Bove and Valeggia, 2009; Clark, 2010; Reniers and Watkins, 2010). However, there is little doubt that the general principles of limiting partner number and being faithful to reduce sexual health risk are relevant to polygyny. A polygynous marriage can be low risk, for example, if no spouses have sexually transmitted infections and if their sexual network is closed, that is, if none of them have extramarital relationships.

Only very recently have in-depth, qualitative studies specifically examined men’s perceptions and experiences of multiple partnerships, polygyny, other forms of concurrency, limiting partner number, and/or practicing fidelity in sub-Saharan Africa (e.g., Amuyunzu-Nyamongo et al., 2005; Samuelsen, 2006; Pool, Kamali, and Whitworth, 2006; Lewinson, 2006; Izugbara and Modo, 2007; Leclerc-Madlala, 2009; Harrison and O’Sullivan, 2010). In research in Uganda, for example, 53 percent of 168 respondents reported that they had reduced their number of sexual partners since becoming aware of AIDS, and almost one-third of them attributed this to fear of AIDS (Pool,
Kamali, and Whitworth, 2006). In that study, 35 percent of the men who reported partner reduction said they reduced their number of partners because they could no longer afford multiple partners, while some said that they had lost interest or had become too old and “weak” to engage in extramarital relationships. Some women who had had multiple partners as teenagers instead reported that they became monogamous when they married.

**RESEARCH WITH WOMEN IN SUB-SAHARAN AFRICA**

Little information has been published about women’s multiple or concurrent partnerships in sub-Saharan Africa, in part because few women report multiple partners in surveys, possibly due to social desirability bias (Gersovitz et al., 1998; Nnko et al., 2004; Sandøy, Dzekedzeke, and Fylkesnes, 2010). The limited research has found women’s self-reported monogamy or low partner number is associated with older age at first sex; financial, emotional, and sexual satisfaction within a main relationship; little or no alcohol or tobacco use; and monogamous marriage (e.g., Mpofu et al., 2006; Hattori and Dodoo, 2007; Jana, Nkambule, and Tumbo, 2008). For example, a study in Kenyan slums found that women in polygynous marriages, single women who lived with a man, and especially widowed, divorced, or separated women were more likely to report multiple partners in the last year than women in monogamous marriages (Hattori and Dodoo, 2007).

These survey findings offer some insight into risk, partner number, and partner exclusivity, but it is difficult to know the extent to which they are biased, given marital fidelity is a widespread ideal for women in sub-Saharan Africa. As noted in chapter 3, for example, many never married women who reported sexual partners in a first in-depth interview in the HALIRA study, who then married a different man before a second interview, initially denied having ever had any partners other than their husbands in the second interview. It was only after they were reminded of their earlier reports that some of these women acknowledged they had indeed had other, premarital partners.

This book has already described how transactional sex was an important way for unmarried young women to meet their basic material needs and desires in rural Mwanza, as has also been found in many other parts of sub-Saharan Africa (e.g., Kaufman and Stavrou, 2004; Luke, 2003; Dunkle et al., 2004; Maganja et al., 2007; Tawfik and Watkins, 2007; Swidler and Watkins, 2007; Béné and Merten, 2008; Hunter, 2009; Wamoyi et al., 2011a). Research similarly suggests that extramarital relationships are one of the main ways for both polygynous and monogamously married women to ob-
tain supplemental income when needed (Caldwell, Caldwell, and Quiggin, 1989). Women in polygynous marriages, and especially those who live in separate households than their co-wives, may be particularly likely to have extramarital relationships, because their husband’s support is shared between households and they have more freedom of movement than women who live with their husbands full-time (e.g., Nnko et al., 2004; Hattori and Dodoo, 2007; Vissers et al., 2008).

HISTORICAL RESEARCH WITH THE SUKUMA

Historical anthropological research on Sukuma sexual behavior and monogamous and polygynous marriages has some relevance to this discussion. As noted in the last chapter, for example, anthropological research in the mid-twentieth century found that unmarried teenage boys and girls were allowed some sexual freedom as long as they were discreet (e.g., Tanner, 1955a; Tanner, 1955b; Cory, 1953; Abrahams, 1967; Varkevisser, 1973). Indeed, those researchers found that it was not unusual for young men and women to have had multiple sexual relationships prior to marriage. Cory (1953, 39–40) described expectations of unmarried adolescent girls:

The behavior of the girls is not criticized by the community as long as they observe the conventions of their position which demand not chastity but discretion. As far as their relations with men are concerned, the girls have only one duty, which is to inform the “lady of the house” if they change a lover. If changes happen too often, a girl is warned that she is likely to get a bad name for fickleness; but it is also not proper for a girl to consort with the same lover for any considerable time, because the parents fear that the girl and her lover may finally decide to live in concubinage, a step which would spoil the marriage prospects of the girl and deprive her family of an immediate payment of bridewealth. The ideal behavior of a girl . . . is to have a few lovers, so as to gain sufficient experience for a good wife.

