AIDS in Southern Africa: A socio-cultural perspective

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MAIN CONCLUSION: Key drivers of the epidemic in southern Africa - multiple and concurrent partnerships by men and women with low consistent condom use and in context of low levels of male circumcision”.

- male attitudes and behaviors
- inter-generational/age-disparate sex
- sexual and gender based violence
- stigma, denial, lack of openness
- untreated viral STIs, and a lack of male involvement

Underlying context - gender & socio-economic inequalities, mobility, and other structural factors
The ‘cattle complex’ cultural zone

Traditionally polygamous, patrilineal and patrilocal
large bride-wealths = large degree of jural rights

Social Implications:

Men
* Cultural values uphold men’s power & privilege (institutionalized dominance)
* Verification of wealth, standing and manhood tied to ability to secure women and cattle.

W...
Historic apartheid – the X factor

“The manipulation of African communities in southern Africa was historically unique. It has left its mark in the form of aggressive masculinities, gender-based violence, child abuse, excessive drinking, high risk sex & dysfunctional, self-serving relationships of distrust & exploitation. And all that has been passed on to the next generation.”

Girl Child Network, Namibia, 2001

**HIV prevention programming takes place in a context of collective psychic trauma.**
Types of concurrent partnerships

- **Ongoing** - main partner, co-wife, ‘small house’, or ‘the contract’

- **Intermittent or occasional** - co-parents, location dependent relationships, ‘little girlfriends’, or ‘the top up’

- **One-off** - sex-worker, casual encounter, ‘take-always’, ‘local bicycles’, or ‘the pay as you go’

Ethnographic research reveals a dominant sexual culture pattern with 4 key features

1. Multiple and concurrent partnerships are a normative expectation for both sexes before marriage, expectation for men in marriage.

   --Practice is governed by a **flexible moral framework** (accommodates discord between traditional & western values)

   *Incentives for MCP exist on multiple levels.

   *MCP is legitimated & supported by common, region-wide cultural scripts i.e. men’s sexuality is un-restrainable (“a bull cannot be contained in one kraal”), a woman shows respect by not questioning her man, tolerating infidelity, etc..
2. Intergenerational sex is not uncommon & has long been the model for marriage.

*HIV risk perception mostly low:
Young women seen as clean, older men seen as ‘safe’, stable, less risk taking.

“Older men are nicer than the young ones, they listen, they are patient and tender. They appreciate you and want you to have nice things. Sometimes girls fall in love with them but it is no use because usually they are married.” (18 yrs urban Botswana)
3. Exchange of money, goods or services for sex is normative cultural expectation in relationships.

*Men have long had, continue to have an ethical obligation/social imperative to share wealth on a scale appropriate to their social standing. This also applies in the sexual arena.

* A woman’s ‘giving’ of sex carries an implicit ethical expectation of compensation. Giving sex for free has meaning as lack of self-respect lack of pride, low self-worth.

Resource exchange implies sexual exchange (i.e. “bottom-currency”, “carpet payments”)

Economic transfers have meaning. They demonstrate love, commitment, or appreciation.
4. Consumerist motivations are increasingly coming to the fore as a driver of MCP with expansion of economies, growing aspirations of women and widening wealth gaps.

*Many women in are victims of poverty prompted into “survival sex”.

BUT

Many women are agents active in seeking partners for other reasons.

Current attempts by many urban women to reject conventional gender roles, forego marriage, self-identify as modern ‘empowered’ women is often premised upon overt pursuit of sexual pleasure & exploitation of partners for gain.

“Today a woman needs money, its not like before. That’s why we have many boyfriends. Before it was just men who could enjoy everything they liked. Now its our time, I can say.” (20 yrs peri-urban South Africa)
Continuum of ‘needs’ in sexual exchange

Subsistence
• Food
• Rent
• Clothing
• School Fees
• Transportation

Consumption
• Cellular phones/jewelry
• Outings/entertainment
• Clothing (fashion)
• School fees (tertiary)
• Transportation +

Women can move in and out of different forms of sexual exchange without being stigmatized

This constellation of perspectives and practices support an exceptionally high-risk sexual cultural system that affects all levels of society.

