

The Language of Multiple Concurrent Partners, Sex, and HIV and AIDS in Lesotho

Opportunities for Dialogue Promotion

Research Report
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Acronyms and abbreviations

ART	antiretroviral treatment
ARV	antiretroviral drug
BCC	behavior change communication
DED	German Development Service
GTZ	Gesellschaft für Technische Zusammenarbeit
MCP	multiple concurrent partners
MOHSW	Ministry of Health and Social Welfare
NAC	Lesotho National AIDS Commission
SADC	Southern African Development Committee
STI	sexually transmitted infection
VCT	voluntary counseling and testing

Executive summary

This executive summary outlines the purpose, methodology, and findings of the research.

Purpose

This report analyzes C-Change formative research designed to understand how culturally-embedded communication about HIV and AIDS and sexual behavior contributes to sustaining the practice of multiple concurrent partners (MCP) in Lesotho. The findings from this research, together with a review of existing research, will inform message development for a short-term C-Change communication campaign focusing on HIV prevention through the promotion of dialogue about MCP.

Methodology

The research was qualitative and based on 24 in-depth interviews with key informants. Key informants were identified according to the following six categories: traditional healers, youth leaders, health care workers, volunteers involved in HIV and AIDS and reproductive health work, local area chiefs, and church leaders.

Findings

The key informant interviews undertaken as part of this research yielded substantial information both on the communication processes surrounding sex, MCP, and HIV and AIDS, as well as on the socio-cultural contexts of these communication processes. A key finding that emerged from this research was that a certain amount of dialogue about these issues *does* occur, but in ways that are not immediately apparent to cultural outsiders. This finding contrasts with that of previous research, which has indicated that Basotho are silent, secretive, and non-communicative about sex. This study provides, moreover, insight into the type of language that is currently utilized, making the case that silence and secrecy are part of culturally appropriate communication that Basotho use to “talk” about sex, MCP, and HIV.

Although it may seem counterintuitive that silence is part of language, in deploying silence Basotho communicate adherence to a set of social norms or values. For example, a Basotho wife’s silence about her sexual needs and desires sends the message that she is a respectful wife who understands that Basotho women do not voice such things. The language of secrecy in the context of this research refers to verbal and non-verbal communication. It is referred to as “secrecy” because verbal communication about sex, MCP and HIV occur using metaphors, euphemisms, and other indirect references; the direct Sesotho word for “penis,” for example, is seldom used. Similarly, STIs, seen as ritual pollution rather than the result of risky sexual behavior, are referred to as “dirts” or “a pain in the waist,” which usually means genital discomfort due to an STI. Basotho also use symbols to communicate about sex, MCP, and HIV. For example, a broom that is placed in a particular way sends a message to a sexual partner that he or she may visit. As a result, the meaning of this language is not immediately obvious, especially to a cultural outsider.

In terms of the Basotho worldview, disrespect and shame are associated with obvious and direct references to sexual issues. The language that is used, therefore, affords Basotho protection from shame. MCP that is kept secret, or as many informants stated, “done with discreet,” is part of a strategy to preserve respect. A key finding is that secrecy about sex and

MCP is an indicator of respect for oneself, one's kin, and the community. The language that one uses is an essential part of maintaining this secrecy.

Recommendations at the end of this report draw on these insights to suggest culturally appropriate and relevant ways to promote behavior and social change through dialogue and communication.

Overview of MCP and HIV

- Most MCP is frequently practiced with secrecy, hence, it is often unknown who is actually practicing it.
- Many informants also indicated that MCP will not stop, and the inference was that regulating it rather than criminalizing it may help to contain the spread of HIV associated with this behavior.
- HIV as a risk associated with MCP is usually only discussed when members of community-based organisations, local government (chiefs), and other external organizations promote discussion.
- Informants recognized the link between MCP and HIV and AIDS; however, they indicated that many from their communities questioned the existence of HIV and do not readily accept that MCP puts them at risk for HIV infection.
- HIV and AIDS was only one of many risks associated with MCP. Unplanned pregnancy was frequently mentioned as another risk, and informants indicated that young women feared this more than HIV. Other STIs and conflicts in families were also linked to MCP. Informants noted that gender-based violence was often a consequence of “being caught” with other sexual partners, which might lead to, for instance, husbands beating wives or *bonyatsi* [Basotho for a person involved in MCP], or burning down the partner's house.
- Practicing secrecy with MCP means practicing respect towards one's self, family, and community.
- Widespread unemployment and the resultant poverty were noted to be major drivers of MCP. The desire for luxury commodities, such as cell phones, jewellery, alcohol, and mobile phone airtime, were also reported as significant drivers.
- Church leaders stated that HIV and AIDS in relation to sexual behavior is discussed in churches, but that discussion “is very light” because of Basotho ideas of respect. Church leaders acknowledge that abstinence was generally promoted by churches and that while condom use was not encouraged, church leaders accept that “youth seem not to have an ear” and “it is better to use protection measures than engage in unprotected sex.” Churches “do leave [room for] a digression.”
- One leader from the Lesotho Evangelical Church noted that his church “maintains that individuals should protect themselves 100 percent.”
- Current prevention messages focus on faithfulness and monogamy.

Meanings and language of MCP

- Most informants indicated that MCP was culturally entrenched and believed that the practice of MCP was unlikely to change. The practice of having multiple partners, though not necessarily multiple *concurrent* partners, is viewed as “African” and is particularly linked to the identity of African men.
- Most informants associated MCP with ideas of shame and disrespect. As such, the names used to refer to MCPs are usually derogatory, indicating that the person engaging in MCP lacks self-respect. Basotho make a distinction, for example, between someone who is introduced as a girlfriend or wife and someone who is referred to as *bonyatsi*, *linyanyaula*, or *mecheliete*. These are persons who are “just passing by.” (Another informant referred to MCPs as “takeaways” or “takeouts,” reinforcing the image of MCPs as temporary arrangements).
- Basotho believe in the power of language to construct sexual and social identity. For example, Basotho do not use direct Sesotho vocabulary to discuss sex with children since this is viewed as encouraging access to inappropriate knowledge that they believe will promote premature sexual development and identity.
- Verbal communication that directly refers to sexual issues, HIV, and particularly MCP is uncommon, for they function as indicators of disrespect for self, children, family, and community. Open discussions about sex provoke negative sanctions from the community.
- The culturally appropriate language of secrecy is designed to keep sexual identity a hidden phenomenon. By this means, sexual identity conforms to indigenous ideas of respect and honor. A key finding is that although common, MCP is also understood as illicit or nearly illicit, especially since it operates in a space outside the kinship structures. This contributes to the practice of secrecy, and vice versa.
- The meanings in the Basotho “language of secrecy” frequently require insider knowledge to be correctly decoded. Also, such meanings are not always apparent between groups; for example, elders are not always familiar the language used by youth, and vice versa.
- Terms with negative connotations that are applied to MCPs may present opportunities to promote dialogue that question the value of MCP.

MCP and kinship

- A number of informants noted that MCP did not constitute acceptable behavior, unless it was practiced legally within marriage, namely through polygamous marriage. Polygamous marriage allows the negative consequences of MCP, such as transmission of STIs, to be minimized.
- Outside of kin-regulated social organisation, such as polygamy, MCP carries connotations of shame and disrespect. Secrecy appears to be a strategy to contain exposure and protect those engaged in MCP, as well as those associated with this behavior, from shame and disrespect. It also helps to maintain a degree of anonymity, which may be instrumental in keeping the MCP sexual network operational.

- Intergenerational communication is clearly problematic, since language used by youth renders sex-related dialogue inaccessible to elders, and vice versa. This gatekeeping enables Basotho peers to “talk,” but to talk with respect.
- Family plays a significant role in ideas and communication about sex, where parents are perceived as primary teachers of sexual behavior. All informants noted that Basotho are raised to believe that talking about sex is disrespectful, and that this, among other measures, was part of the family’s strategy to protect children from gaining sexual knowledge and to curtail early sexual debut. Families are thus seen as instrumental in teaching and exercising the language of secrecy.

Health, risk, and MCP

- Ill health, misfortune, and disease, including STIs attributed to MCP, are conceived of as part of everyday life and death—things that have always been present. They are understood in terms of indigenous beliefs related to ideas of pollution¹ and cleansing. STIs are linked with ideas of contaminated bodily and sexual fluids, all of which are conceived of as part of “blood.” Such polluted blood or “dirts,” as some informants termed them, are caused by failure to avoid contact with those that are ritually polluted and have not followed the appropriate cleaning rituals. Women’s bodies are particularly associated with pollution. Prevention, risk control, and curing are, thus, based on these cultural ideas. The place of behavior change, condoms, antiretroviral drugs (ARVs), and voluntary counselling and testing (VCT) should be considered within this broad context of disease explanation.
- Witchcraft is also part of the belief system used to make sense of STIs. As a result, HIV positive individuals will usually seek remedies from traditional healers, and only seek “Western” medical practitioners when the infection has advanced to AIDS.
- Ambivalence and suspicion cloud the benefits of condoms, which are regarded as a source of both infection and protection, especially by men. In line with traditional ideas of disease and healing, condoms are linked to ideas of polluted body fluids and contamination. An HIV and AIDS support group member noted that husbands say condoms make them suffer from kidney problems. Condoms are also perceived as contrary to the purpose of marriage, for example, by hampering sexual intimacy and connection.

