



MULTIPLE AND CONCURRENT PARTNERS (MCP) RESEARCH: HIV PREVENTION

■ **Gender and Multiple and Concurrent Sexual Partnerships in Lesotho**

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■ **Sexual Network Relationships and HIV Infection in Ho Chi Minh City, Vietnam**

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■ **Understanding Sexual Concurrency in Uganda**

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Epidemiological studies and mathematical models of HIV transmission indicate that concurrent sexual partnerships are contributing factors in the epidemic. This is especially true for generalized HIV epidemics, that is, where HIV prevalence is greater than 1 percent of the general population. Concurrency is the temporal overlap in sexual activity with multiple partners. Since viral replication (and the likelihood of transmission) is highest during acute HIV infection (approximately the first 60 days of infection), concurrency during this time-frame is of special concern.

With funding from the U.S. Agency for International Development (USAID), FHI has developed a portfolio of research on MCP that emphasizes gathering information on sexual behavior to inform global strategies and national gender interventions for HIV prevention. This research includes the exploration of social, economic, and cultural factors that promote MCP relationships. This brief describes some of FHI's current research.

GENDER AND MULTIPLE AND CONCURRENT SEXUAL PARTNERSHIPS IN LESOTHO

This completed study is a collaboration of the Lesotho National AIDS Commission, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and FHI. It generated descriptive information on factors that contribute to concurrency. Lesotho is experiencing a generalized HIV epidemic, with a prevalence of 23.2 percent among adults 15 to 49 years of age. Women represent 57 percent of those infected.

Researchers undertook a qualitative assessment in five districts in Lesotho, including urban, rural, mountain, and border-town locations. The study focused on men 18 to 44 and women 15 to 34 years of age. Researchers conducted 30 focus groups (252 participants) and 93

in-depth interviews (43 men and 50 women) in 2008. Interviewers used the Time-Line Follow-Back method to probe for detailed recall of sexual partners and dates of sexual activity during the previous 12 months.

The primary objectives of the study were: (1) generating information about MCP in the context of stable relationships, and (2) highlighting community perceptions of HIV risk within stable relationships. Researchers intend to use the information to strengthen community and civil society communication and advocacy for social change. Additionally, the study was designed to inform national behavior change communication strategies that target MCP.

The findings indicate that normative explanations of multiple sexual partnerships centered on money and gender-power dynamics, especially with regard to older men and young girls, alcohol as a disinhibitor, sexual greed of some men, and sex exchanged for food or other necessities. About one-third of the interview participants reported at least one concurrent relationship with an overlap of 60 days or less; the total number of partners ranged from two to seven. People with concurrent partnerships tended to have multiple partners during only a few months of the year. Most months, they had only one partner, and in some months, they had no sexual activity.

Interventions to address sexual concurrency in Lesotho must consider structural, social, and behavioral factors. The implications of intermittent concurrency should be measured and integrated into appropriate interventions.

A final report of the findings is anticipated by the end of March 2009. A manuscript will be submitted for peer review publication. FHI is collaborating with UNAIDS and national

Further Reading

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Mah TL, Halperin DT. Concurrent sexual partnerships and the HIV epidemics in Africa: evidence to move forward. *AIDS Behav* [Internet] July 22, 2008. Available: <http://www.springerlink.com/content/aaq8244262614q762>.

Morris M, Kretzschmar M. Concurrent partnerships and the spread of HIV. *AIDS* 1997; 11(5):641-48.

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stakeholders in Zambia and Mozambique to adapt the Lesotho research design at multiple sites in those countries.

SEXUAL NETWORK RELATIONSHIPS AND HIV INFECTION IN HO CHI MINH CITY, VIETNAM

FHI is collaborating with the Provincial AIDS Committee in Ho Chi Minh City to determine the feasibility of identifying sexual networks of individuals who are acutely infected or have recently been infected with HIV. Study participants include men and women at high risk for HIV, such as sex workers, injecting drug users, and men who have sex with men. If successful, this study could lay the groundwork for developing HIV prevention strategies to reduce transmission among concurrent sexual partners.

The study uses a case-control design to explore whether sexual behavior within the networks of acutely and recently infected individuals is different from sexual behavior within the networks of those who are not infected or have an established HIV infection. Information on where sexual partners are found will be used to assess local and total connectivity among sexual networks in the study area. The design integrates qualitative and quantitative data collection and analysis. It includes a quantitative network interview with up to 1,125 men and women as well as 90 in-depth qualitative interviews with individuals who have recently received their HIV test results.

The primary objectives of the study include: (1) generating data to inform research on HIV incidence and to develop network and partner-based interventions for people living with or at risk of HIV infection, (2) determining the feasibility of identifying sexual networks of acutely and recently infected individuals in a geographically defined area, and (3) identifying behavioral, network, and geographic characteristics associated with HIV infection. Additionally, this study will assess local and total connectivity among the sexual networks of individuals who are not infected, are acutely or recently infected, or have an established infection in order to estimate the overall extent of sexual mixing or concurrency in the target population. Researchers will explore how HIV counseling and testing and knowledge of personal HIV status affects the behaviors and relationships of a subset of the participants.

Because of the small number of individuals expected to be identified as acutely or recently infected, the analysis will be exploratory and descriptive. However, results may be sufficiently robust to develop recommendations for specialized interventions to reduce sexual transmission.

Data collection is currently under way. A report of findings should be available by the end of 2009.

UNDERSTANDING SEXUAL CONCURRENCY IN UGANDA

This study seeks information on factors that contribute to the extent and pattern of concurrency in sexual partnerships. Researchers are examining three groups at high risk for HIV — long distance truck drivers, primary sexual partners of truck drivers, and female market vendors — in three sites in Uganda: Busia, Malaba, and Kampala.

The study design includes 20 in-depth interviews and 380 surveys with each group, for a total of 60 interviews and 1,140 surveys. Data is being collected on social, cultural, and economic characteristics that influence concurrency, such as family influences, social networks, characteristics of “sexual marketplaces,” community norms, cultural expectations such as bride wealth or dowry, job and housing markets, and public policies.

The primary objectives of this study are to: (1) describe sexual concurrency in the study populations, (2) identify factors associated with sexual concurrency, and (3) generate hypotheses to inform ongoing and future interventions.

Results will improve understanding about partnership dynamics, their relationship to HIV and sexually transmitted infection (STI) risk, and factors that assist individuals in risk-reduction choices. Results will contribute to the development of enhanced STI and HIV prevention interventions in Uganda, particularly among high risk populations. In addition, lessons learned will inform ongoing activities through USAID's Regional Outreach Addressing AIDS through Development Strategies (ROADS) project to strengthen HIV prevention programming.

Data collection is anticipated to begin in April 2009. A report of preliminary findings should be available by the end of 2009.