

Multiple and concurrent sexual partners: What's culture got to do with it?



onelove
talk • respect • protect



**A HANDBOOK
FOR JOURNALISTS**



Endorsements

.....

Pan South African Language Board

“Pan South African Language Board’s reasons for endorsing this campaign are simply borne out of the fact that language development and promotion is underpinned by the knowledge that language and culture are intertwined. Our values are enshrined in our languages.

One of the most important values we pride ourselves with is respect for all, meaning respecting across age, gender and race and religious boundaries.

The message of OneLove resonates with this cultural imperative, as I have elucidated above. Young adults must respect themselves and love their bodies so that they do not subject their bodies to activities that violate the fabric of the African value system.

Adults must inculcate in young people these values by their own conduct which is devoid of violence and illicit sexual behaviour.

If the two constituencies (the young and old) of our society begin to realise the impact of their actions, that is respect for each other, the OneLove campaign will find fertile ground to germinate.”

CEO, Ntombenhle Nkosi

.....

South African National AIDS Council

The campaign which is a partnership between a number of communication and social mobilisation organisations, is aligned with the HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 supporting social change to reduce the number of new HIV infections.

SANAC thus supports the OneLove campaign.

Deputy Chairperson, Mark Heywood

.....

Commission for the Promotion & Protection of the Rights of Cultural, Religious & Linguistic Communities

The CRL Rights Commission appreciates the fact that there is recognition of the role of culture, religion and language in addressing health challenges, hence the need to balance between the safeguarding of cultural, religious and linguistic rights and the control of the spread of diseases such as HIV/AIDS.

CEO, Pumla Madiba





Contents

Foreword	i
1. Background	1
2. Soul City Regional Programme HIV Prevention Research	2
3. AIDS, MCP and Culture	4
4. Reporting HIV/AIDS and Culture	6
5. Case Studies	9
5.1 Steady Partner and Other “Side” Partners	9
5.2 Intergenerational and Transactional Sexual Relationships	11
5.3 Polygamy	12
6. Resources	16
6.1 Sources	15
6.2 Websites	17
6.3 Additional Reading	17
7. Glossary	19





Foreword

SOUTHERN AFRICA has one of the highest HIV and AIDS prevalence rates in the world. It is therefore important to appreciate the growing links between the disease and factors that put people at greater risk of infection such as poverty, gender inequality and the social marginalisation of specific populations – particularly those living in informal settlements.

There is increasing research linking the severity of the sub-Saharan epidemic to high rates of multiple and concurrent sexual partnerships (MCPs). In May 2006, a SADC Think Tank meeting in Maseru, Lesotho, identified MCPs by men and women, with low consistent condom use and in the context of low levels of male circumcision, as key drivers of the HIV pandemic in Southern Africa. Research in 10 Southern African countries in 2007 found that cultural norms and practices – religious, traditional, popular and modern – played a big role in promoting the MCP phenomenon.

Male attitudes and behaviour, intergenerational sex, gender and sexual violence, stigma and lack of openness were also identified as significant contributing drivers of the epidemic. So were untreated viral sexually transmitted infections. The report concluded that these factors, in the context of high population mobility, wealth inequalities, cultural factors and gender inequality, explained the high HIV prevalence in the region.

Since the research was conducted, Soul City has been building an alliance with its partners in these countries. In conjunction with these partners, we now launch the OneLove campaign which aims to reduce risky sexual behaviour, including MCPs, across the region, and to thereby reduce HIV infections. South Africa is the 2nd country to launch its campaign. The South African campaign is a result of partnerships with many supporting organisations.

● “There is increasing research linking the severity of the sub-Saharan epidemic to high rates of multiple and concurrent sexual partnerships (MCPs).”

We hope that the strength of the OneLove partnership, the power of collective messaging, uniformity in our approach and collectively taking on the challenges of HIV Prevention will strengthen our fight against HIV and AIDS.

In accordance with the National HIV and AIDS and STI Strategic Plan for South Africa, 2007 – 2011, Soul City aims to decrease new infections of HIV. Soul City’s five-year prevention campaign will start with the focus on multiple and concurrent partners.

Over the years Soul City has shown that the media can promote social change. The media can raise awareness, increase people’s knowledge and shift social norms.

Soul City’s strategy is to use mass media alongside social mobilisation, in partnership with other organisations, in order to create a high profile campaign. The mass media - supported by multiple on-the-ground activities - will create an environment for social change, enabling individual behaviour change, as well as kick-starting some key debates that South Africa needs to have if the HIV epidemic is to be turned around.

The campaign is underpinned by extensive research in 10 SADC countries. It is supported by our belief that culture is not an inborn attribute but rather a learned behaviour – and therefore one that can be changed to protect ourselves and our loved ones from contracting HIV.

This handbook for the media is one of many tools to promote informed discussion. Individually, and in our communities, we can *all* make a difference.

Dr Sue Goldstein
Senior Executive: South Africa Programmes

Background

NOTES

REPORTERS have been covering the unfolding HIV/AIDS story since the start of the 1980s. Scientists isolated the human retrovirus – later named the Human Immunodeficiency Virus (HIV) – that causes AIDS in 1984.

Since then, there have been local, national, regional and global initiatives to prevent further infections. Today, the epidemic is being fought on many fronts including prevention, treatment and ongoing medical research

In 2006, UNAIDS estimated that 39.5 million people were living with HIV and AIDS. Of these, 63% – almost 25 million – are in sub-Saharan Africa.

Southern Africa has an HIV-prevalence rate of 11%, compared to the average of 1% across the rest of the world. This means that 40% of the world's people who are living with the illness live in this region, which remains the epicentre of the global epidemic.

Few issues have been covered as extensively as HIV/AIDS in the region, yet according to a SADC Think Tank Report released in 2006, about 6000 people are infected with HIV every day.

• “...research shows
• a clear link between
• the behaviours of
• ordinary people and
• the increased rates
• in the region.”

Why then should we cover HIV/AIDS? For every person infected with HIV, there is a network of persons affected by the disease. The statistics belie not only the human cost but also the financial cost of an epidemic which is preventable.

Now research shows a clear link between the behaviours of ordinary people and the increased rates in the region. It is an opportunity to not only

reflect news as it is happening but to explore the underlying issues and so answer for our readers, viewers and listeners the essential question: “So what?”

At the strategic SADC Think Tank meeting in Maseru, Lesotho, in 2006, multiple and concurrent partnerships by men and women, with low consistent condom use – and in the context of low levels of male circumcision – were identified as key drivers of the HIV epidemic in Southern Africa. Other drivers included:

- o Male attitudes to sex and male sexual behaviour
- o Intergenerational sex
- o Gender and sexual violence
- o Stigma
- o Lack of openness
- o Untreated Sexually Transmitted Infections (STIs)

The SADC Think Tank report concluded that these factors, in the context of high population mobility, wealth inequalities, cultural factors and gender inequality, explain the high HIV prevalence in the region.

The media plays a critical role in creating, raising and sustaining public awareness of such issues. By increasing the diversity of stories, voices and views, the media contributes to a more informed public through quality journalism.

Soul City Regional Research

AT A MEETING held in Swaziland in October 2006, it was recommended that Multiple Concurrent Partnerships (MCP) be a key focus for social-change communication in each country and the region for the next five years.

In 2007, the Soul City Regional Programme (SCRP) embarked on a three-year research-based HIV-prevention campaign across 10 countries: Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

The SCRCP, which was started in 2002, works with partner NGOs to promote health and development through health communication and capacity building. The regional programme uses the power of mass media (television, radio and print) and social mobilisation and advocacy, to effect social change in each country.

Research Methodology

A total of 179 focus groups and 116 in-depth interviews were conducted in 10 countries. Separate group discussions were held with men and women of different ages living in a variety of different contexts – both urban and rural.

Further indepth interviews were conducted with men and women of all ages who were, or had been, involved in MCP. These interviews were recorded and analysed to identify common and unique themes in each country.

Research Findings

The research confirmed that certain cultural practices, social norms and beliefs promoted and even institutionalised MCP as a socially acceptable and widely practiced phenomenon. This, in turn, was found to largely contribute to higher risks of HIV infection and prevalence.

The types of MCPs identified as common across these countries were:

- Steady partner and other “side” partners
- Intergenerational sexual relationships
- Transactional sexual relationships
- Polygamy

The common reasons for these MCPs were identified as dissatisfaction in relationships, money and material possession, alcohol, and culture and social norms. Importantly, participants in the research claimed that “culture” and social norms – in fact rather strict socialisation – encouraged men to have more than one sexual partner, while they required women to submit to men’s authority.