MCP and economics

- MCP seems to perform a significant social function in Lesotho, acting to some extent as a social and economic security net. It may thus be conceived of as a value that operates within a social and economic network of exchange.

The way forward

- Strategies that promote dialogue about sex, MCP, and HIV, and that employ features of the indigenous language, are needed.
- Informants generally agree on the benefits of promoting communication on the risks of MCP. Visuals and graphic images were recommended as compelling formats by which to bring home the reality of HIV and AIDS.

¹ Pollution is conceptualized as a mystical force that diminishes resistance to disease and is believed to cause illness.

- Education about the “consequences” of MCP was frequently mentioned, and there seems to be a need for content to be reworked and rethought since a number of informants reported that existing educational materials, messages, and efforts are not fully effective in promoting behavior change. Interpersonal communication and participatory activity-based methods were viewed as among those to which communities are responsive. Print materials were seen as the least effective.

A number of **program recommendations** are given at the end of the analysis starting on page 31.

1 Introduction

1.1 Problem statement

Lesotho has one of the highest HIV and AIDS prevalence rates in the world at 23.2% of the total adult population aged 15 – 49.² The 2006 Southern African Development Committee (SADC) Experts Think-Tank Meeting on HIV prevention in Southern Africa³ highlighted the role that high risk sexual practices play in transmission, noting that sex with multiple concurrent partners (MCP) is widespread in Lesotho and can be considered a key driver of the epidemic. The findings of the 2008 Modes of Transmission study commissioned by the Lesotho National AIDS Commission (NAC) and the Ministry of Health and Social Welfare (MOHSW) supported this finding, illustrating that more than 60% of HIV infections occur among people who have MCPs. Given the powerful role of MCP in the Lesotho HIV and AIDS epidemic, this study focuses on the determinants of MCP and the role of culturally-determined communication about HIV and AIDS and sexuality as contributing factors to MCP.

1.2 Rationale and objectives of the research

This study is based on the premise that communication is a critical component of social relations and is part of the system within which knowledge and messages about sex, gender, status, etc. are created, transferred, shared, and perpetuated. Norms, traditions, and beliefs are essential components of this knowledge system, and communication influences how such knowledge is translated into practice in everyday contexts. The interaction between knowledge, communication, and behavior may thus be conceived of as part of a society's broader cultural language.

Communication processes create and diffuse knowledge about sex, culture, risk, and identity, all of which impact behavior. This suggests that in order to undertake a communication intervention, particularly through dialogue promotion, C-Change required insight into how culture, and the way that culture is communicated, underpin high risk sexual practices such as MCP.

The objectives of this study can be outlined as followed:

- To gain insight into how people talk/communicate with one another, including dialogue through which indigenous systems of knowledge about sex, risk, and identity are produced, shared, and perpetuated
- To understand the role of silence, secrecy, and cultural taboo, including ideas of disrespect and shame, in determining how dialogue about sex and MCP occur
- To gain insight into the existing cultural codes that sanction MCP
- To understand how to tap into and use culturally relevant language in interventions dealing with dialogue on sex, risk, and culture
- To explore barriers and entry points for social and behavior change communication with regard to MCP

² 2004 Lesotho DHS.

³ SADC Report Maseru Lesotho July 2006.

- To use the findings to inform message development for a C-Change Social and Behavior Change Communication (SBCC) HIV and AIDS prevention campaign

1.3 Key research questions

Key questions addressed included:

- How do people talk about sex in relation to HIV and AIDS, and what are the culturally appropriate terms and metaphors used?
- How do people talk about sexual health in relation to MCP, and what are the culturally appropriate terms and metaphors used?
- What are the cultural traditions, norms, and beliefs that influence ideas, dialogue, and behavior in terms of sex and sexual relations, specifically MCP?
- How are these ideas communicated, and what messages are used to popularize them and give them value?
- Apart from verbal communication, what other mediums are used to produce and spread messages about sex and MCP? What is the significance of negative and positive role models and examples set by community opinion leaders, for instance?
- What sexual behaviors/practices qualify as 'risky'?
- What are the opportunities for, barriers to, and benefits of changing communication processes that promote ideas and risky sexual practices, particularly MCP?

2 Methodology

The purpose of this section is to describe how the research was conducted. Information is given about the selection of both research sites and key informants, training of interviewers, data collection and management (including managing the fieldwork), and ethical considerations. The research was qualitative and based on interviews with 24 key informants.

2.1 Research sites and key informants

Key informants were purposely identified according to the following six categories: traditional healers, youth leaders, health care workers, volunteers involved in HIV and AIDS and reproductive health work, local area chiefs, and church leaders. The rationale for focusing on these individuals was that they are valued and sought after community members with strong links to their communities. Through the services they provide, they are well positioned to receive, transfer, and share knowledge and information with their communities. Thus, they are also part of their communities' communication networks, privy to the indigenous knowledge that is produced and circulates within those networks. Attempts were made to interview both genders.

Six key informant interviews were conducted in four different communities. The communities were drawn from four of the country's ten districts, namely: Berea, Leribe, Mafeteng, and Maseru. They were chosen because they allowed the research to be spread across diverse geographical and social landscapes, i.e. urban, rural, and foothills. While the results cannot be taken as representative of Lesotho as a whole, the sites were selected to reflect the geographic and economic diversity of Lesotho.



The table below shows the villages and sites that were visited for this study:

Key Informant	Place
Maseru	
Traditional healer	Ha Ramabanta (urban)
Chief	Ha- Mafefooane(foothills)
Health worker	Ha-Tlali (rural)
Youth leader	Ha lebamang (rural)
Church leader	Ha Mafefooane (foothills)
Support group member	Ha Moit'supeli (foothills)
Mafeteng	
Traditional healer	Thabong (foothills)
Chief	Ha-Sempe (rural)
Health worker	Ha-Sempe (rural)
Youth leader	Matlapaneng (foothills)
Church leader	Thabaneng (urban)
Support group member	Ha-makhube (foothills)
Leribe	
Traditional healer	Matlameng (rural)
Chief	Mankoaneng (urban)
Health worker	Thaba-Phatsoa (rural)
Youth leader	Ha somolomo (foothills)
Church leader	Khanyane (foothills)
Support group member	Hlotse (urban)
Berea	
Traditional healer	Ha Makhoroana (rural)
Chief	Popopo (urban)
Health worker	Mapoteng Hospital (foothills)
Youth leader	Sebitia (rural)
Church leader	Mokoallong (foothills)
Support group member	Ha-Khotso (urban)

2.2 Access and community engagement

Prior to and during the recruitment of informants, Phela networked with stakeholders, community gatekeepers, and potential informants. Phela drew upon its past experience in Lesotho to inform the selection of research sites; these were often places where pre-existing contacts were available and, therefore, facilitated access to them. With support from Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) and the German Development Service (DED), the NAC and Lesotho local government structures helped Phela compile lists of HIV and AIDS service providers and resources in each of the country's ten districts. Researchers relied on these lists to quickly initiate contact with informants.

2.3 Training of interviewers

A team of eight researchers from Phela conducted the interviews. They were all Basotho, spoke the local languages, and possessed a good understanding of local social contexts. The team possessed extensive fieldwork experience in Lesotho, especially relating to HIV and AIDS and health communication. For the purposes of this research, interviewers underwent an intensive

two-day training session that focused on unstructured interviewing techniques: research ethics, including the protection of the identities of informants and the application of rigorous standards of confidentiality; the purpose of the study; objectives and key questions; contextual considerations; and an introduction to key concepts. Training also focused on the use of probing techniques that proved valuable during the course of the interviews. During the training, field researchers were asked to pre-test the developed protocol to determine:

- Whether the questions were understandable
- The appropriateness of the language used
- Whether questions matched the objectives of the study

2.4 Data collection and management

Data collection started during the first week of August 2008. Questionnaires were not used, and interviewers engaged informants in a conversational manner, creating an environment conducive to producing rich, descriptive information in a manner consistent with the aims presented in the pre-research training. All interviews were conducted in Sesotho, digitally recorded, then transcribed verbatim and translated into English. Data collection was supervised by the field manager assigned to the study. Checks for accuracy and completeness were carried out by the team members from Phela and Social Surveys, which also assigned a project manager to the task. Field work was managed by Phela. Overall, field work proceeded well, and the few challenges that arose were resolved with minimal intervention from field managers. Interviewers were debriefed after field research.

2.5 Ethical considerations

Ethical review: Prior to commencement, Phela's research plan was approved by the MOHSW Ethics Committee.