Incentives & ‘pay-offs’ for participants are social, economic, & symbolic — *adds value and gives meaning to life.*
For men:

• Provides opportunities & culturally expected ways to show generosity, affirm manhood, self-worth,

• Socially recognized marker of ‘normality’

Young men: Peer pressure to prove normality/masculinity reported as #1 motivation. Concurrency viewed as ‘strategic’, hedge against disappointment, recreational, meets desire for constant availability of a woman, provides excitement in life.

Older men: Report need for variety, relief from stress or boredom, break from domestic discord, desire for ‘clean’ partners, desire for sexual rejuvenation, social pressure to demonstrate manhood & social worth, some overtly challenged/taunted to perform (i.e. shy or disabled men)

As a man’s wealth increases so does his sexual access and social expectations of sexual access increase

Common semantic terms: BMW= ‘Be My Wife’
MBA = ‘Married But Available’
Z3ed= To be HIV infected
For women:

• Affirms her value, self-worth,
• Proves that she is lovable/desirable,
• Boosts self-esteem & status among peers,
• Helps build social networks & capital,
• Provides opportunity to gain materially, financially

**Vulnerability:** poverty & hunger, coercion, manipulation, pressure to conform & ‘keep up’, pressure to obey and show ‘respect’, provides protection, employment opportunities, distraction from emotional problems.

**Active agency:** boast of taking charge, ‘milking the cow’ (Mozambique expression for exploiting older men), seeking fun/adventure/opportunities to make contacts among ‘sponsors’, ‘investors’ or ‘ministers’ (popular terms throughout region for boyfriends who assist in various ways with present or future well-being & social mobility).

*Women are keenly aware of the competition they face from other women*
* Different partners fulfill different needs; one for companionship, good sex, transportation, one for food or clothes, one for entertainment, etc

“*My true boyfriend helps me with school work, but he’s not working. So my other one has a sister with a salon where I can do my hair for free. We need many things, that’s why we do it*” (17 yrs. rural Mozambique)

“This guy, he’s had many young ones. But we like him because he takes us places like hotels. He bought one girl a nice watch and one for her boyfriend. He doesn’t mind.”

(19 yrs semi-rural Swaziland)

* Non-marital sexual fidelity is seen as nonstrategic, even ‘stupid’. Concurrency is a back-up strategy, a way to cope with inevitable disappointment.

“What’s the use? You know how men are, they disappoint you, its like that. Its good to have another shoulder waiting there for you. Some girls they go mad because of this thing…it means they are stupid, really. They need to wake up.” (21 yrs. peri-urban S.A.)
Multiple and concurrent partnering in southern Africa is embedded in a socio-cultural context that includes:

- mutually reinforced harmful gender norms & expectations
- cultural norms that link love & sex to material giving and receiving
- poverty & financial inequalities with needs and aspirations growing faster than the ability of local economies to meet those needs and aspirations

- an approach to life shaped by lost /destruction of normal enculturation

= HIV epidemic where risk is spread across society
Is sustainable HIV prevention possible?

Yes – requires socio-cultural norm change for long-term protection of societies

1. Intensify campaigns to raise awareness of risks of MCP throughout the region.

2. Aim efforts at groups, communities, institutions & governments to normalize & reinforce protective behaviors.

3. Leverage existing cultural assets to embed behaviors in communities (trad. leaders, ritual advisors, sports & savings clubs, artisans) & to help design/deliver/evaluate relevant programs.
4. Acknowledge the need for time & space for new norms to take hold (IAS: “we need an alternative culture or practice of evaluation of prevention work”)

5. Invest resources into a few (5-15 yr) programs to measure social variables & social change, build theory for how social change lessens vulnerability,

6. Take a developmental approach. Position prevention as part of desired social reconstruction & development.

Beyond less exposure to HIV ---why partner reduction?
• less stress

• possibilities for trust, intimacy

• more stable homes

• better quality family life

• less child abuse?

• less domestic or gender-based violence?
HIV protective behaviors that are meaningful & sustainable are unlikely to come from a patient-centered approach to the problem.

Thank you