The research found that the widespread practice of MCP – without consistent and correct condom use – continues in spite of participants being knowledgeable about HIV and AIDS, and is often accompanied by a sense of fatalism – a feeling that everyone will die one day anyway.

The research also indicates that most of the reasons stated above are driven by gender inequality and cultural and social norms which provide the context for widespread MCP, and which have a severe impact on power relations and gender roles within sexual relations between men and women. They decrease the ability of women to speak openly with their partners about sex and sexual practices which increase the risk of contracting HIV, promote the justification among men and women of male promiscuity and males being involved in MCP,

NOTES

and often prevent women from negotiating safer sexual behaviour in their relationships because of cultural practices inherent to the African way of life.

But there are other factors too which drive MCP in South Africa. They are:

•**Fame** – among young women this is the belief that having sex with many in the community will result in them being known and seen as beautiful and desirable.

•**Searching for Mr Right** – a belief that sex is important and one needs to have sex with many in the search for the “right” one who is committed and willing pay lobola and marry.

•**The importance of sex** – many men and women believe that sex is important in life and in love and that people cannot live without it. This translates into a belief that sex is important to show someone in a relationship that you love them.

•**The need to “preserve” one’s partner** – a strong belief among many men that their life-long partners need to be spared the rigours of sex because they will need to have them around for a long time, as indicated in the following responses of male participants:

•“The one who is your official, first woman. You have to preserve her, so that when you do go to her, you know that you are getting something that no-one has come close to it – it is yours alone. You keep her preserved.”

•“athi amaXhosa isitya esihle asidleli (a beautiful plate is reserved for later use). What is meant is that if the woman is your wife, you better look for sex somewhere and preserve her for later use because you are still going to use her for the rest of your life. I don’t want to abuse (overuse) her.”

•**The need for possessions** – driving transactional and intergenerational sex among all economic groups is a need among mainly girls for money, clothes and other material possessions which older men or “sugar daddies” can give them and boys their own age cannot. Where young boys are in sexual relationships with older women, the rationale remains the same. In most of these relationships, the young adults conduct parallel “love” relationships.

•**Sexual satisfaction** – across all groups surveyed there is a belief that sexual satisfaction is at least as important as sex itself and that MCP is a way of getting love, as well as sexual satisfaction from different people.

•**Lack of communication about sex in steady relationships** – while many women feel they cannot raise sex, new sexual positions, etc. with men for fear of being accused of having learnt such things from other men and/or cheating, men believe that they cannot raise such issues with their steady partners, especially their wives, because they get rebuffed. Among young people, it is generally accepted that girls do not initiate or talk about sex and that boys need to be the “aggressors”.

•**Inability to control sexual desires** – there is a strong belief among men and women that men were not made to have only one sexual partner and that while women may be able to control their sexual urges, men are unable to do so.

•**Alcohol** – the use of alcohol is identified by many participants as a factor which drives unsafe sexual behaviour, especially at shebeens and parties where, once one is drunk, one is unable to control what happens to them or how they relate to others sexually.

•**Condom use** – there is a general feeling among girls that if they insist on their boyfriends using condoms they will lose their boyfriends to other girls and be accused of cheating themselves. There is also a belief that once there is sexual intimacy in a relationship, there is trust, and therefore no need to use condoms. There also seems to be a belief that condoms cause great pain for virgins.

NOTES

AIDS, MCP and Culture

WRITING stories with background and context requires reporters who go beyond the press release and who strive to understand their subject and the myriad of factors which affect it.

When that background and context is culture, the reporter's task becomes even more complex.

As researcher Sakhumzi Mfecane notes: "On the one hand it is necessary to avoid reinforcing colonial representations of African cultures and sexualities, which tended to be overwhelmingly negative (Oppong J, & Kalipen E 2004). On the other hand there is a need to reflect in a critical and honest way on cultures, since cultures inform directly or indirectly how people live their everyday lives and make important decisions on life-and-death issues such as sex."

We share our culture with the communities we live in. It is, says academics, 'that complex whole which includes knowledge, beliefs, art, morals, law, custom, and other capabilities and habits acquired by man as a member of society'; or the 'patterned way of life shared by a group of people'. (See "The practice of Multiple Concurrent Partnering: what's culture got to do with it?" by Sakhumzi Mfecane available at www.onelovesouthernafrica.org)

Culture is not an inherent trait but a product of social construction and socialisation.

It is therefore not static but dynamic – changing with the circumstances of social groups. Importantly, it can be challenged.

Mfecane notes that it cannot be taken for granted people belonging to the same cultural group share similar perspective about the world.

Cultures provide the 'templates' for the way we live our lives – including our sexual lives. Researchers have different views on the role of culture in the practice of MCP in Africa.

Some researchers have focused on the negative side of African cultures and showed them to be permissive to multiple partnering.

"Men in particular are shown to have leeway to engage in concurrent multiple partnering without being chastised culturally," says Mfecane.

Other researchers argue that we should historicise and contextualise MCP rather than treat it as primordial African practice.

They document the 'sexual socialisation' of young people prior to colonial encounters and urbanisation and show it to have been characterised by strict monitoring of sex by elders and peers.

Sex was an open discussion and promiscuity was discouraged. In the colonial and urban environments these measures disappeared due to Christian

NOTES

• "...there is a need
• to reflect in a
• critical and honest
• way on cultures,
• since cultures
• inform directly
• or indirectly how
• people live their
• everyday lives..."

teachings, leaving sexual decisions to individuals who are hardly 'trained' on how to deal with them.

The urban environment exacerbates these issues with demands for material needs. "MCP is much a product of culture as it is a product of lack of it," says Mfecane.

These two perspectives offer us something to think about in terms of the role of cultures in MCP.

Key points on MCP and Culture

- Culture is a learned behaviour rather than an inborn attribute, therefore it changes.
- MCP can be both a product of culture and a product of lack of it.
- MCP increases HIV risks through sexual networking.
- Younger people are more likely to engage in MCP because of financial benefits and pressures to be seen as modern and fashionable.
- Cultures may promote MCP through positive meanings assigned to promiscuous behaviour, but culture may also be drawn upon to stigmatise MCP behaviour.
- Community leadership is key to challenging cultural misinformation about MCP.
- Cultures can contribute greatly to reduction of MCP through inventing new meanings assigned to it.
- Equal partnership with community is a necessary pre-requisite for developing socially acceptable interventions on MCP.
- Culture can be used as an excuse for MCP.

NOTES

Some questions for journalists to consider:

- Are cultures to blame for MCP or is it because of their disappearance that MCP has flourished?
- The second question that follows from this is, what can cultures do to curb MCP? Must they change or must they be re-invented?
- What role can cultures play in the fight against MCP?

Reporting HIV/AIDS and Culture

*“A good newspaper is a nation talking to itself.”
Arthur Miller (1915-2005)*

NOTES

WHILE the media has many roles – including to inform, to entertain and to be a public watchdog – its greatest challenge is to reflect the lives of its readers, listeners and viewers. The impact of AIDS has led to calls for a special role for the media in covering the epidemic – reaching beyond the news sections into social responsibility commitments.

Professor Guy Berger¹, in a paper delivered at the Asia Media Summit in 2004, noted that social marketing communication (as displayed by products such as Soul City) is distinct from journalism: “The first is expressly persuasive communication; the agenda of the second is primarily informative. South African studies show that social marketing in soap opera format has had some success in changing knowledge, norms and behaviour. In contrast to entertainment programming, journalistic output has done a lot to change policy by government and the pharmaceutical industry.”

Berger believes that the media needs to be proactive in ensuring that both informative and entertainment media content make a real difference.

“HIV-AIDS journalism plays many roles – impacting on emotions, informing, setting agendas and framing the story, and serving as necessary watchdog. It also plays in many arenas – political, personal, etc., and coverage needs to cover the whole gamut of these,” he says.

Berger believes the impact of the news media is muted because of two fallacies within the industry: a belief among editors and journalists that there is “audience fatigue”; and, secondly, a defeatist attitude that news, by its nature, has limited impact on audience behaviour. “What is apparent ... is that there is indeed lots of space for journalism to make more of a difference – indeed, to raise its impact even beyond that of social marketing. Discarding the fallacies cited above is a starting point,” says Berger.