Importantly, the “lady of the house” mentioned above was not one of the girls’ mothers, but usually a grandmother who shared sleeping quarters with teenage girls from different families, and who sometimes had an informal role of advising the girls on sexual matters, such as traditional contraception (Varkevisser, 1973). As was found in the HALIRA study, teenage children typically did not discuss sexual matters with their parents, because parents and their children had what anthropologists refer to as an “avoidance relationship,” that is, a relationship characterized by authority on one side and respect and obedience on the other, including a taboo against children speaking of sex
in front of their parents (Radcliffe-Brown, 1950; Varkevisser, 1973). Historically, once Sukuma young people married, wives were expected to be faithful to their husbands, and if a woman was unfaithful then this was considered grounds for her husband to divorce her. In contrast, a husband was entitled to have extramarital partners as well as multiple wives (Cory, 1953).

As noted in the previous chapter, there were many social changes in rural Mwanza during the twentieth century, including the conversion of a majority of the population to Christianity, the introduction of formal education on a large scale, and the increase of average age at first marriage to late teens for girls and early twenties for boys (Caldwell et al., 1998; Żaba et al., 2009). These changes contributed to new social ideals, such as abstinence for school pupils and marital monogamy for Christian men. It is unclear, however, whether these shifting ideals had much impact on actual practices. Rather than reducing sexual activity, for example, unmarried Sukuma adolescents may have become more intent on hiding it from adults than their counterparts had been in the past. This practice also inadvertently may have made a young person’s current and prior sexual partners less aware of one another than they might have been in the past, effectively hiding multiple partnerships.

The next section of this chapter will examine the motivations and experiences of young people in the HALIRA study who tried to limit their sexual partner number and/or to have exclusive relationships. It will be followed by a discussion of how interventions might better promote low partner number, monogamy, and/or fidelity with young rural Africans; this topic will then be further examined in chapter 11.

FINDINGS

In the HALIRA study, it was unusual for young people to report intentionally limiting their sexual partner number after previously having had several partners, unless they got married. Many unmarried youth instead reported that they were at low risk of sexually transmitted infection because they had never had many sexual partners, or they had always been monogamous. It is possible that a large proportion of the population actively tried to be monogamous. However, individual interpretation and practice of monogamy varied greatly, as described in chapter 3, and this could result in quite different sexual health risks. Only a small minority of sexually active unmarried youth seemed to have one monogamous sexual relationship over an extended period (e.g., one year). Even they, however, could not be certain that their partners were also monogamous.
Factors Contributing to Low Partner Number and/or Fidelity

Economic factors sometimes played a role in whether unmarried young men and women were monogamous and/or had few partners over an extended period of time. Young women who were relatively secure financially could be more selective and have fewer partners because they were less likely than other young women to seek partners simply for material exchange. Relatively poor young men, in contrast, sometimes had fewer partners than men with more money—and/or stayed in monogamous relationships for longer—because less was expected in material exchange after the first one or two sexual encounters with a partner.

Other factors which seemed to promote a low number of partners and/or partner exclusivity included: personal belief; religious teachings; social ideals of fidelity (especially for females); participation in the MEMA kwa Vijana intervention; experience of sexually transmitted infection; emotional commitment to a partner; fear of losing a partner because of one’s infidelity; and/or satisfaction with the sexual activity or materials provided within one relationship. Case studies 2.1–2.3 and 3.3 illustrate some of these findings.

As was the case for factors contributing to abstinence, none of the factors above were prescriptive and ensured that a young person had a low partner number and/or practiced fidelity. Many adolescents had more than one of these influences in their lives but had multiple and/or concurrent partners. Nonetheless, most young people who actively tried to reduce their partner number and/or to be monogamous had been strongly influenced by several of these factors in combination.

Practicing Monogamy before Marriage

As noted above, many sexually active unmarried youth considered mutual monogamy desirable, but few seemed to achieve it long-term. A number of factors contributed to this. First, as discussed in chapter 3, it was not unusual for individuals to have concurrent relationships but not to recognize them as such. Even when a couple had a steady, semipublic sexual relationship for a year or more, for example, one or both partners might occasionally have casual sexual encounters with someone else. These could be onetime encounters or opportunistic encounters with a prior partner. In addition, unmarried couples sometimes stopped having sex because of external reasons, such as geographic separation due to school or work. In such scenarios the two individuals did not necessarily expect to continue their sexual relationship. In the meantime, they took new partners but then resumed having sex with one another again when the opportunity arose later. Such relationships technically constitute concurrency, but the individuals involved might have perceived
themselves as having had a series of monogamous relationships, albeit some with the same person at different stages of their lives.