Informed consent: Before participating in the study, all informants were made aware of the voluntary and confidential nature of the research. An informed consent form was developed to help interviewers explain this. It also provided information on who was conducting the research and on the purpose of the research. Informants were made aware of the fact that they were free to skip questions and parts of the discussion that they may find uncomfortable. All informants gave written consent, and witnesses also signed the consent forms.

Confidentiality: Personal information pertaining to informants was not used as identifying marks, and the research team was trained to protect the identities of informants and maintain rigorous standards of confidentiality. While in the field, individual researchers were responsible for securing all materials they used.

Incentives: Informants did not receive any monetary incentives.

3 Findings

3.1 The context within which MCP operates

Factors related to MCP

Family and kin knowledge systems: Parents and kin are viewed as exerting considerable influence over the sexual knowledge available to children and for defining for children what is “normal.” A youth leader stated that if children grow up in an environment where having many concurrent partners is regarded with “pride,” it will be difficult for such children to see anything wrong with MCP.

Social status of women: Many informants identified women who engage in MCP outside of polygamous marriages as prostitutes and temptresses.

Norms that link MCP with secrecy: The veil of secrecy surrounding MCP makes it difficult to witness, prove, and identify with certitude those who practice MCP. Secrecy helps to keep MCP relatively anonymous and invisible and facilitates continuance of the practice.

Indigenous meanings of secrecy: Being secretive about sexual behavior and the practice of MCP is an indicator of self-respect and respect for others, particularly one’s family who should be protected from shame. So long as MCP is hidden, it can remain unchecked and those who practice it, even though they may be infected, continue to remain within the sex network. In this way, the configuration of the sex network is not significantly impacted and has ongoing potential to expand and allows for the continued transmission of the virus. “Concealing” MCP preserves respect and social standing, and so intervening to stop the spread of the virus in MCP networks faces obstacles since such an intervention runs the risk of exposing those practicing MCP to disrespect and a decline in social standing.

The form of indigenous dialogue about MCP, HIV, and sex: The language of secrecy surrounding MCP (including the indirect way that Basotho use to speak about sex by employing metaphors and non-verbal communication) assists in depersonalizing MCP. If MCP is practiced with discretion, nobody knows with certainty who is practicing it or who is suffering its health-related consequences, namely STIs, including HIV. This implies that individuals and communities can distance themselves from personal ownership of the issue and the associated shame. In other words, the language of secrecy protects the status quo, allowing personal, kin, and collective honor and respect to remain unthreatened. Secrecy may thus be thought of as a risk management strategy for preserving social status and family honor.

Food and culture: A number of informants mentioned that certain traditional food prohibitions, which were once used to regulate the sexual development of children’s bodies and their libido, are no longer observed. They would like these traditions to be resurrected.

Distance of schools from homes: In certain circumstances out of necessity, youth rent accommodations close to schools, and in such situations, “sleepovers” have become popular. Informants believe that these living arrangements encourage risky sexual behavior. Such living arrangements, moreover, separate young people from parents and other kin authority figures who, because of the distance, are unable to provide the support and guidance to the students which might otherwise discourage risky sexual behavior.

Disease as pollution: Basotho believe that health risks from MCP are linked to the polluting properties of women's bodies and that healing and STI prevention is situated in ritualistic cleansing. Pollution is associated with occurrences such as abortion, menstruation, and funerals as well as with a women's failure to cleanse before sex. Informants spoke of cleansing as "cleaning the blood" that comes about through ritual practices. The data suggests that as a STI, HIV prevention and "cure" also rest on the cultural etiology of pollution and a restoration to a state of purity through blood cleaning.

Questioning the existence of HIV: Informants said that many community members do not believe HIV is real. Informants explained that because HIV does not produce clear and immediate symptoms, HIV infection is not readily diagnosable. Since there is no cure, members of the community have come to doubt the existence of the virus. Many Basotho reportedly also perceive the origins of HIV to be obscure, causing them to question where it has come from, especially since their ancestors also practiced MCP without having HIV and AIDS.

Questioning risk: According to informants, community members do not make a clear link between HIV transmission and MCP and as a result do not associate the risk of HIV infection with the practice of MCP. Informants stated that since there is a lack of clear physical markings attributable to HIV, it is difficult to identify who in the sexual network is a transmitter of HIV. It also makes it difficult to prevent the infected, especially those who do not use condoms, from continued participation in the network.

Factors driving MCP

Changed social structure: MCP was a normal feature of Basotho kin-based social organisation, i.e. polygamy, sororate,⁴ and levirate.⁵ Informants believe that these practices helped to regulate MCP. Shifts away from polygamy, for example, suggests that the foundations on which MCP once rested, and which made it an acceptable and visible part of everyday life, have faded. Outside of social sanction and kinship regulation, there are indications that MCP has moved into an illicit space. For MCP to continue, it became necessary to attribute meanings to the practice, and keeping it hidden and anonymous seems to be a strategy to avoid being exposed for engaging in an illicit activity. Those practicing MCP could not then be confronted as deviants; they operated in a socially impersonal plane, protecting themselves and those associated with them from shame and disrespect:

I love having many partners, but I am afraid of it. I am the kind of person who believes in polygamy...because it is allowed. Secondly, it protects the ones involved in this relationship because she has been legally married. It is different from the one who is doing it for a hundred rand...The society doesn't take her as a bad person because it is recognized in our society. So she will be respected because she is married...

If one of us decides to go outside... it can either be the man or the women, then we are all at risk. So if we could all be true to this arrangement there's no problem with it...

I wouldn't want it [MCP] to be changed, rather it should be rethought. Basotho should go back to their way of marrying many wives.

⁴ Sororate marriage is the custom of a man marrying, or engaging in sexual relations with, his wife's sister, usually after his wife has died or has proven infertile.

⁵ Levirate is the custom of a woman being married to, or engaging in sexual relations with, her husband's brother, usually after the husband dies.

It is clear we have bonyatsi (concubines) and the problem with people who have many sexual partners is they do it "with discreet" [sic]. But polygamy is not a secret. A person who is involved with many sexual partners, you will not know him. They pretend as if they do not practice it...Even if you want to advise him, they won't disclose that they are involved with many sexual partners.

...polygamous family helped, because he didn't have to go outside because he was having sex with these two or three wives because that is referred to as a family but what we are doing today, it's something that I don't know what to say...I have heard of one thing they practice in Uganda...zero grazing, something similar to polygamy. They go back to it because they see it as the only solution to this HIV...whereby Ntate Lesoma, my husband...has to move within this circle. He is not supposed to go out of it at all... but you cannot stop an African man from having many partners.

MCP as inherited behavior: The ideology supporting MCP and the behavior are conceived as inherited from the ancestors, particularly in terms of polygamous marriage systems. MCP is thus seen as a link with the past and a cultural or social marker.

Proving manhood: MCP and the way it is hidden or made visible is in many ways considered the literal measure of a man. An HIV and AIDS support group member said, "As men we like to have sex with different people, and at the end of the year, we count how many times you have had sex with different people." MCP helps to construct and sustain meanings of manhood and gives men status as men. For example, informants noted that men who are good economic providers and who have access to purchasing power are considered valued men. This is acted out in cross-generational sex and transactional sex, for which men provide for both subsistence needs and luxury items.

The role of MCP in male identity is also evident in the following quote from a youth leader:

Their role models are bad influencers. For instance, some say I would like to be like brother so and so who drives a luxurious car and has taken four ladies with him. In some cases it might happen that he sleeps with all of them in one night simply because he has money. Sometimes he buys ladies a lot of liquor just to impress them...the majority of young people here in [this village] value this kind of living.

In this context, the display of money and alcohol symbolizes success and status. Money and alcohol are the means to acquire women and money enables men to participate in the commodities market. Access to consumer goods distinguishes those men with relative wealth from those who have less opportunity and thus enjoy less social stature. This suggests a need for different and counter role models who can challenge existing meanings, status and values attached to MCPs, such as those derived from association with alcohol and money.

Further, informants also indicated that a man is not always able to perform his normative role as head of the family and MCP enables him to go elsewhere "where he can exercise his rights...and be appreciated as the head." In this way, MCP seems to be a way to affirm or gain back manhood.

MCP also allows women access to sexual knowledge and allows them to measure men's value in terms of gendered ideas of the body. For example, a healer echoed the view of other informants saying that when women practiced MCP they realized that the size of men's penises differed and that a big penis provided more satisfaction than the "small rubbish" at home. To

some extent then, this aspect of MCP results in women and men distinguishing some men as manlier than others. It also implies that men engage in MCP so that they can be measured and valued.

MCP as part of men's nature: A number of male informants expressed views similar to the one below:

It usually takes a short time, maybe a week, feeling like your wife is your sister. But if he can go out once, by the time he returns to her he will be feeling differently. This is the way men are. God has created them like this.

Autonomy and lack of accountability as a sign of manhood:

Our culture as Basotho promotes this behavior of unfaithfulness. In Sesotho: "monna ha botsoe na o tsoa kae" [a man cannot be asked about his whereabouts], but a woman would be asked.