Berger’s practical interventions for improved coverage emphasise innovative and proactive story ideas gathering. This is particularly critical in the light of early research² which showed that HIV/AIDS reporting was “principally sourced from press releases, press conferences and wire services. The number of reports generated from newspapers’ own inquiry and based on primary information sought out independently of official sources, falls far below the number generated on the initiative of instances outside the news room”.

Award-winning reporter and editor Kerry Cullinan, speaking at a Journ-AIDS Roundtable in May 2003, highlighted the following guidelines based on a 1997 UNESCO meeting of African reporters:

- Respect the rights of those with HIV/AIDS
- Go for training
- Ensure accuracy
- Report with clarity
- Report in collaboration with communities, PLWA and HIV service organisations
- Make the link between STIs and HIV
- Use appropriate language
- Ensure increased coverage
- Accessibility (NB Language)
- Be sceptical (about cures, miracle treatments etc.)
- Report in context

¹ <http://guyberger.ru.ac.za/fulltext/aidsmediaasia.doc>

² Shepperson, A. November 2000. HIV/AIDS reporting in SA: an analysis of the response of the press.

Context and Background

The media, through its representation of society, helps define perceptions of cultural norms. Through critical reporting, asking questions and seeking stories beyond the popular headlines, reporters can stimulate debate and challenge these perceptions.

Journalists often choose the exception to the rule as the introduction for a story – presenting as it does an unusual or “shocking” statistic. But, without context, this might be viewed as the prevailing norm. For example, statistics on teenage sex and pregnancy – in isolation – might represent “shocking” new behaviour. However, these might be viewed differently when put into context of changes over time or even within context of the overarching statistics.

Context and background is particularly important when using statistics. Some issues to consider when using numbers include:

- Know why you are using a number and explain the significance to the reader;
- Check for possible inconsistencies whenever you use a number;
- Give context to give the statistics meaning. A 10% percent increase in teenage pregnancy is significant if there were 6000 incidents previously – but not if there were 10. It is advisable to limit the numbers in a story – and consider graphs or fact boxes for easier access;
- Simplify numbers to help them have meaning for readers such as three out of 10 rather than 30%;
- Compare like with like;
- Numbers can reflect the significance but percentages are useful for reflecting change.

Reporting HIV and AIDS requires journalists to use their full toolkit of skills, including:

- Understanding research and the use of statistics;
- Reporting the science of HIV/AIDS accurately by checking understanding and the use of terms;
- Being critical of information and the sources of information;
- Using a variety of sources, including those infected and affected by HIV/AIDS and not simply relying on experts;
- Providing background and context for stories;
- Reporting ethically with particular regard for reporting on children;
- Using language that is sensitive, non-stigmatising and non-judgemental, and which does not reinforce stereotypes; and
- Ensuring sustained coverage with follow-up and ongoing investigations to ensure that the reader, listener and viewer remains informed.

Beyond the press release...

There are many ways to report on HIV/AIDS and an effort should be made to go beyond “events” – reporting press releases, announcements and activities – to sustained coverage of the issues.

We should aim to engage the reader by writing stories that relate to our target audience and show impact on their lives.

1. Hard News Reporting

An understanding of the issues, good contacts with a network of experts and advanced research on the background of an issue will allow reporters to produce hard news stories – on deadline – with context and analysis. This, however, requires preparation ahead of potential stories. Beat reporters, in particular, are able to prepare for upcoming breaking stories. General reporters covering AIDS

NOTES

and MCP can present new angles and perspectives by making an effort to ask questions that help readers understand the impact on culture.

NOTES

2. Personal Perspective

Writing HIV/AIDS stories in the first-person – whether through columns, features or colour stories – helps engage readers in personal perspectives. The Sunday Times feature “Everyone Knows Someone” gives space to these first-person accounts in a way which is intimate and encouraging. (www.thetimes.co.za).

3. Narrative Stories

Narrative, also known as intimate journalism, takes the reader into the life of the subject and exposes the “ordinary” as story subjects.

“A fall of Sparrows”, the award-winning series by reporter Nalisha Kalideen and photographer Debby Yazbek, is one of the best examples of HIV/AIDS reporting that humanises the issue. e-Health editor Kerry Cullinan produced a series of articles on children affected by HIV/AIDS in KwaZulu Natal using narrative storytelling techniques.

4. Investigative Stories

A journalist who asks critical questions goes beyond the obvious and exposes information that has impact on people’s lives. An example of this is the award-winning expose by the Daily Despatch on hospital conditions in the region.

5. Special Projects

Identifying a series of stories or initiatives that promote interaction with the target audience can help the media build reader, listener and viewer relationships. This is especially true when the project focuses on an immediate need within the community – whether it is partnering with community organisations or initiating a corporate social responsibility campaign. The themed stories can build on the target audience’s basic understanding of the issues. Good examples of such campaigns include The Sunday Times’ “Everyone Knows Someone”, which encourages readers to know their status by calling on a range of high profile persons – including politicians and celebrities – to take public tests.

Some questions for journalists to consider:

- How can the story of HIV/AIDS and MCP be told in a way that engages readers?
- What is the role of culture in sexual relationships and in ensuring that people are able to have safe sex.
- What impact does our consumer-based society have on our lifestyles and the stories we tell?

Case Studies

5.1 Steady partner and other “side” partners

Stories to consider:

Our low self-esteem affects our development by Minister Mosibudi Mangema (City Press: November 1, 2008)

http://www.news24.com/City_Press/Columnists/0,,186-1695_2419660,00.html

Famous ‘cheater’ is actually a one-woman man by Helen Grange (The Star Tonight! August 7, 2008)

<http://www.tonight.co.za/index.php?fSectionId=448&fArticleId=4547137>

Aids in a Marriage by Siphon Ndlela (True Love Magazine)

http://www.women24.com/Women24v2/ContentDisplay/w24v2_ArticleCapture/0,,1481,00.html

Make boys liable by Lucky Mazibuko (Sowetan: 12 March 2008)

Just Call Me Lucky Column

<http://www.sowetan.co.za/Columnists/LuckyMazibuko/Article.aspx?id=724943>

Of sex, drugs, rock ‘n’ roll — and HIV tests by Claire Keeton (Sunday Times: November 4, 2007)

<http://www.thetimes.co.za/SpecialReports/OneReach/Article.aspx?id=604062>

How do journalists report on sex? Is it a story for the features or entertainment pages? The stories above include news stories, features, special features, columns and entertainment interviews. The reporters have highlighted contradictions and unspoken issues. The stories answer a range of questions:

- Would you cheat on your partner?
- What happens when you contract AIDS in a monogamous relationship?
- What is the responsibility of young males in sexual relationships?
- Is the culture we know (rock ‘n’ roll) the culture band members live?

Each of these stories could have been covered differently but, by putting a human face to an issue, the reporters have managed to engage the reader in various issues of sexuality – including MCP.

Research has shown that various forms of MCP exist within the SADC region. Researchers point to contemporary practices of MCP being associated with needs for sexual satisfaction. The idea here is that one cannot be faithful in a sexual relationship that is not fulfilling sexually while not necessarily abandoning one’s primary partner. One of the respondents cited in the Soul City Report commented: “If a man is having a small penis and he is not satisfying you obviously look for another one who will satisfy you. And this one who does not satisfy you, you keep him for his money and also keep the other one for sex” (Soul City Ten Country Report, 2008: 19). Another participant in the same report commented: “I think we have many sexual partners perhaps because of monotony, the other reason has got to do with bed, the sexual pleasure...certain boys who have got a small penis...she would like to have a bigger size...even ladies, there are certain ladies who are not able to satisfy their boyfriends or husbands sexually” (Soul City Ten Country Report, 2008: 19).

NOTES

The notion of 'faithfulness' in these kinds of situations is twisted to fit the definition of the situation. For example, some men who were interviewed said married women don't like too much sex or they refuse to explore different sexual positions. A man then looks 'outside' to find these sexual satisfactions while making sure that a marriage is preserved. In this way he is 'faithful' to his wife because he has no commitment to the other partner other than enjoying sexual satisfaction which he does not get at home. One respondent illustrated this point by saying "...there is this tendency whereby women suck a male's private parts...you find that the housewife doesn't know these things. As a result he will consider the outside to be the best...an extra marital affair..." (Soul City Ten Country Report, 2008: 16).