A second reason why few unmarried couples achieved mutual, long-term monogamy is that, even when couples were truly faithful to one another, it was not unusual for relationships to end after a couple of weeks or months. As noted in chapter 3, couples often knew very little about one another before having sex, and as they got to know one another better they sometimes came into conflict about material support, infidelity, or other issues, and then quickly broke up. Alternatively, unmarried individuals sometimes sought new partners for sexual satisfaction or prestige (males) or material gain (females). After an unmarried couple separated, it was not unusual for the individuals to begin new sexual relationships within a week or a month.

In contrast to these general findings, HALIRA researchers occasionally documented strong evidence that at least one member of a couple was monogamous in a long-term premarital relationship. For example, a nineteen-year-old pregnant woman (Diana), who had recently returned to her village after dropping out of secondary school, reported that she had only had one sexual partner, a kiosk owner who worked near her school:

Diana said she met her boyfriend when she was in secondary school. She said she used to go to his shop and pose like any other customer, and while there she would talk with him. She said she decided to have sex with him because she trusted him. She said it was not necessary for him to give her gifts, because as long as she liked/loved him she would have accepted him [as her lover], even without a gift. But she said he did give her body oil and anything else she told him she needed. . . . She wrote to him recently, so she assumes he now knows that she is pregnant, but he has not replied to her letter. (PO-99-C-5-2f)

No data were collected from Diana’s partner directly because he lived in another village. However, extensive participant observation research found that male kiosk owners typically had many concurrent sexual relationships, because they had frequent contact with many girls and women, and they could easily offer goods and cash in exchange for sex. There is thus a strong possibility that Diana’s partner was not faithful to her during their relationship.

In this study it was challenging to clearly identify unmarried couples in long-term sexual relationships who were mutually monogamous, partly because it was difficult to collect in-depth information on both members of a couple, as seen in the example above. When in-depth data were collected from both members of a long-term premarital relationship, the relationship usually did not seem to be mutually monogamous. In one example, a twenty-one-year-old man (Msafiri) explained to a male researcher that he was de-
voted to his girlfriend of three years (Sabina), who lived with their two-year-old daughter in the village center. The researcher recorded the following:

Msafiri said that Sabina has rented a room and he sometimes pays her monthly rent of Tshs 1,000 ($1.20). He wants to marry her, but . . . his father says Sabina is too sickly and that she is an mhuni. Msafiri said that as far as he knows Sabina is not an mhuni, because she does not have other men in the village apart from him. I asked him how he knows this, and he said he stays overnight with her all but one or two nights per week. He said that he likes/loves her a lot, and that is why he does not have another girlfriend. (PO-01-C-2-1m)

Sabina had lost substantial weight in the months preceding that participant observation visit, and some villagers speculated that she had AIDS. Villagers also discussed Msafiri’s extraordinary devotion to her. Some considered him to be married to her. For example, on one occasion the female researcher in that village noted:

Today we passed Msafiri and Sabina where they were uprooting cotton seedlings. As we did my companion said, “That is Msafiri’s wife.” She said she did not know where Sabina comes from, because she migrated to the village and then Msafiri made her pregnant. She said Msafiri’s father didn’t want him to marry her, and that his father accepted the child but not the woman. . . . My companion said Msafiri publically refuted what his father had said and declared that Sabina was his wife. She said Msafiri must have great love for Sabina, because any other youth would not have defied his father like that. (PO-01-C-2-5f)

When the researchers returned to the village one year later, Msafiri’s father had sent Msafiri to Tanzania’s commercial capital to join the army. During the preceding year both Sabina and her child had become severely ill with diarrhea, vomiting, and weight loss, until Sabina lost consciousness and was brought to a traditional healer. Sabina later recovered her strength and told the female researcher that the healer had cured her of her ailment. During that same year a different man had claimed to be the father of Sabina’s child. His claim was considered valid enough that the child was living with him at the time of the new participant observation visit, suggesting that Sabina had not been monogamous during her relationship with Msafiri.