Virility and paternalism: Informants shed light on the relationship between virility, MCP, and manhood saying that common beliefs are:

In order to show your manhood, you need to have many wives or multiple sexual partners. Then we would know for sure that you are really a man indeed.

*...men have pride. When they come together they always talk about how many women they have intercourse with...and at the end of the year we count how many times you have had sex with different people.
Men have them [MCPs] because I am a man.*

As a man you feel proud when you have many partners.

Chiefs have a duty to father a male heir and this frequently justifies the need to marry more than one wife. For older men, a sign of virility, and thus of manhood, is their ability to engage in cross-generational sex. This seems to have significant boast value. A health care worker said, "This very yesterday one man was talking proudly saying, 'tsuonyana o eke e koebetelang e kana' [I have a small chicken in my lap]."

Proving main partner identities: The type of sex within main partner relationships helps to construct the identities of main partner men and main partner women. Sexual aggression is, for example, perceived as the mark of a man who is "the lion in his household" (king of his jungle). Silence and passivity about sexual needs and desires indicates a woman's lack of sexual knowledge and constructs her identity as a respectable and good woman. In other words, her knowledge is controlled by what she experiences with her husband and what he decides to make known to her. Sex is thus tied to normative expectations of what men and women should and should not do. However, often conforming to a particular expectation means that other behaviors are suppressed. For example, a wife may feel the need to suppress her sexual desires in order to be seen as a good and respectable woman/wife. In addition, expectations are not always fulfilled such as the expectations that fathers/men will provide financial support for their children. According to informants, MCP compensates for those things that are found lacking or inadequate within main partner relationships. Thus, MCP represents a deregulated space where men and women can create alternative identities and access knowledge, resources, and experiences that are insufficient or denied within the primary relationship.

Ideas of family as cohesive and connected: MCP that is discreetly practiced allows main partners to compensate for the dissatisfactions that they may experience in their primary relationships without jeopardizing their existing social status or bringing shame upon their families. Women stated, for example, that MCP helped them to avoid feeling resentful and discontented, and this shielded them from divorce and the resulting break up in their families that would lead to the disruption of ties between fathers and children. Informants also noted that the secret language of MCP mitigates family strife and thus limits conflict and contest over resources. In this context, MCP appears to have a clear social function and this should be taken into account when developing content for communication campaigns.

Unfulfilled female desires and needs: As previously mentioned, contained sexuality and silence about sexual needs and desires on the part of female main partners are designed to send the message of respectable womanhood. One of the recurring reasons given for women engaging in MCP is that they are unable to communicate their sexual needs to main partners and their sexual needs are not considered. Further, in main partner relationships, sex appears to be isolated from what women perceive as expressions of love, care, and emotional support. Sex with other concurrent partners compensates for the lack:

...he won't do anything to make you want him. You just get in bed and have sex, as if it's done to make a baby only. He doesn't give you that thing that will make you feel like you are still loved. He doesn't talk to you. So you will end up finding yourself with someone who will do all those things because you are not satisfied at home.

The data suggests that with MCP, main partners are able to operate in a more deregulated space and are not bound by their main partner gender identity. Provided it is done with secrecy, it is a space to explore sexuality, gain sexual knowledge, experiment, have sexual and emotional needs attended to, etc., often without being marginalized from a kin grouping or being branded a bad woman as long as the MCP remains hidden:

I once asked my friend what it is that they [him and his concubine] talk about in these relationships. He told me that with concubines they use sweet words like, "Hello babe, I miss you," which men do not use at home...but the language used in this [MCP] relationship is the one that these people do not use with partners in their families.

Women as polluted: Traditional ideas of a woman's body as polluted also seem to contribute to the discourse of secrecy. Women do not talk about STIs because it is a source of shame, linked perhaps to their own uncleanness, which traditionally requires women to keep in check through a series of rituals aimed at "cleaning a woman's blood."

Reasons given for MCP included the fact that men needed other partners when women were menstruating or had recently given birth. These are occasions when a woman is considered polluted and men could justifiably distance themselves.

Reproduction as a sign of womanhood: Women are expected to bear children and failure to fulfil this obligation is viewed as justification for men seeking MCPs.

Cooking and food preparation as a sign of womanhood: A church leader noted that men sometimes stated that they had MCPs because their main partners do not prepare good food. According to him, men do not see food preparation as their responsibility and will not help their wives to cook, and men would rather go elsewhere for food and sex to compensate for the lack that they perceived in their main partner relationships.

Physical beauty as prestigious: Informants indicated that MCP makes women feel beautiful and superior. Male interest is seen as proof of female beauty: “Even girls, too, they think they are beautiful when they are always proposed by boys; she thinks she is on top.”

A health care worker also stated that husbands strayed because wives stopped looking after themselves and that men wanted to look at their wives and take pride in their beauty.

Women as dependent on men: Informants stated that women from the community become concerned about young widows who are without a male partner for a long time. Men and women elders believe that widows need men to take care of their sexual needs from time to time. Older women will provide counsel, telling the widow that the blood would flow to her head and that she would go mad if she did not have men. They would find her a man who would come to her secretly. A male informant stated that MCP was acceptable, since it was men’s duty to look after the sexual needs of the many widows in his village. The increasing number of widows appears to be a driver of MCP.

Role models: MCP is a widespread practice in which influential community members, such as chiefs, church leaders, pastors, healers, and peer educators partake, although their identities are rarely acknowledged or exposed. If youth discover that an influential community member practices MCP, this encourages the young person to follow suit.

Alcohol and drug abuse: Alcohol and drug abuse is seen as a major contributor to practicing MCP without the protection of condoms because alcohol and drug consumption lowers reserve and hampers judgment. As previously mentioned, the ability to buy alcohol communicates that a man has buying power and this conveys upon him special status. An informant noted that a man who can buy women alcohol impresses women and his success with women inspires other men to be like him. This may shed light on why young people are prepared to openly use alcohol and openly practice MCP.

Poverty and unemployment: Informants indicated that sex in exchange for basic subsistence needs was a common practice. Informants noted that it is not easy to tell people who do not have bread to stop MCP when you do not have bread to give them. A youth leader stated:

For instance, if I am poor I will seek someone who will provide me with clothes, uniform and school fees. The same thing also happens in households. If Ntate is unemployed, 'M'e will seek someone employed, and all these things are likely to impact negatively on these people because they might get HIV.

Immediate survival vs. longer term survival: The data suggests that concerns about day-to-day survival outweigh the fears of HIV infection. Death from starvation and ill health caused by poor nutrition are, after all, of more immediate concern compared with death that may come at some point in the future from AIDS or anything else for that matter. Also, the effects and discomfort of hunger are felt with greater immediacy than the symptoms of AIDS. This implies that for those who engage in survival sex through MCP, their risky behavior is more than just a case of fatalism. In line with these observations, informants also noted that MCP is often a survival strategy for the growing number of orphans and vulnerable children who offer sex to gain access to resources.

Globalization and desire for commodities: The data also showed that MCP is practiced to obtain luxury commodities as a means of satisfying consumer desires created by exposure to global markets. Informants stated:

We live in the world of technology, and everyone wants to fit in because when you have those kinds of possessions, you are perceived to be cool. So they will get someone who gives them money, takes them out, feeds them, and buys them everything they want; and again when they meet someone like that again who will provide for them, then you will take them too.

[Girls] like material items. You will find that this girl has a boyfriend she loves, but he is unemployed. She will then have another one who has a car, and she will also have minister of finance who provides airtime and transport. You will find that she sleeps with all of them.

Mass media: Television programs that showed sexually explicit material were seen as a driver. The TV program, *Generations*,⁶ was specifically mentioned, as were programs aired on Friday and Saturday nights on a South African TV channel, e-TV. Youth, in particular, were viewed as impressionable and prone to imitate what they see on TV.

Peer pressure: MCP is seen as a rite of passage into manhood and fosters a sense of belonging among male peers; it also provides access to resources for men and women, e.g., cell phones and brands, allowing them to acquire the status needed to fit into particular peer groups.

Revenge on cheating partners: An informant illustrated a commonly expressed view, “You may find out that men support other families more than theirs, and these kinds of things will make the woman go and find support somewhere else.”

Free availability of condoms: Informants indicated that the availability of condoms, particularly among youth, was interpreted as a license for sex with MCPs. Alcohol and drug abuse and male gender norms frequently meant that condoms, even though available, were not used.

3.2 “Talking about sex, HIV, and MCP”: What does this mean in local terms?

Although “talk” about sex and MCP, especially intergenerational talk, is conceived of as taboo, this does not mean that Basotho do not engage in it. Rather, it would be more accurate to say that Basotho employ a verbal and non-verbal language to communicate knowledge about sex and MCP; this talk is not immediately obvious to those outside of their cultural frame of reference. An informant noted, “Sometimes they say they [are not talking], but when you get to the bottom of it, you will find that in a way there was communication about it...”