It is striking here that both men and women view sexual underperformance as a good justification for engaging in MCP.

Strikingly, the research finds that women are no longer viewed with utter negativity if they are involved in MCP. In fact there is now a status of being "wanted" attached to being in MCP. While these practices are often reported, they are reported in isolation and in the absence of a cultural or HIV/AIDS perspective. Increasingly, in an era of celebrity coverage, these articles make the pages of gossips columns. The challenge for journalists is report these stories with a greater understanding of the cultural context and without judgement.

NOTES

Some questions for journalists to consider:

- What do cultures say about the role of sex in marriage?
- Is marriage only about good sex?
- Can marriage survive without good sex?
- In terms of African cultures, should both partners enjoy sex?
- What happens culturally when a woman or a man is no longer happy with the partner? Is it acceptable to find another one?
- These issues are not new, so how have cultures dealt with them over time?
- Are women who are involved in MCP still frowned upon culturally? Do these terms used to label them still carry negative connotations?

Story ideas to pursue:

- Interview two couples who have been married for more than 30 years with a view to writing a story on the ingredients needed to keep a long-term relationship exciting and alive.
- Interview four engaged couples from different cultures and religions with a view to writing a story about how their parents, their religious and cultural leaders, their friends, etc. help prepare them for marriage.
- Interview a woman whose husband has taken up with another partner, and an "other woman" involved in an affair, about the heartache and dangers they face. It is assumed that men cheat on their steady partners more than women do: interview women who have engaged in affairs about why they have strayed and how they manage their sexual health.

5.2 Intergenerational and Transactional Sexual Relationships

Stories to consider:

AIDS, Pregnancy and Poverty Trap Ever More African Girls

http://www.nytimes.com/2005/06/03/international/africa/03mozambique.html?_r=1

'Sugar daddies fuel spread of Aids' by Melanie Peters (The Argus: February 10 2007)

http://www.iol.co.za/index.php?click_id=13&set_id=1&art_id=vn20070210093318979C721521

AFRICA: (IRIN) Cross-generational relationships are not often addressed in HIV/AIDS prevention campaigns

<http://www.irinnews.org/report.aspx?reportid=45143>

HEALTH: Cultural Double Standards Undercut HIV/AIDS Fight by Talif Deen (Inter Press Service)

<http://ipsnews.net/africa/nota.asp?idnews=42798>

Transactional and intergenerational sex are defined as “risky relationships” as there is often a difference in power in the relationship – leading to unsafe sex practices.

As highlighted by the stories above, these relationships form part of popular culture – and are driven by a host of social-economic factors. Beyond the stories initiated by reports or press releases are a myriad of social stories as represented by “AIDS, Pregnancy and Poverty Trap Ever More African Girls”.

Researchers identify several factors that drive MCP and note that it thrives in situations where economic inequalities are rife. The blame here cannot be laid squarely on poverty as even those who are relatively well-off still engage in MCP for material needs. It seems therefore safer to explain MCP in these situations as being driven mainly by a materialist culture rather than a need to meet basic needs such as food, shelter and clothing. This is a culture in which image counts – what one wears is important because it says much about who he/she is, how fashionable or modern he/she is, and his/her economic status. This was expressed clearly in focus group discussions conducted by Soul City on reasons for MCP, when a participant commented, “a young girl is involved with an older man because she loves money and she wants something special to buy herself. Then she took a decision of saying that ‘if I can get involved with a working person I will be able to do whatever I want and buy everything I desire’” (Soul City Target Audience Report, 2008: 18).

The need to be seen as fashionable and modern, rather than backward or stupid, has perpetuated the practice of MCP and it has led to a proliferation (and probably normalisation) of such categories of people as ‘Sugar Daddies’ and ‘Sugar Mummies’. These are women or men of older age, and probably wealthier, who seek out sexual relationships with less wealthy and often younger partners. In such relationships they provide (or are at least expected to) financial and material support in exchange for sex. Sex therefore can be easily transacted for material things, and these material things must have a social value and status. Sex is a resource, a tool to gain access to otherwise inaccessible assets and social spaces (for example being taken to an expensive restaurant which one would otherwise not afford). If one does not gain these statuses from one partner he/she switches to the other or keeps both for different reasons.

NOTES



Some questions for journalists to consider:

- What do African cultures say about transactional sex?
- Is it acceptable in various cultural contexts to have sex with someone for money or other material benefits?
- Is it “natural” for women to expect material and financial support from partners?
- What happens culturally when a man can no longer provide?
- Is it acceptable for a woman to leave him and look elsewhere for these needs?

Story ideas for journalists to pursue:

- Write a news feature based on a conversation you record between four teenaged girls from different schools chatting about what drives schoolgirls into the arms of sugar-daddies – and about their views on HIV/AIDS.
- Find a celebrity who was caught having an affair with a much younger girl and interview them about what they have learned and whether they have changed.
- Write a news feature on whether consumerism and/or poverty drives young people to seek partners who are older and wealthier. Interview relevant experts listed in this handbook, as well as people involved in such relationships.

5.3 Polygamy

Stories to consider:

South Africa: Polygamy Debate Reveals Nation’s Schizophrenia by Eusebius Mckaiser (Business Day: 17 March 2008)

<http://allafrica.com/stories/200803170605.html>

Xhosa prince weds the TV presenter who stole his heart by Zine George (Sunday Times: November 30, 2008)

<http://www.thetimes.co.za/PrintArticle.aspx?ID=895230>

Polygamy debate fuelled by top soapie Isidingo (Daily Dispatch: August 12, 2003)

<http://www.dispatch.co.za/2003/08/12/easterncape/bpoly.htm>

EC women speak out on custom by Ncumisa Sikunyana (Daily Dispatch: August 12, 2003)

<http://www.dispatch.co.za/2003/08/12/easterncape/bpoly2.htm>

Chiefs vexed by call to end polygamy by Lulamile Feni (Daily Dispatch: January 8, 2009)

<http://www.dispatch.co.za/yourlife/weddings/article.aspx?id=155136>

Few issues have captured media attention like polygamy yet the story remains under-reported in terms of readers'/viewers'/listeners' understanding of the debate. As illustrated by the selected stories, the issue can be tackled throughout the news sections – from front-page news to features and opinion. The polygamy debate has a full-spectrum of views – many of which are not sought and few of which are challenged.

Polygamy is defined as marriage to more than one spouse at the same time. It is therefore not identified as multiple concurrent partnerships as the relationship is formalised in marriage. In South Africa, polygamous relationships are found in traditional and religious marriages (e.g. Muslim marriages). Gausset (2001) notes that polygamy in itself is not what spreads the HIV, and the absence of polygamy would only slow the epidemic down, not stop it. A polygamous family in which all partners start out HIV negative and are faithful to each other, or in which all partners practice safe sex consistently in their extramarital affairs, is no more at risk than a monogamous family which has the same practices. What is important is not monogamy or polygamy, but fidelity or the practice of safe sex in extra-marital relationships. And the negotiation of safe sex is as problematic for monogamous partners as it is for polygamous partners. To fight against polygamy will not make people behave more responsibly and practice safer sex. Moreover, polygamy is deeply ingrained in a great number of African cultures, and part of a complex set of social and economic relations, which makes it unlikely that one could eradicate this practice in the near future. Polygamy has been perverted to informal multiple liaisons where the risks are higher.

NOTES

Some questions for journalists to consider:

- How established is polygamy within different communities?
- Has there been an increase or decrease over time?
- What impact does polygamy have on both partners?
- What are the expectations of a polygamous relationship?
- What other elements of traditional culture do we still adhere to and which elements are no longer practiced?
- Why should culture then be embraced when it comes to sexual promiscuity, while it is spurned in other aspects of life?
- When, and in what circumstances, is polygamy culturally acceptable?
- When would polygamy be considered to provide a safe, fulfilling sexual relationship?

Story ideas for journalists to pursue:

- Write a story which answers the question: “When are polygamous relationships acceptable?” Interview relevant experts and people who come from different cultural backgrounds.
- Write a story which helps your audience distinguish the difference between culturally genuine polygamous practices and abuses of polygamy. Interview experts and traditional, religious and cultural leaders on their views on how those involved in such relationships can prevent contracting and spreading HIV/AIDS.
- Interview women in polygamous relationships with a view to helping your target audience understand why women get involved with men with other wives and how they ensure honest communication in their relationships around HIV/AIDS.