Limiting Number and/or Type of Premarital Sexual Partner

In the HALIRA study, a small number of unmarried youth said they tried to reduce their sexual health risk specifically by limiting their number of sexual partners, and some of them attributed it to what they had learned in
the MEMA kwa Vijana program. A fifteen-year-old MEMA kwa Vijana peer educator in Year 7 provided an example:

He told me that he used to have three lovers, all of whom are now in Year 7. He said each of those relationships lasted one to two months. Last year he began his current relationship, with a girl who is now in Year 6. He said he is pleased with his lover and that they have never quarreled. He said that he decided to remain with one lover after being taught by MEMA kwa Vijana that he should only have one reliable partner. He said that those lessons taught him that having one faithful partner helps to protect against sexually transmitted infections. (PO-01-I-7-3m)

Some young men said they reduced their partner number and/or only had unprotected sex with low-risk partners after a frightening personal experience of sexually transmitted infection, as seen in case study 3.3. Others said they stopped having sex with certain kinds of partners after discovering a partner had other partners. Generally such young men said they stopped having sex with women who were rumored to have multiple partners, and/or those who worked in a position where this was believed to be common, such as barmaids or guesthouse workers. Instead, some men sought partners who they thought had had few or no other lovers, such as pupils or other young adolescent girls. For example, the young man in case study 3.3 said he resisted the temptation to have sex with women who he perceived to be high risk—or he used condoms with them—but he had unprotected sex with women who he perceived to be low risk.

It was very unusual for an unmarried young woman to shift from having many partners to only having one long-term partner while remaining single. If young women wanted to do this, they almost always married the man in question.

**Limiting Partner Number and/or Being Faithful in Marriage**

The HALIRA study primarily focused on young people’s unmarried sexual relationships, but those relationships often led to marriage at a young age. Indeed, as already noted, the most common way that young people actively tried to reduce their sexual partner number and/or to be faithful was by marrying, as seen in case studies 2.1 and 2.3. Approximately half of women married by their late teens and half of young men by their mid-twenties, but few young people who married soon after completing school were in polygynous marriages. Young men generally had neither the resources nor the interest to take a junior wife at that stage, while young women typically did not join po-
lygynous marriages as junior wives unless they were very poor or their mar-
riageability had been reduced due to divorce or an out-of-wedlock pregnancy.

Importantly, about half of the married young people in the HALIRA study
had married someone who they had met only about one month earlier, as de-
scribed in chapter 3. Even when two individuals had known one another for
a longer premarital period, they typically had had very limited opportunities
to spend time alone, and thus entered into marriage without great familiar-
ity or emotional intimacy. In this way, marriage for many young people in
rural Mwanza seemed to be a “leap of faith” that involved leaving old sexual
relationships and childhood homes behind in the hopes of creating a more
satisfactory life with a promising new partner.

HIV testing was very difficult to access in rural Mwanza at the time of
the HALIRA study, but in rare instances engaged couples tried to lower
their sexual health risk by having HIV tests before marriage. This procedure
seemed to be limited to formal marriage within some branches of the Prot-
estant African Inland Church. Virtually all young men entered into marriage
expecting their wives to be sexually faithful, and some were motivated to
marry specifically to reduce their own sexual health risk. For example, dur-
ing participant observation a researcher heard the following report from a
twenty-six-year-old man:

He said his lover lives in another sub-village, but he meets her whenever he feels
like having sex, usually twice per week. He said he likes/loves that girl very
much because he took her virginity and they have been together a long time.
When he has sex with other girls he is afraid of getting diseases, so he plans to
marry that girl instead. (PO-00-I-4-4f)

Most young women also entered marriage hoping that their husbands
would be faithful to them and any co-wives they might have, although they
were generally less confident that this would be the case. For example, a
young woman who adamantly reported she had never had an extramarital
sexual relationship said she did not assume the same for her husband. She
took a fatalistic approach to this: “If God has planned that I will die of
AIDS, perhaps my husband will bring it. It may happen. These days you
can’t deny it” (II-02-I-252-f).

As noted in chapter 3, extramarital sexual relationships were not unusual,
especially for men, but during the first years of marriage young men and
women generally seemed to have fewer partners than they had had before
marriage, especially if the couple was not separated for long periods. Newly
married young women were less likely to have extramarital sexual relation-
ships because their husbands met their ongoing material needs, and their
movements were closely monitored within their husbands’ households. For example, in a first in-depth interview an unmarried seventeen-year-old woman (Mpelwa) described having had two prior sexual relationships, each of which lasted a couple of months and did not overlap. The first relationship was with a shopkeeper in her home village who she met for sex on market days between 3 p.m. and 4 p.m. in a grassy area near the market. She met her second partner, a farmer, when she was staying with relatives in another village. They also met for sex on market days, but they met between 6 p.m. and 7 p.m. on the grounds of a secondary school.

In a second interview two years later, Mpelwa reported that she had married a different farmer in a third village not long after her first interview, mainly because she did not have a place to live and wanted to find a secure home. At the time of the second interview Mpelwa was six months pregnant with her first child and living with her husband in his parents’ household. She described how her movements were restricted:

R: I never go to video shows, because I’m married, aren’t I? Even if I were not married, it is bad to attend video shows. . . . Some women say they are going to watch videos but in fact they are going for other things . . . like [meeting] men . . . .