The research shows that communication about sexual matters does occur and that this is achieved through an indirect language which provides an alternative to literal and direct translations of Sesotho words and vocabulary. As a result, attention must be focused on meaning since the meaning of communication is not always obvious, particularly to cultural outsiders. It also requires that those engaged in the dialogue intervention need to have a common frame of reference so that the words that are exchanged are appropriately decoded and understood.

⁶ A South African soap opera broadcast weekly on television.

The local language of sex: The language of secrecy

As previously noted, Basotho employ a language of secrecy to conserve a sense of respect and honor, both of which constitute significant aspects of Basotho personal and kin identity. This language of secrecy includes indirect terminology rather than direct Sesotho vocabulary. This language employs metaphors, symbols, actions, and silent communication such as eye contact, touch or literal silence to send messages. The following example illustrates how non-verbal messaging can take place:

...when we are about to have sexual intercourse, I turn my back and start snoring. That is communicating I don't want to be touched... Sometimes if he goes to bed before me, I will pretend to be busy with something until he is deep in his sleep. Things like this, our actions are our way of communicating.

Further, sexual behavior and dialogue about it are couched in moral and religious paradigms such as sin, shame, and embarrassment. This is evident in the following quote: "Maybe it is shameful because people know I have a husband, and if I am seen with an extra partner, it is not morally accepted."

Keeping sexual matters hidden is a way of avoiding public acknowledgement and judgement out of concern that exposure will likely provoke a social imperative to take action. A chief, for example, noted that while MCP is common, it is difficult for him to tell people not to engage in MCP because he is not a witness to their behavior and that people may claim to be healthy, yet they know they are sick. He also said that he can only advise people, but he cannot tell them what to do because only they know what they do in private.

Passing judgement on what is ostensibly unseen and unheard becomes difficult, especially when many people, including those exercising moral, traditional, and legal authority, engage in MCP, which is associated with sin and shame. Traditional healer informants noted, for example, that chiefs, elders, civil servants teaching about HIV and AIDS, and even themselves as traditional healers, practice MCP.

Secrecy in communication with healers

Traditional healers acknowledge that their patients do talk to them about sex and MCP. However, such knowledge seems to remain between the healer and the patient, as confidentiality is part of being a reputable healer and ensures that a client will return. Notably, healers are among the few who have knowledge of their community's views and experiences of sex and MCP; yet, they are not in a position to share this knowledge with others:

Some doctors, they go out and tell in the village what so and so's problem is. I have never had a patient complaining that I have been talking about his problem to other people. This is what is making a lot of people keep quiet about their problems.

It may be worth exploring how to tap into this intimate knowledge of the community that healers have without compromising their ethical responsibilities to patients.

Also, the data indicates that sex and MCP are often not spoken about directly with healers and that healers frequently have to read the signs displayed by patients in order to know why the patient seeks help:

...one might come to you and say I have a pain here [points to her waist]. You will work on that pain; yet, this person knows exactly what the problem is. So many people don't disclose their illness; you'll find that this person has sexually transmitted infections. When she passed urine it was very painful...Women normally hide their real sickness, you will only see when she passes urine that the problem is with her private parts.

This reading of the signs supports evidence that sex, particularly in relation to HIV or MCP, is not often talked about directly, either generally or between partners:

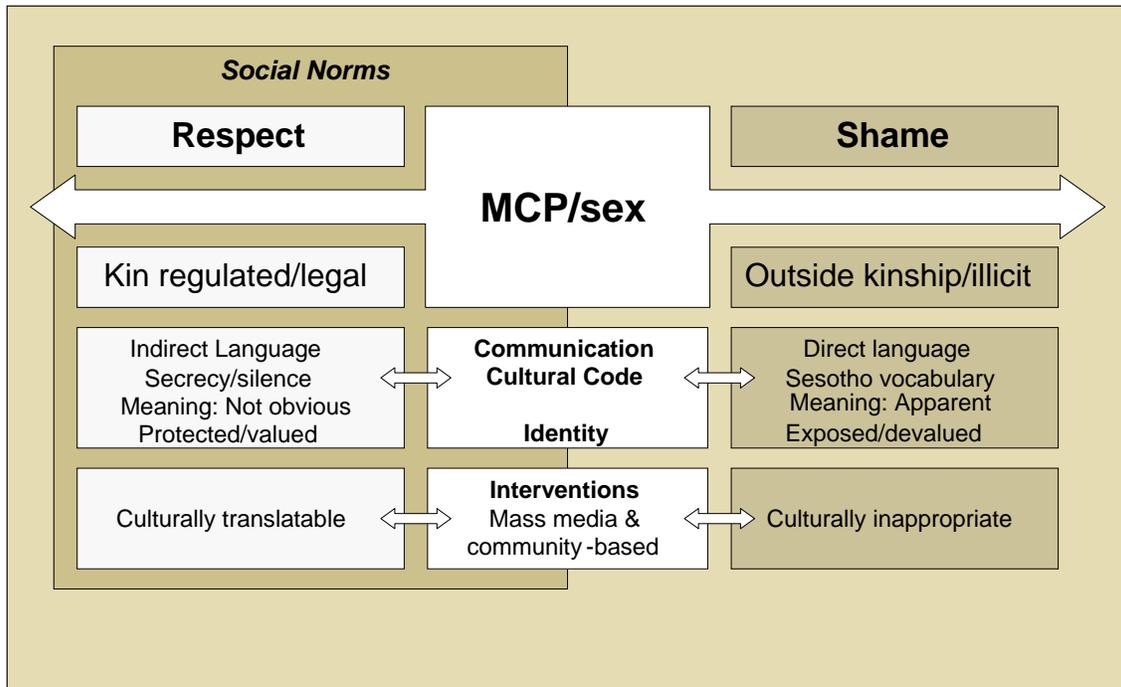
You will try to be as much open as possible to these people but they won't talk, they will just beat about the bush. They won't be clear on what they are saying.

In most cases it is not common for couples, either youth or adults to talk about such issues in their love affairs...

You find that a lot of people die because they keep quiet about their problem. Some you can tell by the smell that they are having a problem...Sometimes it is because of stigma. I'm sorry to use this word, but I can't find a Sesotho word for it.

We have a lot of people who are HIV positive, and if you call a community gathering and tell them that we are going to talk about AIDS, they get so angry and tell you they are tired of hearing of AIDS. Yes, even health professionals come here, and when they start talking about AIDS they go.

The following is a diagrammatic representation of MCP and communication as part of cultural language that shows how MCP is positioned in relations to norms and social structure. This, and associated discourse, can be variably interpreted as normative practice or as existing beyond what is culturally appropriate. Respect is derived and status quos are protected when MCP/sex is practiced in line with acceptable cultural codes that regulate sex, including through communication. Indirect language falls within acceptable cultural code. Secrecy/indirect language is what makes sense to Basotho and is, thus, translatable in this cultural context. Openly flouting norms brings shame.



Communication between youth and elders: The role of family

Intergenerational dialogue is also clearly problematic among Basotho. This appears to have led to youth developing their own language that allows them to talk about sexual issues in ways that are not easily understood by parents and other elders. In part, the coded language of youth may be a way of extending respect and honor to elders. An informant noted:

These young ones use language that they only understand so that older people don't hear what they are saying. For example, they will say "six" and "seven" doing something with their fingers.

Talking about sexual issues with children is considered "shameful" by most Basotho and this sense of shame constitutes one of several cultural measures designed to "protect" children from early sexual debut. By not talking about sex in open, direct ways, parents were seen to be protecting children from sexual knowledge and curiosity, and also perhaps from establishing a sexual identity. In addition, informants believed that consuming certain foods, such as eggs and animal entrails, contributes to the premature development of children's bodies and promote sexual desire. A number of informants stated that modern diets "have a way of building bodies in a rapid manner." Fostering limited contact between girls and boys, for example, by not allowing them to sit together, was also promoted as a way of discouraging premature sexuality. "Not talking" about sex thus may be conceived of as part of a broader culture of containment pertaining to ideas of sex, sexuality, and respect:

I do talk about these issues, but I don't talk about it in depth because we can't talk about these issues openly in the presence of children; it will be shame since we are together.

... if you are a mother, you cannot even tell your child that when you start seeing your periods, don't sleep with boys at all because you will have a child. You will rather call someone else from the village to come and talk to your child on your behalf...you will

find that at times, as a parent we are watching TV and if sex related issues appear you end up switching it off.

Informants noted that as children grow, they are left to learn about sex and figure it out on their own or from others; this frequently meant that young people were given “wrong information.” Informants recommended that dialogue be promoted among age mates since elders were uncomfortable to express their opinions and share knowledge in the presence of youth, and vice versa.

There are, however, some indications that barriers between some parents and children are slowly beginning to shift and that high HIV prevalence among youth has prompted some parents to make children aware of dangerous sexual behaviors related to HIV. In this context, families are seen to have a significant role to play in regulating sexual behavior, including talking about sex. Informants stated:

Look, if a chief fails to rule a nation, the nation will not be governable, and if a family allows children to loiter at night and do disgraceful things and have misleading friends, then there won't be a solution.