Polygamy debate fuelled by top soapie Isidingo

EAST LONDON — Viewers of one of the country's most popular soap operas are steamed up by its polygamy story line.

Isidingo, which has an estimated million viewers, has featured a plot which has been playing itself out for several weeks, focusing on Don Mlangeni's (businessman Zeb Matabane) decision to take a pregnant Patronella Mpolenyane (who plays Refiloe) as a second wife, despite opposition from his wife and family.

The debate on polygamy has been around for years, especially in the Eastern Cape, where it is still practised in rural communities.

In his autobiography former president Nelson Mandela wrote about his father, Gadla Henry Mphakanyiswa, having two wives.

Although acceptable in the 1900s, polygamy became frowned upon in the early 1990s.

Now several politicians and prominent businessmen have taken up second and even third wives.

The Marriages Act of 1961 does not allow polygamy. This means if a man had a Western wedding with his first wife, he is not eligible to marry a second wife.

The Recognition of Customary Marriages Act of 1989 makes provision for polygamy depending on the customs of a particular family.

In this situation a husband would approach the court and apply to marry a second wife.

Contralesa leader Chief Mweliso Nonkonyana described polygamy as an entrenched "moral value" that cannot be abandoned.

He said "double standards" imposed by those who cannot decide between Western and African traditions put the custom in a negative light.

EC women speak out on custom

By Ncumisa Sikunyana

EAST LONDON — Scores of prominent South African men have more than one wife — but successful Eastern Cape women said it would be a pipe-dream for their partners.

Although the law recognises polygamy, several women have protested against it. Polygamy has long been practised by several South African cultures.

Nombulelo Siqwana-Ndulo of the Commission on Gender Equality said polygamous marriages often subject women to emotional and sometimes economic abuse. She said the custom could have dire consequences

when men could not afford to maintain huge families.

Zanele Makina of the provincial ANC Women's League said polygamy was an outdated and oppressive practice that could not be supported by a progressive organisation fighting for the rights of women.

"In the past it was a question of whether a man could afford this lifestyle, but today, as women become breadwinners, there is no reason why they should be confined to such circumstances."

But some women supported the custom. Nokuzola Mdende of the Icamagu Institute, which promotes the preservation of African culture and customs, said polyga-

mous marriages were "more acceptable" than monogamous marriages.

Men who have taken the plunge include former Transkei ruler Kaizer Matanzima, who died a few months ago. He reportedly had five wives.

Even deputy president Jacob Zuma recently paid 10 cattle as lobola for another spouse. She is Swaziland King Mswati's niece, Sebentile Dlamini, who is a police officer. He had three wives before separating from South African foreign minister Nkosazana Dlamini-Zuma. One of his other wives, Kate, died of heart failure in 2000, and he is still married to a third woman, Sizakele.



XHANTI SIGCAU



JACOB ZUMA



SIQWANA NDULO

"This custom is as old as the hills, and it is not oppressive," he said.

Prince Xhanti Sigcau of the Gcaleka also expressed support for the ancient custom.

"I have no problem with a man taking more than one wife. In royalty this is sometimes required for tangible reasons, like when a first wife cannot bear sons to inherit the throne," he said.

The local director of the Family and Marriage Society of South Africa (Famsa), Thoziso Sishuba, said the society acknowledged the existence of polygamy and the complications and challenges it created in family life.

She said Famsa's main focus was on supporting families in building and maintaining sound family relations through empowerment.

A provincial spokesperson for

the Department of Arts and Culture, Masizela Mazizi, said the constitution of the country respects cultural values and practices as long as such practices do not violate human rights.

An individual who felt violated by such practices had the right to challenge them in the constitutional court, he said.

Polygamy debate reveals nation's schizophrenia

LIBERAL democracy is a puzzling beast. On the one hand, it contains a core set of values and principles that should never be violated. These include respect for the autonomy of women. Polygamy does not square comfortably with this perspective. On the other hand, liberalism also entails that we should not make hasty moral judgments about particular cultural practices. Tolerating a plurality of values is a liberal trademark. So perhaps polygamy does not offend liberal democratic norms. How might a philosophical polygamist — call him, say, Jacob Zuma — negotiate this quandary?

First, this quandary is an expression of our schizophrenic national identity. Our Bill of Rights protects individuals from a majoritarian state. Yet, most of our citizens have

some traditional beliefs and practices. A greater number of South Africans, for example, seek initial medical advice from a traditional healer, rather than from university-trained medics. Many others are also governed by customary law.

It is this tension between deep-seated traditionalism and a normative, liberal constitution that makes it difficult to decide the place of polygamy in our society.

Let's rehearse the strongest argument against polygamy — that it is unethical. In polygamous relationships, women become mere objects for the power indulgence of men. This perpetuates the archaic social attitude that women are intrinsically inferior to men. Women become a means to an end, and never graduate to being autonomous agents.

The power of this argument is it

piggybacks on sociological fact. The achievement of legal gender equality is recent, and even "achievement" is a deceptive word choice, since gender discrimination persists. For example, women continue to earn less than men in many spheres.

Women are also still marginalised socially. One of the biggest barriers to fighting the spread of HIV/AIDS is precisely the relative disempowerment of many women, particularly in rural SA, in sexual relationships. Polygamous relationships appear to sustain structural forms of gender prejudice.

Yet the arguments has limits. There are only a handful of indisputable moral truisms: that polygamy is wrong is not one of them. This is not to suggest that polygamy is ethically acceptable. Rather, we should recognise this



EUSEBIUS MCKAISER

ethical minefield for what it is. This is difficult when the unreflective liberal attitude is to superimpose values on a heterogeneous society.

First, women are not inherently disempowered. The assumption that any woman who agrees to a

polygamous marriage must either have no exit options or be living in "false consciousness", is patronising. Surely, then, it is more sensible to examine relationships on a case-by-case basis, rather than paternalistically prejudging all of them.

Second, there is a broader set of questions that must be asked. Should all customary law be abolished? Is a social institution such as lobola, when stripped of its anthropological quaintness, not also in opposition to women's rights?

These questions matter, deeply. What the polygamy debate highlights is the philosophical tensions between a liberal post-democratic state and an illiberal populism.

This is not to promote cultural or moral relativism. Some practices, such as female circumcision, can be criticised on factual grounds, such

as psychological implications of the practice. Beyond the facts, many such practices also rest on dubious moral or cultural foundations.

In the final analysis, however, the unattractiveness of cultural or moral relativism should not interfere with establishing a rock-solid basis for moral truisms. Polygamy highlights this challenge. While, on the face of it, polygamy offends liberal norms we have good reason to accept, we cannot design social policies without taking stock of how the majority construe and value their own lives. Ultimately, this debate exposes our national schizophrenia. We appear to have a liberal headspace that is jarringly situated within a traditional corpus.

■ McKaiser is an independent political and social analyst.

Business Day

South Africa: Polygamy Debate Reveals Nation's Schizophrenia by Eusebius McKaiser (Business Day: March 17, 2008)

relationships erve

verve feedback
E-mail verve@inf.co.za
SMS 32546 (Each SMS costs R1)



Helen Grange interviews actor Tshepo Masoko to try to figure out the reason for the heated reaction to an adultery storyline in the TV soap drama Isidingo. The issue has clearly touched a nerve, but one guru says there is usually something missing in a relationship or a marriage that leads to cheating. Meanwhile the actor must weather the storm.

FAMOUS 'CHEATER' IS ACTUALLY A ONE-WOMAN MAN

There has been her share of sleeping around and so has Barker. Zoë has since delineated where he should have, as has Vusi. So why are there such a cacophony of Parsons' Maribona's cheating on his HIV-positive wife, Mandlisa in Isidingo?

A flurry of whomat calls to 902 Talk Radio's Rodi Daseko's talk-show betrayed just how close the issue of infidelity is to people's hearts. Incensed women, outraged at Parsons, called in to lambaste the character for cheating on his wife, while some men felt compelled to come to his defence.

Many powerful women are happy to be concentrated," Masoko says pointedly. "Do we observe the lessons of morality in reality?" Masoko happens to be a one-woman man (with whom he has a 3-year-old daughter, Naledi). "I come from a power family structure. My parents have been married for 40 years, and I can't afford to set a bad example, especially as I'm in the public eye," he grins.