I: And have you traveled to other villages?

R: No, only long ago, before I got married. Like I used to travel far to stay with my uncle. . . . If we women are married, we can’t just leave home and go for a visit. Perhaps you are forbidden by your husband. If I ask mine, he will say he doesn’t need me to go and visit anyone right now. (II-02-I-103-f)

Mpelwa said she had not had any extramarital partners. She reported that sex with her husband had been painful for her and she did not see any reason for sex during pregnancy, so when she became pregnant she asked her husband to abstain from sex with her, and he had agreed. Shortly before her second interview, Mpelwa had tested positive for gonorrhea and herpes during the 2001–2002 MEMA kwa Vijana survey.

Newly married young men generally had more opportunity for extramarital sex than young wives. However, they typically enjoyed the novel experience of having sex with a wife every night if they wanted, without needing to hide the relationship or immediately provide her with money or gifts, and this could contribute to them having fewer partners than they had had before marriage. In addition, when some young men married they said they had tired of the effort involved in having multiple sexual relationships, as described by one male group discussion participant:

P: I don’t know if there are two stages of puberty, if the first time you have just begun to be with girls and you reach a time when people say, “He is going out
a lot” [has a lot of sex/partners]. And then you may become tired of it, and even decide to marry and settle down. (GD-02-I-1-36m)

A twenty-one-year-old farmer and small businessman (Charles) who had married a week before his interview explained that he expected his sexual behavior to be different in marriage. He reported that he started having sex at the age of fourteen, and that in total he had had sex with seven girls in five villages, in most cases one time only. Charles described his history with his wife: “I seduced her a long time ago, when she had come to visit this village. . . Three months ago she went back home and began cultivating there. Then she came back to this village again a few weeks ago, and I took her [eloped]” (II-02-I-248-m). The timing Charles described suggests that he had sex with at least one of his other partners after he first had sex with the woman who became his wife. However, when asked whether he had ever had concurrent relationships he repeatedly said that he had not and he did not intend ever to do so. He explained his intention to be monogamous in marriage: “I have not had a girlfriend since I got married. Those matters are not important. They are just indulgent, they are not beneficial” (II-02-I-248-m). Charles tested negative for all sexually transmitted infections measured for men in each of the three MEMA kwa Vijana surveys.

In rural Mwanza, men’s sexual fidelity often seemed greatest soon after marriage. Within several years, however, the data suggest that most young husbands had experienced at least one extramarital relationship, and sometimes multiple ones. The husbands who seemed least likely to engage in extramarital sex were those who did not travel for work, and those who did not have lucrative businesses that brought them into frequent contact with women seeking goods or services, as was the case for shopkeepers or bicycle taxi drivers. Nonetheless it was not unusual even for relatively poor and stable men to occasionally have extramarital sex.

Separation and divorce were fairly common among married young people in rural Mwanza, as discussed in chapter 3. Several factors were reported to cause divorce, such as infidelity, or disappointment with a spouse or new living circumstances after having married someone largely unfamiliar.

DISCUSSION

For young rural Africans, “being faithful” may be the most culturally appropriate, feasible, and desirable of the ABC behavioral goals. First, it is strongly supported by existing social ideals. Second, it allows for sexual pleasure, and particularly the experience of “flesh-to-flesh” intercourse that was highly prized amongst young people in this study. Third, it does not prevent
pregnancy, something many young people actively sought and others wanted to leave to chance. Some research elsewhere in sub-Saharan Africa has also found that intensively promoting low partner numbers and/or fidelity may be effective with at least some sexually active youth and adults (e.g., Thornton, 2008; Todd et al., 2009; Sandøy, Dzekedzeke, and Fylkesnes, 2010). For example, while there has been some debate about which factors caused the dramatic decrease in incidence of HIV infection in Uganda during the 1990s, many researchers believe that reduced partner number and increased partner selectivity played important roles (e.g., Singh, Darroch, and Bankole, 2003; Stoneburner and Low-Beer, 2004; Okware et al., 2005; UNAIDS, 2005; Pool, Kamali, and Whitworth, 2006; Thornton, 2008). Some have argued that early and intensive promotion of the Ugandan concept of “zero grazing” was critical. As Thornton (2008, 19) explains:

\[\text{... The slogan referred to the practice of tethering a cow to a peg in the middle of a patch of good grazing. As the animal ate the grass that its tether permitted it to reach, it would clear a circular area around the peg. ... It simply meant “Eat (have sex) as much as you like, but don’t roam too widely.” As it turned out, this simple rule may have turned the tide in Uganda because it altered the configuration of the sexual networks on which the spread of HIV depends.}\]