There are things that were not said and given to our parents when they were young, so they too find it difficult to talk freely to their children...However, there is a crisis that the country is now facing, but the problem is the approach that parents could use to talk to their children.

Some informants indicated that if families were to educate children about sex and sexual boundaries, children would be better positioned to know how to behave and to detect when such boundaries have been breached. This would empower children to *report* when boundaries are breached and to have a sense that there is a kin support base on which to draw. One informant explained, “In the past it was a disgrace if I were to talk to a girl. She would even tell her parents, but now they don't.”

Informants also mentioned that the erosion of the traditional family structure has undermined the ability of parents to exert authority over children. Compounding this situation is the fact that children often leave home to attend school where they rent accommodations away from home to access school. In such instances, parents have limited influence over behavior, and informants indicated that such children commonly engaged in MCP.

A church leader supported the view that instead of pretending that sexual issues do not exist, there should be strategies to teach children about their sexuality and what they should do:

Personally I don't have a problem if youth say they are looking for the right partner in their teenage years, but it should not involve sex. When we were growing up, we would kiss like this [demonstrates] and we would tell our friends how we kissed. At times “re ne re poresana” [we would hold each other closely] and learn all these things from our senior brothers.

Basotho cosmologies of health & healing: Its impact on talk about sex, HIV, and MCP

One of the reasons given for the difficulty in engaging community members about HIV and AIDS through behavior change messages was that many community members believed that HIV and AIDS was *mashoa* that is, no different than any other STI caused by ritual pollution of the blood.

As previously mentioned, there is widespread skepticism about the existence of HIV and AIDS, particularly in terms of its relationship to sexual behavior and especially MCP. Witchcraft is also evoked to make sense of things for which there do not seem to be alternative acceptable explanations. A health worker clarified:

Even when you ask them why are they doing this [MCP] when there is HIV involved, they will tell you that you know nothing, that there is nothing like HIV. They will tell you that they are not children and that you can't scare them off by something that does not exist. Older people will tell you that this is "mashoa." They say doctors don't know about this disease. They say traditional doctors are the ones who are able to cure it...They will see it is witchcraft since the doctors can't see the problem...when they are sick now, having discharge, they will drink a lot of traditional herbs saying they have been bewitched.

People seek culturally accepted remedies for AIDS such as *pitsa*, a mixture of herbs made by a traditional healer.

Health risks related to MCP seem to have traditionally been explained as the non-observance of cultural prohibitions (cleansing rituals), conceptualisations of women's bodies as polluted, and witchcraft. In other words, people already have established explanations for the sexual health risks stemming from MCP that makes sense to them.

They say there's nothing wrong in sleeping with many people. What they are saying is that a person should use pills or pitsa to give him strength to continue doing this. They don't perceive any risk in what they are doing.

According to me, the influence [of culture on MCP] is that if someone has a problem, she must do without sex so that in the meantime you can get some medication to cleanse your blood.

There are also suspicions about the efficacy of antiretroviral treatment (ART) both because it resides outside of the traditional explanation of disease and because of popular doubts about the existence of HIV and AIDS. One healer explained how he viewed ART.

Right now if I prescribe mut [medicine] for a patient and the patient happens to react to medication, I get condemned. But medical practitioners are not condemned if the same thing happens...Right now there are these newly introduced tablets, which we never knew about. Can you tell me where they were manufactured, in which country? What role do they play? You will find they are brought here to destroy us. I do not prefer them...because I do not know where they come from nor do I know the ingredients.

People also appear to be struggling to define the role of condoms within the structure of indigenous belief systems, in which STIs and other disease are regarded as part of pollution, the cure for which resides in cleansing rituals. Chiefs and healers indicate that many people are unsure about the advisability of using condoms because they often view condoms as a source of contamination rather than protection. Condom lubricant, in particular, is associated with polluting substances, much like women's bodily fluids. As a result, this association has created suspicion about condoms, leading many to believe that condoms are responsible for disease. A chief stated, "They say they [condoms] are dangerous. We cannot say if there is some truth in that...if you pour hot water in it you will see the worms in them...."

Key considerations in dialogue promotion

Before promoting “talk” about sex, it is necessary to understand what silence and secrecy mean or signify and to consider the fact that these meanings/signals are subject to interpretation and understanding. This means that it is first necessary to establish that silence and secrecy are forms of communication and dialogue.

The first level of intervention should possibly be aimed at reinventing the meanings of silence and secrecy rather than introducing an alternative form of communication, the meanings of which may be at odds with what exists. For instance, should we first start by reconstructing silence and secrecy as something negative, or at least get audiences to question whether silence and secrecy equate with respect, before promoting open dialogue? A church leader stated:

In pastoral care—before you can teach a certain society—you must first learn their language and their culture. In the HIV and AIDS workshops and seminars I have attended, they were using pure Sesotho translated words from English, which people cannot be comfortable with their usage, especially at rural places... just like mythology whereby you have to learn culture and language of the people you will be addressing.

According to this perspective, BCC should explore additional ways of using existing cultural resources as communication media. For example, existing traditions, such as when women gather after a funeral to wash the dead person’s clothes may represent promising opportunities for dialogue promotion. Post-funeral gatherings of women may be culturally acceptable forums for dialogue promotion, and the appropriateness of such talk may be less likely to be questioned. According to an informant, gatherings of women prompt freer conversation and enable women to go back to their partners and raise issues around sex and MCP.

Although the issues will be raised indirectly, this kind of talk will, nonetheless, contribute to lessening the silence between partners. Informants explained that women are less fearful to talk if they are able to explain why they are drawing attention to “secret” subjects:

...even if she doesn’t get straight to the point, she will be able to highlight it, and her husband will say what were you talking about that made you end up talking about this issue. She will tell him, “No, those women said this and that and that is why I wanted to share it with you.”

Another healer reinforced the idea that community gatherings like this created communication opportunities. He noted that people are not willing to engage in talk about HIV unless it is presented as part of a *pitso* [a community gathering where food or gifts are made available]. In exploring such opportunities as dialogue entry points, it is important to take into consideration how “talking” about HIV and AIDS and MCP should best be approached; it may be, for instance, more effective if messages are communicated in familiar language patterns, e.g. symbolic language and indirect language such as metaphors.

3.3 Metaphors and the culturally appropriate verbal language of sex, HIV and AIDS, and MCP

According to informants, direct references to sex and sexual issues are not used when speaking Sesotho, and literal translations do not generally convey the intended meaning. Findings show, for example, that the existing language used for sex and MCP is heavily laden with metaphors

that allow messages to be communicated and interpreted in ways consistent with cultural codes of respect.

Talking about sex

Informants recognised that metaphors were normally used in place of sexually explicit vocabulary. For example, a traditional healer stated:

Eh, eh, you know metaphors are there when it comes to sexual issues. You will hear somebody saying something like, “o tsoa kha poone [“I was ripping the corn,” meaning, “I was having sex”],” another one will say, “o tsoa otlha phatla ea tsoene [“I’ve just hit a baboon’s forehead,” meaning, “I just had sex”].” Eh, real words cannot be used as they are taboo and makes one uncomfortable.

Chiefs noted that literal references to genitalia are viewed as shameful and embarrassing. Instead of referring to an adult’s penis as penis, the more acceptable alternative would be *koa*, which is more euphemistic and refers to a child’s penis.

Indirect language is also seen as more appropriate when addressing children:

It is not easy; it is shameful to be specific; and we talk or name things as to protect ourselves and listeners. Botana [penis] and botsehali [vagina] this is what the two people use. It is very embarrassing to directly say them in our mother tongue. Now it has become a habit of naming things....So you see how shameful it is to use Sesotho language.

A church leader substantiated the perspective that the messages used by adults with children are indirect:

Let me be specific, when I say, “nthoeno,” I mean sex. It is not a very easy thing for a Mosotho parent or even my mother to discuss sex with me as a child. It is not easy. Rather you will hear her say stop hanging around girls—that is an indirect way of saying don’t have sex....

Youth, too, engage in the use of indirect language when talking about sex. A youth leader said that peer pressure is a key driver of MCP and that youth allude to their sexual experiences, for example, by complaining about a particular brand of condom, saying: “Aaah! That label is shit!” Informants stated that this prompts curiosity and encourages others in the group to experience sex.

Talking about MCP

Popular metaphoric expressions are often used to convey norms and values regarding MCP. A healer stated:

I am speaking like a Mosotho man; I usually hear people saying, “monna ha a jelle kotlolong se le seng” [a man can’t always use one or the same dish when eating all the time]....Sometimes you hear them saying a car needs a spare wheel.

A church leader said that youth commonly say, “*Motho o khetheloa khetsing*” [boys have many girlfriends because they say that they would have a wider choice for selecting their future

wives]. A youth leader reinforced this view, alluding to a saying that underscored the cultural imperative for men to engage in MCP, “*Monna ke mokupu oa nam,*” [a man is like a pumpkin plant, he spreads]. The informant noted that this implies that it is acceptable for a man to “have concubines anywhere; thus he could marry more than one wife and sleep around.”