ANGERED FANS: Tshepo Masoko, who plays Barker in Isidingo, says he has been attacked by angry female viewers, with one even flashing him a zap gun in the traffic. PHOTO: BONAZI MAFU

Europe for so long, though she agrees that Mandlisa is justified in being upset with Thandi. Thandi's creator, Sarah Ngidici, has been overwhelmed by women who say they understand her character better because they are going through the same thing.

Often, they are not divorcing physical intimacy at all, says Green, who reports an increase in requests from married women for introductions. Relationship and sex guru Markina Wassermann is said to hear this as she often sees the romantic model of love and end up losing their individual-

Sull, she reckons that married people embarking on adulterous relationships shouldn't be vilified outright. "The reason people have affairs is because they have a yearning for something missing in the marriage - be it love, understanding or sex. "The Biggest Killer in a marriage," she says, "is not fidelity. Couples stop seeing each other as lovers and appreciating the 'otherness of the other,'" she says.

In the South African context, many people still nurture a romantic model of love and end up losing their individual-

ity in the process. "Having an affair is partly about restoring that individuality, and ironically it can have great benefits for the person doing it," Wassermann says. Infidelity does not most affairs have less than an adultery sentence. "Marriages born out of affairs have the worst prognosis," Wassermann adds, "because after the show of feathers drop away, you are back to reality and issues in your first marriage invariably make their ugly heads reappear." Young Masoko, surrounded as he is by glamorous actresses,

November 4 2007

Of sex, drugs, rock 'n' roll and HIV tests

Rock culture may have changed, says this band, but taking the test is still a daunting experience

CLAIRE KEETON
TAKING an HIV test is a landmark in my life, says Parlotones bass and piano player Glenn Hodgson.
Three members of the South African rock indie group - due to perform at the 46664 concert on World Aids Day in Johannesburg - joined the Each One Reach Five campaign this week.
"For me personally, my HIV test marks a before and after," said Glenn. "Once you have seen the results, this is a landmark and you need to keep living a healthy life."
"Every time there is a potential HIV-related opportunity, you should think back to this day and hopefully think twice before taking a risk."
"If you are positive, you need to make a fresh start. I think HIV testing should be compulsory."
Lead singer and guitarist Kahn Morbee also supported the idea of mandatory testing on condition there was no discrimination against those who had HIV.
"I think it is a good idea as long as people are not discriminated against by their bank, for example, or with driver's licenses."
"I know someone living with HIV and he is fit as a fiddle."
The Parlotones star urges people who are unsure about their status to get tested.
"If you are worried about HIV, it will not go away. If you have self-doubt, just take an HIV test. It is not only your life that is affected, but other peoples' lives."
Guitar player Paul Hodgson encouraged groups of friends to



go together for testing.
"If you feel embarrassed to go by yourself, go with friends. Obviously, partners should go together for testing."
Said Paul: "I felt a bit paranoid about the test... the same way you'd feel having any medical examination or having a needle stuck into you."
Morbee said: "I felt a bit of nervousness even though it was unwarranted. You build up fears that are not real. It's weird, you feel like you never know."
He added: "The biggest problem with HIV, like smoking and cancer, is what you do now affects you years later."
Rock artists in the 21st century have moved beyond the days of nights of sex, drugs and rock 'n' roll, in this band's view.
Said Morbee: "I do not find it attractive when women throw themselves at us."
Paul said the band members often stepped in for each other to avoid awkward situations.
He said it would be easy to fall into a wild and glamorous lifestyle as there are fans buying them drinks and

wanting to party, and they are always on the move.
"Sunday night was the first time I had slept in my own bed for four weeks," he said.
Glenn said he hoped people would be just coming to concerts like Live Earth or 46664 cause they are cool gigs, but that they do raise awareness.
The band will also be performing at Levi's Rage for The Revolution concert next Saturday, to be held at a secret location.
The audience at the concert will make a difference to HIV Aids: the only way to get tickets is to be tested - and put your name into a lottery - or to post a comment on the SFM website.
Those who win tickets will be flown to the concert and accommodated for free.
The artists include Kakeho, Loyiso, 340ml, Lira and the Dirty Skirts.
Said Paul: "We are not changing the world."
"But even if we reach one person in a 1 000 and change their lives, it's worth it."
Kahn Morbee's five volunteers are: friend Gregg Forbes, sister Janice Croucher, brother-in-law Dave Croucher, grandmother Jean Talbot, and aunt Carol Winkskill.
Glenn's five volunteers are colleague Nicole Limbers, The Black Hotel's musician John Boyd, Wonderboom musician Danny de Wet, Sovereign entertainment manager Raphael Domalik, and girlfriend Natasha Ross.
Paul's five volunteers are: brother Simon Hodgson, sister-in-law Tarryn Hodgson, Evolver musician Peter Pote, friend and owner of Matt's Music, and

NEWS



TESTING TIME: Three members of SA indie rock group The Parlotones - Glenn Hodgson, left, Paul Hodgson and Kahn Morbee - wait to take their HIV tests. Picture: KATHERINE MUIK-KIERE

MAHER and friend from Phase 2 Records Gerhard van der Merwe.
Let us know why you decided to join the campaign and how you felt when you took the test. We welcome stories about your experiences of participating in the campaign. Send them - with pictures if possible - to reach5@sundaytimes.co.za
Send us your name and the names of your five nominees so that we can publish a list of people who have taken part. Please note, we do not want to know the results of anyone's test. You can get tested at your doctor or clinic. For a list of clinics go to www.sundaytimes.co.za/let

Above:
The Star
Famous 'cheater' is actually a one-woman man by Helen Grange (The Star Tonight! August 7, 2008)

Left:
Sunday Times
Of sex, drugs, rock 'n' roll - and HIV tests by Claire Keeton (Sunday Times: November 4, 2007)

Resources

6.1 Sources

OneLove CAMPAIGN

Dr Sue Goldstein, Senior Executive: SA Programmes: Soul City Institute for Health and Development Communication
suegold@soulcity.org.za
Zanele Gule, Campaign Manager
zanele@soulcity.org.za
Bronwynne Pereira, Advocacy Manager
bronwynne@soulcity.org.za
Tel: +27 11 341 0360
www.soulcity.org.za

HIV/AIDS

South African National Aids Council
Mark Heywood, Deputy Chairperson, Tel: +2711 356 4100
boothp@alp.org.za
www.alp.org.za

AIDS Consortium

Gerard Paine, Advocacy Manager, Tel: +27 11 403 0265
gerard@aidsconsortium.org.za
www.aidsconsortium.org.za

RHRU

Dr Helen Rees,
Tel: + 27 11 358 5300,
hrees@rhru.co.za; www.rhru.co.za

Health Department

Dr Yogan Pillay,
Tel: +27 12 312-0546
pillay@health.gov.za
www.health.gov.za

Department of Health, Gauteng

Dr Francois Akpan,
francis.akpan@gauteng.gov.za
Multisectoral AIDS Unit:
Dr Liz Floyd, Director,
Zanele.Nkosi@gauteng.gov.za
Tel: +2711 355 3682
www.gauteng.gov.za

AIDS RESEARCH

Soul City
Dr Renay Werner, Research
renay@soulcity.org.za
Tel: +27 11 341 0360

HIVSA

Dr Zuko Dwane
Tel: +27 11 989-9700
dwanez@hivsa.com
www.hivsa.com

CADRE

Dr Warren Parker,
Executive Director
Tel: +27 11 339-2611
warren@cadre.org.za
www.cadre.org.za

JHUCCP

Richard Delate, Country Programme Director (Communication)
Tel: +27 12 366 9300
richard@jhuccp.co.za
www.jhuccp.org.za

Lovelife

Pholokgolo Ramothwala,
Head: Corporate partnership
Tel: +27 11 523 1000
pramothwala@lovelife.org.za
David Harrison, CEO
+27 11 523 1000
bernadette@lovelife.org.za
www.lovelife.org.za

RHRU

Dr Francois Venter
fventer@rhru.co.za
Dr William Mapham,
Communications Manager
wmapham@rhru.co.za
Tel: + 27 11 358 5300
www.rhru.co.za

University of Pretoria

Mary Crewe, Director: Centre for the Study of AIDS
Tel: +27 12 420 4391

csa@up.ac.za

Rakgadi Mohlahlane, Senior Programme Manager
Tel: +27 12 420-3111
rakgadip@up.ac.za
www.up.ac.za