Thornton (2008) further argues that the decrease in incidence of HIV infection in Uganda reflected an overall decrease in sexual network connectivity, especially for links between the general population and highly infected persons or groups, such as soldiers or transportation workers. Recent research in migrant mining zones in Guinea also suggests that faithfulness to partners contributed to the remarkably low and stable HIV rate found in that country (Kiš, 2010). Similarly, it has been stipulated that a reduction in concurrent partnerships in Zambia has contributed to the decline in HIV prevalences there (Sandøy, Dzekedzeke, and Fylkesnes, 2010). Such findings have led to new initiatives to intensively promote partner reduction, such as the Tanzanian initiative *Sikia Kengele: Tulia na Wako* (Listen to the Bell: Stick to Your Partner[s]), which targets high-risk individuals along transport corridors in Tanzania (Mahler and Ndegwa, 2008). This intervention uses mass media, community mobilization, and interpersonal communication strategies to promote partner reduction and fidelity from a secular perspective.

The findings in this chapter and the broader HALIRA study have implications for interventions seeking to promote lower sexual partner numbers, increased partner selectivity, and fidelity with rural African youth. These include: improving intervention participants’ understanding of risks related to multiple partnerships; intensively promoting HIV testing; developing alternative forms of masculinity; increasing awareness and acknowledgment of
youth sexual activity; and building stronger premarital and marital relationships. Each of these will be discussed more below.

**Understanding Risks Related to Multiple Partners**

Young people in this study who actively tried to limit their partner number and/or to select a faithful partner often had a better sense of their sexual health risk than most rural youth and adults, either because of intervention participation (including intensive training as a peer educator), or because of personal experience of a sexually transmitted infection. This stresses the importance of young people developing an in-depth understanding of local prevalences of HIV and other sexually transmitted infections, the nature of disease transmission within networks, and the different risks involved in multiple partnerships, concurrency, serial monogamy, and having short gaps between partners.

Interventions should also engage with participants about the different ways that “fidelity” can be interpreted and practiced, so that, for example, participants understand that the protective potential of fidelity is undermined if occasional, opportunistic sexual partnerships overlap with a main long-term relationship. Given many young people may highly value a partner’s fidelity but do not consider it equally important to be faithful themselves, interventions must also stress how individuals expose themselves to risk when they engage in unprotected concurrent partnerships. Programs could thus potentially promote personal commitment to fidelity in two ways, first as it is commonly understood as an issue of loyalty or obligation to a partner, and second also as an issue of self-preservation, protection, and fidelity to one’s self. Most importantly, interventions must clearly convey that fidelity is only protective if it is mutual between two partners who have tested HIV-negative.

A recent study with fourteen- to twenty-year-olds in urban Dar es Salaam and rural Iringa, Tanzania also found that young people interpreted fidelity in diverse ways, so that simple “be faithful” program messages were ambiguous. The authors proposed several alternative messages, such as “test together before starting a new relationship,” “be faithful to one tested partner,” and “avoid overlapping partners” (Baumgartner et al., 2010). They additionally recommended the promotion of partnership spacing, that is, taking more time between ending old relationships and starting new ones (Pilcher et al., 2004).

**Intensive Promotion of HIV Testing**

At the time of the *MEMA kwa Vijana* trial in 1997–2002, HIV testing services in Mwanza Region and elsewhere in Tanzania were largely limited to special-
ized services in district and regional hospitals. In the last decade, however, HIV testing has become far more accessible in Tanzania and elsewhere in Africa (Padian et al., 2011; Doyle et al., 2012). In Tanzania, for example, the proportion of fifteen- to twenty-four-year-old females who had had sex in the last year and who were tested and knew their results increased from 6 percent in 2004–2005, to 24 percent in 2007–2008, to 39 percent in 2010.

The increased availability of HIV testing has important implications for fidelity promotion within HIV prevention programs. Critically, it is no longer necessary for individuals to begin a sexual relationship without knowing their own or their partner’s HIV status, and they can also test themselves at intervals in the course of a relationship. An HIV-negative couple can thus make an informed and relatively safe decision to have unprotected sex within a mutually monogamous relationship, while HIV-positive individuals can knowingly protect their partners through condom use. This is particularly important as the number of discordant couples increases, that is, the number in which only one person is infected with HIV (Eyawo et al., 2010; UNAIDS, 2010).

While HIV testing has become more common and accessible in sub-Saharan Africa in recent years, there is great potential for improvement in those areas and for increased use of mass media and community mobilization to raise general awareness and reduce stigma related to HIV testing and status. Historically, HIV testing programs have mainly targeted individuals and occasionally married or cohabitating couples (e.g., Kamenga et al., 1991; Allen et al., 2007; Njau et al., 2011). Few such programs have specifically targeted unmarried couples. There is a need to develop and test strategies to do this within interventions promoting monogamy with unmarried youth.