A support group member shed light on the indirect ways that men practicing MCP reveal that they have a STI:

Basotho will say, “ho longoa,” literally meaning you have been beaten. This is what men say when talking about sexually transmitted diseases. Sometimes they will say, “your extra partner has teeth.” So if you don’t know these words, you would not understand what they are talking about.

A health worker spoke about MCPs as roll-ons,⁷ thus referred to because a roll-on is not something one shares with the public—it is hidden. She stated: “A roll-on is something I use alone, because it is something that is secretive.” Common terms referring to the identity of those engaged in MCP are *hoboka*, *mok’hanthufa*, or *nyatsi*. A healer noted that *nyatsi* is commonly perceived to mean a “friend, but that in ‘real’ Sesotho, to say *nyatsi* means *ho nyatseha*’ (you are a disgrace); it is not wanted.”

Other terms referring to MCPs are *linyanyaula* or *mecheliete*. According to an informant, these terms indicate that MCPs are people who are “just passing by.”

3.4 The non-verbal language of sex and MCP

In addition to the use of metaphors and other verbal codes to communicate about sexual issues, Basotho use signs as part of the alternative language of secrecy. The following examples highlight how messages pertaining to sex are coded and decoded between MCPs using non-verbal exchanges.

Informants noted the following non-verbal exchanges:

Maybe he will wink at me...Yes, I will know exactly what he is saying.

...when he got to my house, I was placing a broom in such a manner so by that I was showing him that maru a thibile [my husband is around].

Yes, or you can hang a plastic somewhere. I can hang a yellow one, so he will know that if there is a yellow plastic hanging, it means we are safe and he can come over. If I hang a black one, it means no, no!

...[women] tempt men by looking at them in a sexual manner...I have female clients who do not dress properly, even if we have just met, and they normally tempt me so that I don’t charge them for my services.

I went outside looking for my friend. I couldn’t find him.... After some short time, he came back from one of the rooms so sweaty. Then he told me he has just had sex in there. I asked him how because I was there with you when we got here, when did you talk to

⁷ A “roll-on” is a secret, ongoing relationship concurrent with a main partner. Its use may derive from the “Secret” deodorant brand. It may connote covering up something that smells.

her. So you find there is a certain way that people can use when talking and agreeing on what they are saying.

Negative examples set by influential community members such as chiefs, traditional healers, pastors, civil servants responsible for HIV education, peer educators, and teachers are also powerful forms of non-verbal communication, which send the message that MCP is acceptable behavior. An informant noted that the youth look up to their teachers as role models, but these role models frequently do not practice what they preach. He said, for example, that youth may see their teacher's car parked at the homes of various women and that this sends the message that MCP is being practiced.

Other informants spoke about messages being communicated through eye contact, for example "Both a man and a woman look at each other directly, but in a very friendly manner communicating 'I care for you.'" In some cases, a man just blinks an eye to a woman.

Alcohol seems to be a symbol of sexual intention, and many informants noted the relationship between MCP and alcohol. "If a man happens to notice that a woman drinks beers, he would voluntarily buy her a couple of beers and in that way he had won the woman for himself."

A chief and a healthcare worker noted that the use of cell phones for SMS messages is a popular form of non-verbal, written communication that facilitates the practice of MCP, particularly since it keeps the messages between partners secret.

...they [SMS messages] give these people an opportunity to just go missing because your husband can leave the house without you noticing any sign because he would have received a call a long time ago. So these phones promote this behavior.

Consideration: It may be worthwhile considering using cell phone technology for other purposes such as promoting prevention messages. It may be possible, for example, to initiate a national campaign to motivate people to SMS common metaphors pertaining to MCP and HIV; then, from a database of culturally acceptable prevention language messages, text prevention messages back to cell phone users. This may be one way of promoting dialogue about the meanings of these metaphors.

The body's state of dress or undress is also understood to be a sign pertaining to sex. A church leader elaborated:

Sometimes it is the clothes you are wearing...what she will be wearing will be tempting you. Another way is when I am in the bedroom and my partner comes and finds me naked in the room. Already that on its own has a message in it.

Consideration: Research data suggests that Basotho are familiar and receptive to coding and decoding the meanings of tangible things such as brooms and plastics. The introduction of signs and symbols that promote healthy sexual behavior might provide a useful entry point for intervening in MCP behavior. It may thus be possible, for instance, to introduce a symbol that holds youth appeal and an association with being "cool;" the exchange of this symbol between the genders could come to connote positive meanings such as commitment to one partner or a promise to use condoms during sex.

3.5 Traditions and change: Their influence on the language of sex and MCP

The research shows that the discourse of sex, MCP, and health/healing continues to be steeped in tradition, although changed social contexts have in many ways displaced the past relevance of polygamy, levirate, and sororate. The data shows that these practices are not as common as they once were. This data also shows that MCP practiced outside these regulated contexts has negative connotations of pollution and occurs in an almost illicit social space. At the same time, the practice of MCP represents a link with the old ways. It thus seems to occupy an awkward space between change and tradition which may also be why it is tacitly condoned if practiced circumspectly and in accordance with the language of secrecy.

The fact that MCP is on the cusp of condoned and condemned and of tradition and change also suggests that meanings of MCP are malleable and can be reinvented. The findings indicate, for example, that MCP seems to represent freedom of choice and the opportunity to liberate the self from the social norms that govern the identity and behavior of main partners. Similarly, youth see MCP as an opportunity to exert individual choice. A church leader noted that the youth say, “motho o khetheloa khetsing” [“boys have many girlfriends with an understanding that they would have a wider choice for selecting their future wives”].

The following quotes from a traditional leader and a HIV and AIDS support group member illustrate the tension between tradition and change:

...unless we stop adopting Western culture; for instance, a white boy can bring different girlfriends until he finds the one he wants to marry. So I think we must stop copying them.

We are also copying it from other societies. When looking at English people, they are very open, and they don't commit to marriage easily. We are also copying it from televisions; we watch “Generations,” and this is what they do.

In a similar vein, symbols associated with MCP—the ability to attract eye-catching women and the display of flashy cars, alcohol and cash—appear to clash with traditional values.

The conflict between tradition and change may explain in part why Basotho employ the language of secrecy and silence. Silence and secrecy may thus be seen as strategies that enable dialogue about sex to occur without diminishing the cultural codes of respect and honor. This may also assist in understanding why open and direct communication, particularly about something that is virtually illicit and on the margins of acceptability, is resisted.

Shebeens [bars and clubs], alcohol abuse, and exposed and blatant MCP sex are not part of the conceptions and constructs of traditional culture. Drawing on the ways in which MCP threatens traditional culture may be an entry point for mobilizing communities against this behavior.

3.6 Dialogue promotion

Some benefits of dialogue promotion

Some benefits of dialogue promotion, if culturally contextualised, include the following:

- Improved communication within couples so that women in particular are enabled to communicate their actual rather than socially prescribed sexual needs. This may allow

couples to confront and address the inadequacies within their relationships that lead them to engage in MCP to compensate for the lack of satisfaction in the relationship between main partners.

- Improved intergenerational communication, i.e. between elders and youth, such that elders and youth begin to share a common language to exchange knowledge and concerns related to sexual issues. Informants noted that youth often engage in risky sexual behaviour because they lack guidance from elders who are unable to discuss with them the consequences of sex and MCP. They, therefore, do not have the benefit of the voice of an authority figure that can act as a check on the peer information that they receive and the pressure exerted by peers. Further, youth who are able to communicate with elders without fear will be able to seek advice as well as report untoward sexual advances; this is especially significant to deter young women from engaging in cross-generational sex.
- Improved communication among age mates such that male elders in their 60s, for example, are able to share views and concerns around MCP; are able to educate one another; and hopefully mobilize to use their authority and rank to check this behavior, particularly among kin. This may also serve as a way for them to question the behavior of age mates themselves, enabling them to monitor, and support healthier options among those within their group. This may eventually help to make community gatherings effective platforms for community conversation, such that those who were previously silent (as they seem to be currently) are encouraged to share experiences and views as age mates and not just as “targeted” individuals. This may be a useful community mobilizing strategy.
- Overall, informants indicated that improved communication as highlighted in the preceding points would encourage a reduction in MCPs and in STIs (including HIV), would promote discipline, and would act as a check on alcohol and drug abuse as well as related “promiscuity.” Improved communication, according to informants, may also help to reduce family conflicts and gender-based violence resulting from MCPs.

4 Recommendations and concluding comments

This section provides a series of recommendations based on these research findings and explores opportunities for intervening in language, dialogue promotion, and community mobilization. This section also recommends approaches for educational interventions, mobilization and communication, as well as other strategies for controlling MCP and HIV, which have been suggested by key informants.