CULTURE/TRADITIONAL LEADERSHIP

Pan South African Language Board

Ntombenhle Nkosi, CEO
ntombenhle@pansalb.org.za
Sibusiso Nkosi, Manager: Communication & Marketing
sibusiso@pansalb.org.za
Tel: + 27 12 341 9651
www.pansalb.org.za

Moral Regeneration Movement

Zandile Mdhladhla, CEO
zandile@mrm.org.za
Abdul Mogale, Project Co-ordinator
abdul@mrm.org.za
Tel: + 27 11 403 3559
www.mrm.org.za

Commission for the Promotion & Protection of the Rights of Cultural, Religious and Linguistic Communities (CRL Commission)

Pumla Madiba, CEO
pumlam@crlcommission.org.za
Mongezi Guma, Chairperson CRL Commission,
zandiz@crlcommission.org.za
M Bethlehem, Deputy Chairperson,
zandiz@crlcommission.org.za
Tel: +27 11 339 1775
www.crlcommission.org.za

PREVENTION CAMPAIGNS/ COMMUNITY ACTIVISM

Soul City

Lebo Ramafoko
Senior Executive: Media
lebo@soulcity.org.za

Tel: +27 11 341 0360

Society for Family Health

David Nowitz,

david@sfh.co.za

Janine Barnes,

janine@sfh.co.za

Tel: +27 11 484 5320

www.sfh.co.za

46664

Margaret Canca

Tel: +27 11 728 1000

margaret@46664.org.za

www.46664.org.za

AIDS Consortium

Gerard Paine, Advocacy Manager,

gerard@aidsconsortium.org.za

Denise Hunt, Executive Director

denise@aidsconsortium.org.za

Tel: +27 11 403 0265

www.aidsconsortium.org.za

Khomanani

Cyril Sadiki

cyril.sadiki@sadmon.com

Aloma Foster

alomaf@telkomsa.net

Tel: +27 11 339 1000

JHUCCP

Richard Delate, Country

Programme Director

(Communication)

Tel: +27 12 366 9300

richard@jhuccp.co.za

www.jhuccp.co.za

Lovelife

Pholokgolo Ramothwala,

Head: corporate partnership

pramothwala@lovelife.org.za

David Harrison

bernadette@lovelife.org.za

Tel: +27 11 523 1000

www.lovelife.org.za

Nelson Mandela Foundation

Dr Mothomang Diaho

Tel: +27 11 728 1000

mothomangd@nelsonmandela.org

www.nelsonmandela.org

Humana People to People

Angela Ramotsabi

tce_sa@mweb.co.za

Lone Torbensen, Director

of Partnership,

Tel: +263 912 420 420

lonetorb@lantic.net

www.humana.org

Siyayinqoba

Dr Jack Lewis

Director, Community

Health Media Trust

Tel: +27 21 788 9163

info@beatit.co.za

Thabisile Dlamini

Tel: +27 11 678 8290

dlamini.t4@gmail.com

Dibuseng Mbele

Tel: +27 11 678 8290

dibusengm@gmail.com

www.siyayinqoba.org.za

YOUTH

Soul City

Aadielah Maker, Senior

Executive: Social Mobilisation

Tel: +27 11 341 0360

aadielah@soulcity.org.za

Lovelife

Pholokgolo Ramothwala,

Head: corporate partnership

pramothwala@lovelife.org.za

David Harrison, CEO

bernadette@lovelife.org.za

Tel: +27 11 523 1000

www.lovelife.org.za

46664

Margaret Canca

Tel: +27 11 728 1000,

margaret@46664.org.za

www.46664.org.za

Khomanani

Cyril Sadiki,

cyril.sadiki@sadmon.com

Aloma Foster

alomaf@telkomsa.net

Tel: +27 11 339 1000

JHUCCP

Richard Delate, Country

Programme Director

(Communication)

Tel: +27 12 366 9300

richard@jhuccp.co.za

www.jhuccp.co.za

Community Aids

Response (CARE)

Ntefeleng Nene,

Programme Manager

1 ntefeleng@care.co.za

www.care.co.za

BUSINESS

Discovery

Elaine Mc Kay, Head: HIV Strategy

Tel: +27 11 529 2888

karenja@discovery.co.za

www.discovery.co.za

Primedia Content

Geraldine Engelman, CSI Manager

Tel: + 27 11 506 3000

gerrie@sterkinekor.com

www.primedia.co.za

HUMAN RIGHTS

South African Human

Rights Commission

Jody Kollapen, Head

Commissioner

Tel: +27 11 484 8300

JKollapan@sahrc.org.za

www.sahrc.org.za

AIDS Law Project

Mark Heywood

Tel: +2711 356 4100

heywoodm@alp.org.za
www.alp.org.za

Soul City

Shereen Usdin, Senior
Executive: Special Projects
Tel: +27 11 341 0360
shereen@soulcity.org.za

6.2 Websites

OneLove Campaign
www.onelovesouthernafrica.org

Health-e
www.health-e.org.za

Soul City
www.soulcity.org.za

JournAids (including resources for journalists):
www.journalism.co.za

www.journ aids.org/glossary.php

RAP21 (Electronic Network for the African Press)
www.rap21.org/

Kaiser Family Foundation: HIV Policy (including resources)
www.kff.org/hivaids/index.cfm

UNAIDS:
www.unaids.org/en/

6.3 Additional Reading

Reporting ethically and effectively on HIV/AIDS in South Africa Journ-AIDS Roundtable May 2003 By Kerry Cullinan
<http://www.health-e.org.za/uploaded/de225b41b3255c9c23897c33669ebc97.pdf>

Media & AIDS: How we can do better - Guy Berger, Department of Journalism and Media Studies, Rhodes University, South Africa.
G.Berger@ru.ac.za
Paper delivered at Asia Media Summit 2004, Kuala Lumpur, 19-21 April, 2004.
<http://guyberger.ru.ac.za/fulltext/aidsmediaasia.doc>

Analysis of news coverage in South Africa by Arnold Shepperson
<http://www.nu.ac.za/ccms/>

Masculinity and AIDS in KwaZulu Natal: A treatise. By S Leclerc-Madlala
<http://name.umdl.umich.edu/4761530.0010.015>

Concurrent sexual partnering amongst young adults in South Africa. Challenges for HIV prevention by Parker, W; Makhubele, B; Ntlabathi, P & Connolly, C (2007)
http://www.jhuccp.org/legacy/countries/south_africa/CADRESexualPartnershipsMainReport.pdf
Soul City Target Audience Report. 2008. Multiple and Concurrent Sexual Partnerships in South Africa
<http://www.soulcity.org.za>

Soul City: (2008). Multiple and Concurrent Partnerships in Southern Africa: A Ten Country Research Report: Retrieved December, 15 2008
<http://www.soulcity.org.za/now-available-one-love-multiple-and-concurrent-sexual-partnerships-in-southern-africa-a-ten-country-research-report.html>

The State of World Population 2008: Reaching common grounds: culture, gender and Human rights
<http://www.unfpa.org/swp/>



Glossary

ABSTINENCE

Refraining from sexual activity. In the context of HIV/AIDS, this term also refers to delaying the age of first sexual experience.

AFFECTED COMMUNITY

Persons living with HIV/AIDS, and other related individuals including their families and friends, whose lives are directly influenced by HIV infection and its physical, social and emotional effects.

AIDS

Acquired Immuno Deficiency Syndrome (AIDS) occurs when an individual's immune system is weakened by HIV to the point where they develop any number of diseases or cancers. People who haven't had one of these diseases or cancers, but whose immune system is shown by a laboratory test to be severely damaged, are also considered to have progressed to AIDS.

ASYMPTOMATIC

A person with HIV is asymptomatic if they do not show signs and symptoms of the disease. This is also the second stage of HIV disease progression and can last for many years after infection. The virus can be transmitted during this stage.

CULTURE

Culture is defined as 'that complex whole which includes knowledge, beliefs, art, morals, law, custom, and other capabilities and habits acquired by man as a member of society' (Tylor 1871, cited in Gausset 2001: 510). Another scholar, Nanda (1987), defines culture simply as a 'patterned way of life shared by a group of people' (Gausset 2001: 510).

ENDEMIC

The constant presence of a disease or infectious agent within a given geographic area or population group; can also refer to the usual prevalence of a given disease within such area or group.

EPIDEMIC

The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

There are different ways to describe the distribution of an HIV epidemic in an area:

Low-level: HIV prevalence is low across the general population and is still low among higher-risk sub-populations

Concentrated: HIV prevalence does not exceed 1% in the general population but does exceed 5% in some sub-populations (e.g. among sex workers, IDU, MSM).