**Alternative Forms of Masculinity**

In a study with fourteen- to twenty-five-year-old South Africans, Kenyon and colleagues (2010) found that the extent to which a sexual relationship was “structurally embedded”—that is, the extent to which sexual partners knew and were close to each other’s friends and family—influenced whether either partner has concurrent relationships. Specifically, the authors found a considerable reduction of African women’s reported concurrency rates if a partner knew the friends or family of the respondent, but they did not find a similar association for African men. Noting that male sexual concurrency is often tolerated or encouraged in southern Africa, Kenyon and colleagues (2010, 41–42) comment:

... embeddedness mediates its impact on concurrency via peer pressure, loss of reputation and the like. Thus in a society where the norm is acceptance and even
expectation that one gender has multiple concurrent partners, then we would expect that embeddedness would either have little protective effect or even encourage concurrency in that gender. . . . Thus encouraging individuals and their friends to get to know their partners’ friends is only likely to have any chance of reducing concurrency in communities where concurrency is not regarded as acceptable behavior.

Similarly, a small study with fifteen- to nineteen-year-old Ugandan youth found that young men aspired to have multiple partnerships because they provided them with the pleasure, sexual experience, and relationship control that were central to their notions of masculinity (Joshi, 2010). To promote partner exclusivity for both men and women, it may thus be necessary to develop and promote other forms of masculinity than sexual conquest of new partners, such as physical self-control, educational achievement, or financial independence. Young men in this study who seemed successful in reducing their partner number and/or being monogamous tended to be confident, ambitious, and capable of rejecting peer pressure.

At a community level and through the mass media, youth leaders and role models might promote male sexual exclusivity as smart, cool, and/or modern by encouraging young men to perceive peers who have many unprotected partners as ignorant and backwards, because they foolishly risk exposure to disease. Ideally such efforts would target different groups of young men with tailored messages and role models. A program addressing masculinity for adolescent school boys with relatively little sexual experience, for example, would be different from a program for young men in their twenties, particularly those who are likely to have many partners because of high access to women and discretionary incomes, such as kiosk owners, mill workers, bicycle taxi drivers, and traveling traders. Limiting one’s sexual partner number need not be presented entirely as a matter of restraint and self-discipline, as the potential to enhance pleasure within a relationship with fewer partners could be emphasized (e.g., Undie, Crichton, and Zulu, 2007). Ideally, this kind of intervention would help shift young male norms to foster a sense of responsibility and accountability.

Greater Acknowledgment of Youth Sexual Activity

The secrecy of non-marital sexual relationships in rural Mwanza was a fundamental barrier to sexual risk reduction, because it facilitated multiple and concurrent relationships. Some other African studies have had similar findings (e.g., Jana, Nkambule, and Tumbo, 2008; Kenyon et al., 2010). Greater acknowledgement of young people’s sexual relationships may thus be important in promoting fidelity and/or lower partner numbers for both men
and women. With greater openness, sexual partners would be better able to monitor their partners’ behavior, and individuals might be less likely to have concurrent partnerships for fear of discovery and damage to their reputations and/or their main relationships. This would mean directly addressing the culture of discretion in which presenting oneself differently in different social contexts (e.g., appearing to be monogamous while having concurrent relationships) is more important than following particular practices (e.g., truly being monogamous). Critically, the intention of greater openness would not be to promote more youth sexual activity, but rather to acknowledge and address what is already taking place in secrecy.

However, it would be challenging to achieve such acknowledgment in an African setting (e.g., Pattman and Chege, 2003; Francis, 2010). Probably one of the most important reasons why partner reduction and fidelity have hardly been promoted with unmarried adolescents to date is that this requires acknowledging adolescent sexual relationships, which some may feel undermines abstinence promotion. Promotion of monogamy for sexually active adolescents could conflict with adult ideals of school pupil abstinence, female sexual respectability (particularly as relates to maximizing future bridewealth), parental authority, and the need to maintain discretion about sexual relationships. There is also a possibility that, if one “official” relationship is acknowledged as legitimate, other relationships may simply become more secretive. The complexity of this issue was illustrated in Uganda, where HIV prevention campaigns increased the moral stigma of extramarital relationships, but in some instances this had the unintended consequence of increasing sexual secrecy (Parikh, 2007). Finally, the transient and exploratory nature of adolescence may seem incompatible with long-term monogamy, unless the young people are married.

Despite these formidable challenges, it is worth developing and testing interventions that encourage parents to acknowledge if their children are sexually active, and to openly recognize a sexually active young person’s boyfriend or girlfriend. They might be persuaded to do this by the compelling evidence that sexually transmitted infections are common among young people, and the research findings that secrecy promotes greater risk behavior. Where there is historical and cultural precedence for greater openness about premarital sexual activity, as was the case amongst the Sukuma in the early twentieth century (e.g., Cory, 1953; Abrahams, 1967), this might be drawn upon to legitimize a potentially controversial issue with parents. By parental endorsement or at least tolerance of an adolescent’s sexual partner, it would help the adolescent’s relationship strengthen through more social contact and simultaneously would discourage other relationships. It would also open up possibilities for parents to encourage safer sex, however indirectly. If parents
are too uncomfortable directly addressing safer sex with their children, there might be potential for grandmothers or other appropriate adults to take on such a role, as may have sometimes happened informally in Sukuma girls’ dormitories in the early twentieth century (Cory, 1953; Varkevisser, 1973). Such interventions will be discussed more in the final chapter.

**Stronger Premarital and Marital Relationships**

Young people in this study who were in long-term monogamous partnerships typically said they experienced emotional, sexual, and material satisfaction within those relationships. Interventions could thus focus on promoting partner selectivity before relationships begin and encouraging potential partners to get to know one another better before having unprotected sex and/or marrying, to reduce the chance of dissatisfaction, conflict, and quick partner change later. Strategies to promote stronger sexual relationships both before and after marriage will be discussed more in chapter 11.

Since monogamy is most protective when it is mutual between two uninfected partners, monogamy promotion is also likely to be more effective if it targets couples as well as individuals. As noted earlier, couple-oriented interventions could promote HIV testing before having unprotected sex, as well as communication and problem-solving skills to build stronger and more enduring relationships. For example, a qualitative study of how South African couples discussed HIV testing found that concerns about existing children, or the desire to later have and raise children, provided a legitimate basis for partners to discuss HIV risk (Mindry et al., 2011).

In the HALIRA study, the main way young people attempted to reduce partners and/or to practice mutual fidelity was by marrying. There is evidence that a similarly strategic approach has been adopted in response to the AIDS epidemic in southern Africa (e.g., Reniers, 2008). In rural Mwanza, some young people—particularly young men—had extramarital sexual relationships, but overall newly married couples probably did reduce the number and frequency of their concurrent partnerships in the years immediately after marrying. This seemed to relate to both external and internal factors, including increased sexual access for new husbands, and reduced freedom of movement and dependence on transactional sex for new wives. Other studies in sub-Saharan Africa similarly have found that married young people report fewer extramarital partners than their single counterparts (Ferguson et al., 2004; Hattori and Dodoo, 2007).

The HALIRA study did not closely examine fidelity within long-term marriages, but the findings broadly suggest that extramarital sex may increase after the first few years of marriage, particularly for husbands. A
survey in Mbeya, Tanzania also found that married men under thirty years of age were less likely to engage in extramarital relationships than thirty-to thirty-nine-year-old married men, who in turn were less likely to do so than married men over thirty-nine years of age (Mbago and Sichona, 2004). Thus the protective nature of marriage cannot be assumed. Interventions should explore any possible protective effects that marriage may have for young people, and ways that they can be further enhanced (e.g., mutual HIV-testing and fidelity promotion before and during marriage), but such interventions also need to be carefully evaluated to ensure that they do not have unintended consequences. The prevalent double standard for men and women’s sexual activity and the relative tolerance of husbands’ infidelity are of particular concern, as they may mean that unfaithful husbands disproportionately expose faithful wives to HIV through unprotected sex (Painter et al., 2007; Landman et al., 2008; Hageman et al., 2010).

This chapter described the HALIRA study’s findings on young people who tried to limit their partner number and/or to be faithful. The next case study series and chapter will now focus on young people who tried to reduce their sexual risk by using condoms. The final chapter will then outline broader intervention recommendations which are relevant to the promotion of all of the ABC behaviors.

**NOTE**

1. Specifically, on May 11, 2010, key word searches for “Africa and condom” resulted in 2,179 journal articles, compared to 544 for “Africa and (‘abstain’ or ‘abstinence’; ‘sexual debut,’ ‘sexual initiation,’ or ‘sexual onset’),” and 330 for “Africa and (‘fidelity’ or ‘faithful’; ‘monogamy’ or ‘monogamous’; ‘partner reduction’ or ‘reduce partner’; ‘partner limitation’ or ‘limit partner’; or ‘partner exclusivity’ or ‘sexual exclusivity’).” The latter figures are actually smaller than implied, as listings for abstinence sometimes referred to alcohol use, and those for fidelity / monogamy sometimes related to religion or the natural sciences. Similar searches on search engines for other disciplines (e.g., Sociological Abstracts and Anthropology Plus) resulted in similar proportions of articles by behavior.