Generalised: HIV prevalence exceeds 1% in the general population

HIV TEST

The standard HIV-test looks for the presence of HIV antibodies in the blood. HIV antibodies are molecules produced by the body once it detects the presence of HIV. The production of HIV antibodies does not happen immediately after exposure to the virus and the period after infection – before production of antibodies – is called the window period. During the window period, an HIV test may be negative. It is possible to test negative despite the presence of HIV in the body. There are several different kinds of HIV tests used to screen for the presence of antibodies. There are different kinds of HIV tests, most of them (e.g. ELISA test, Western Blot and the rapid test) look for HIV antibodies. A more expensive test, the PCR test, looks to identify actual strains of HIV.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The virus that causes AIDS. HIV can be transmitted through infected blood, semen, vaginal secretions, breast milk and during pregnancy or delivery.

INCIDENCE

The number of new cases of a disease in a population over a specific period of time (eg. annual number of new HIV cases in a country). Note, this is different from 'prevalence'.



INCUBATION PERIOD

The period of time between HIV infection and the onset of symptoms.

MCP

Multiple concurrent sexual partnerships is used to define a situation where partnerships overlap in time, either where two or more relationships continue over the same period, or where one partnership begins before the other terminates. A sexual partnership is considered to be concurrent if a person reports having two or more sexual partners a month.

PANDEMIC

A worldwide epidemic; occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

POLYGAMY

Marriage to more than one spouse at the same time, polygamy is differentiated from other forms of MCP, as the relationship is formalised in marriage. In South Africa, it comprises traditional multiple marriages in both the black and Muslim communities.

PREVALENCE

Prevalence is a measure of the proportion of the population that has a disease at a specific period in time. For example, “20% of women attending public sector antenatal clinics were HIV positive”. Note, this measure is different from ‘incidence’.

PREVENTION

In the context of HIV, prevention activities are designed to reduce the risk of becoming infected with HIV (primary prevention) and the risk of transmitting the disease to others (secondary prevention). Prevention services include voluntary counseling and testing, condom distribution, disease surveillance, outreach and education and blood safety.

RISKY BEHAVIOUR

This refers to any behaviour or action that increases an individual’s probability of acquiring or transmitting HIV. Some examples of risky behaviours are having unprotected sex, having sex with multiple partners and injecting drugs. Alcohol use has also been linked to risky behaviour because of its effect on an individual’s ability to make decisions and negotiate safer sex.

SEXUALLY TRANSMITTED DISEASE/INFECTION (STD/STI)

Any disease or infection that is spread through sexual contact.

VCT

‘Voluntary Counselling and Testing’ programmes are a critical component of both HIV prevention and treatment activities. VCT is an internationally accepted intervention designed to enable people to learn their HIV status and receive counselling about risk reduction and referral to care if they are HIV-positive.

VULNERABLE POPULATIONS

Populations that are at increased risk of exposure to HIV due to socio-economic, cultural or behavioural factors. Vulnerable populations include refugees, poor people, men who have sex with men, injection drug users, sex workers and females, particularly in countries or communities where gender inequality is pronounced.

* For a full glossary go to <http://www.kff.org/hivaids/index.cfm> and <http://www.journaids.org/glossary.php>



OneLove Campaign Partners

46664

Centre for the Study of AIDS; University of Pretoria

Commission for the Promotion & Protection of the Rights of Cultural, Religious and Linguistic Communities (CRL Commission)

Community AIDS Response (CARE)

Congress of Traditional Leaders of South Africa (CONTRALESA)

Department for International Development (DFID)

Department of Health (DoH)

Desmond Tutu HIV Foundation

Heartlines

Humana People to People in South Africa

Johns Hopkins Health and Education South Africa (JHHESA)

Khomanani

Loveline

Moral Regeneration Movement

Pan South African Language Board

Peri-natal Health Research Unit (PHRU)

Presidents Emergency Plan for Aids Relief / Center for Disease Control (CDC/ PEPFAR)

Reproductive Health and Research Unit (RHRU)

Siyinqoba Beat it

Society for Family Health

South African Business Coalition on HIV and AIDS (SABCOHA)

South African Human Rights Commission

South African National Aids Council (SANAC)

The AIDS Consortium

Treatment Action Campaign (TAC)



health
Department:
Health
REPUBLIC OF SOUTH AFRICA



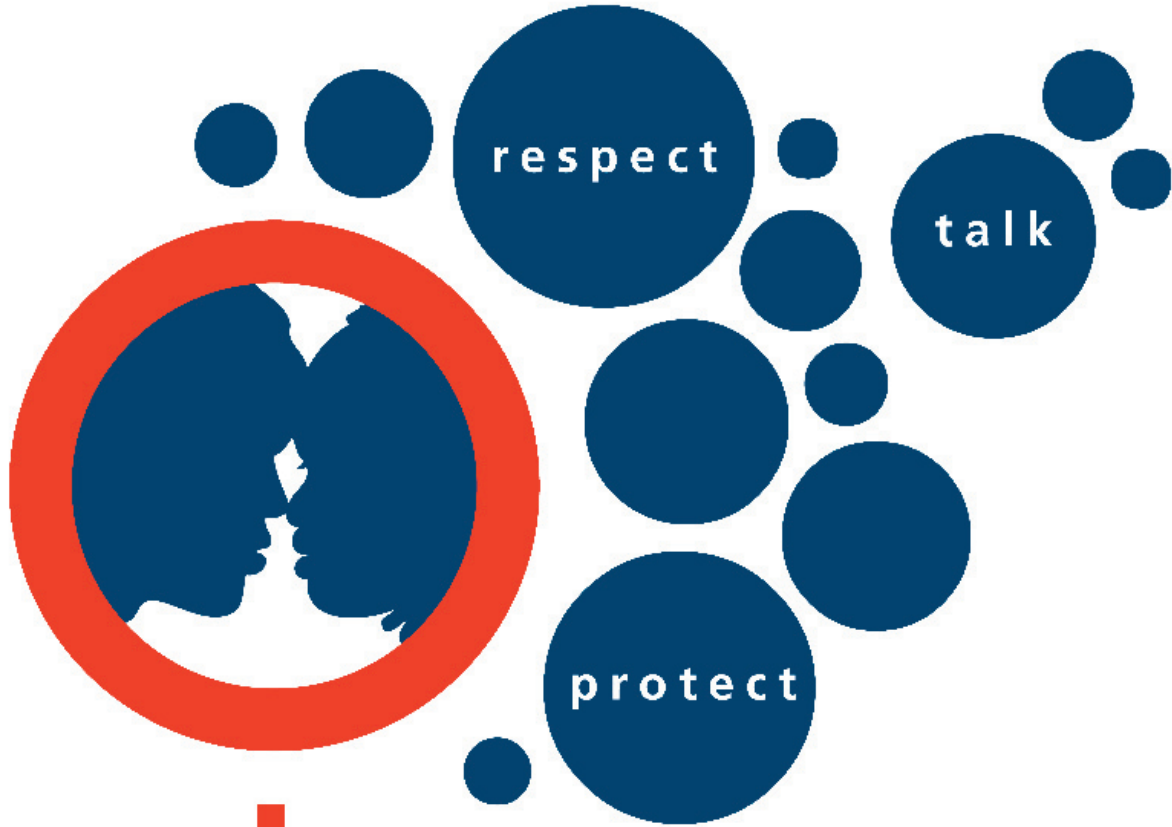
DFID Department for
International
Development
British development co-operation

Irish Aid
Government of Ireland
Rialtas na hÉireann

CDC
CENTERS FOR DISEASE
CONTROL AND PREVENTION



MTN
OFFICIAL SPONSOR



onelove
talk • respect • protect

*This book was researched and produced by Soul City: Institute for Health and Development Communication as part of the OneLove campaign.
The Soul City Institute team has played a critical role in the development and production of the OneLove campaign.
Their dedication and expertise is valued and appreciated.*

Written and edited by frayintermedia on behalf of
Soul City Institute for Health and Development Communication
Author: Paula Fray
Editor: Charmeela Bhagawat
Contributor: Sakhumzi Mfecane
Layout & Design: Saaleha Bamjee-Mayet

This publication was partially supported by Cooperative Agreement Number U62/CCU024560/01 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.