4.1 Opportunities for intervening in language, promoting dialogue, and community mobilization

Any communication intervention should take note of the fact that dialogue about sex and MCP using open and direct language runs counter to indigenous concepts of respect and social status and risks provoking a backlash. These concepts are highly valued, even to the extent that Basotho would rather risk death than jeopardize social standing. In order to be culturally relevant and not alienating, it is recommended that messages should employ the language, terms, and metaphors that are used and understood.

Overall, informants indicated that improved communication as highlighted through the following recommendations would encourage a reduction in MCPs and in STIs (including HIV), promote discipline, and act as a check on alcohol and drug abuse, as well as related “promiscuity.” Improved communication, according to informants, may also help to reduce family conflicts and gender-based violence resulting from MCPs.

1. Recommendation: A gender norms intervention should be considered as an integral component of dialogue promotion since communication between couples is unlikely to change unless existing ideas of gender identity are challenged. Gender identity is also tied up with respect and pride, and a woman who is quiet and accepting during sex with her husband, for example, is seen as a woman who respects the status quo and her husband’s right to perform his manhood, including his right not to use condoms, to be sexually aggressive, and to be primarily concerned with his sexual gratification. Similarly, a man who is able to demonstrate that he is “the lion” in his household is respected as a man and can take pride in being a man.
2. Recommendation: A gender norms intervention for youth is also recommended; it should be designed to enable youth to question their own behavior and to relate this behavior to current ideas surrounding masculinity, womanhood, and respect. Similarly, elders need to participate in their own gender norms programs, so that they do not reinforce codes of behavior such as MCP or the silence that informants believe prematurely transforms boys into men and girls into women.
3. Recommendation: Dialogue promotion between youth and elders should take cognizance of the rules of respect that underlie social interaction among Basotho. Ways to draw on the language of secrecy as a resource rather than as a deterrent to communication should be considered. For example, using the metaphors and indirect terminology that are familiar to Basotho and are deemed part of appropriate language may help assure that educational activities and messaging have greater relevance. Also, drawing on traditions in which particular elders were identified to act as intermediaries or communication brokers between children and parents may be a useful first step.

4. Recommendation: An enabling environment needs to be created for parents/elders and youth to talk effectively about sex and MCP. Part of the education campaign should, therefore, focus on helping elders/parents to learn how to effectively talk by looking at ways to share and pass accurate information without being disrespectful (the same for youth). It may prove effective to identify respected community members who are trusted by both parents and children and who can be used as communication brokers between the groups. Such a strategy of third party intervention would be consistent with Basotho traditional communication practices. Informants noted the need for parents/elders to be involved in passing correct sexual information to children. Guidance from parents and other elders would hopefully help reduce the amount of risky behavior prompted by peer pressure, negative role models, etc.
5. Recommendation: To supplement the above recommendation, it is recommended that a peer education and discussions program within age mates be established since intergenerational communication can be problematic.
6. Recommendation: Pitsos, or community gatherings, with incentives to participate, such as providing food, were viewed as useful platforms for disseminating messages and engaging community members in knowledge sharing. However, it was also noted that “people do not just stand and start talking about their experiences. Only a few who are brave enough to share their stories in crowds...”

If interventions aiming to educate continue to separate men, women, youth, and elders into separate groups, groups are neither exposed to each other’s views and challenges, nor develop conflict resolution strategies or tolerance for differences. It may be a useful experiment, for example, to elect representatives from each group to present what came out of their focus group to the other groups. This might prompt feedback, disagreement, and debate, and promote dialogue among the groups.

Taking the above into consideration, the dialogue methodology used by Community Conversations in Ethiopia may serve as a model for removing such barriers. For example, identifying champions and early adopters to share experiences, catalyze conversation, and promote change may also resonate in a Lesotho setting.

Ideas for educational interventions, mobilization, and messaging

1. Recommendation: The intervention should consider using visual aids to educate about the existence and reality of HIV and AIDS. Interviewed youth mentioned the importance of educating youth about the “after effects” of MCP, and this observation was consistent with the views of other informants who said that education should be visual and not only about theory. As a church leader noted:

People do not fully believe that AIDS exists and kills. The reality of HIV and AIDS must be taught visually, how it attacks immune system up to when the patient dies, other than focusing on theory. There should be audio visual AIDS material that shows a fully blown patient. Ultimately it will bring fear to young people.

Informants believed that visual information education communication (IEC) materials would be most effective, particularly videos that could be shown in urban as well as rural areas. Radio and TV were also seen as better than print media since informants thought that print media did not hold an audience’s attention very well. Videos shown at community gatherings

called by chiefs were seen as the best option, because people in rural areas did not always have access to broadcast media. A support group member also emphasized the importance of education through interpersonal communication, saying that people in her community preferred listening rather than reading. She said that when you give people pamphlets they “put them nicely in their medical booklets,” and do not read them.

Videos that present real life stories could be used as prompts for community conversations, knowledge sharing and debate about MCP, gender identity, harmful and valuable traditions, etc. (perhaps like Soul City and Yizo Yizo).

2. Recommendation: Currently, many Basotho do not appreciate the link between MCP and HIV transmission, and so highlighting this link should be a key area of educational focus. For example, an informant indicated that the members of his village did not understand why MCP was dangerous and that they needed education about the risks of this behavior. He suggested that there were no shortage of awareness campaigns, but that the messages were not effective because they were not easily assimilated by the people:

The most important thing is that people must know about this disease and change attitudes when talking about HIV. They said they have heard about HIV almost every time but when looking at the way they react, it seems like they know nothing.

Participatory methods of education through drama, poetry, music, and sports were championed. In this context, celebrity role models such as musicians and performance artists could be valuable resources to inspire behavior change. However, such education should be informed by insight into the knowledge that currently exists about MCP and AIDS.

3. Recommendation: It may be useful to educate using language and concepts that are culturally familiar. For example, informants noted that MCP is inherited from the ancestors who practiced polygamy, sororate, and levirate, but they also noted that sororate is no longer as common a practice as it once was because many families discourage it due to an awareness of the risks of STI, including HIV infection. This association of sororate and HIV and AIDS presents an opportunity to use something that already has acquired some degree of popular acceptance as an entry point for communication about broader issues of how HIV is transmitted through MCP. Similarly, it may be possible to incorporate culture-based explanations of disease and healing, bodily pollution and cleansing into HIV and AIDS messages. For example, condoms could be marketed as a way to keep the blood clean, especially since condoms are currently viewed with suspicion as something contaminated which *causes* disease. Such a marketing approach may create a link between condoms (a symbol of ‘western’ medicine) and indigenous ideas of healing, and it may act to counter cultural misinterpretations of condom safety. In appropriating cultural concepts of disease and cure, care should be taken; however, it should be done in a way so as not to reinforce negative stereotypes that associate pollution with the female body.
4. Recommendation: Additional and more focused education about condoms is clearly needed. It will be especially critical to explain the function and composition of condom lubricant, with an eye to substituting the current popular and culture-based view of lubricant as a polluting substance with an equally culturally appropriate explanation that highlights the preventive quality of condom use and that will facilitate social approval of condom use.

Resistance to condoms is also associated with barriers to intimacy. Informants stated that flesh-to-flesh sex is highly valued and that men tell their wives that AIDS will not keep them apart.

This is also an intervention opportunity where education could clarify the risks of flesh-to-flesh sex. Basotho would likely benefit from a better understanding of the evolution of the HIV and AIDS epidemic, especially since MCP without condoms was practiced in the past before the advent of HIV and AIDS. There also appears to be a serious knowledge gap as to why there are no instant physical markers/symptoms after HIV infection and why HIV and AIDS has no medical cure. Such information should be visually presented and should preferably use case studies, focusing on the actual life histories of Basotho with AIDS. Informants emphasized that community members do not read IEC materials and prefer video material. Also, documenting the stories of people from elsewhere in Africa who discuss MCP behavior and the link with AIDS might be useful for showing that this is not about Basotho only. Delinking AIDS as a Basotho only problem may contribute to the “de-shaming” of HIV and AIDS in a society where maintaining respect and honor is of extreme significance.

It is worthwhile to consider appropriating existing male gender norms in condom promotion. Research data suggests that condoms in some ways are currently perceived as a threat to manhood. Introducing an alternative symbol of manhood might provide a more culturally appropriate strategy to enable buy-in of condom use and might neutralize the perceived risk of male disempowerment associated with condom use. For example, the value of a man’s identity as “protector” could be highlighted, and condoms could be branded as a symbol of heroism. A comprehensive range of condoms could be made available at shebeens and clubs—places associated with manhood. Condom selection may allow men to relate more consciously to the “hero” identity, while the act of selection underscores the aspect of choice. Instead of choosing whether or not to wear a condom, men will be in a position of choosing which condom suits them. It may be necessary to conjoin this condom marketing strategy with messages promoting acceptable meanings of “men as heroes.”

Dialogue promotion within churches to challenge the idea that sex is related to sin

1. Recommendation: A church leader stated that priests should start talking about it at all levels so that adults and youth can see that there is nothing wrong with sex when done within marriage. “People see sex as a sin. We need to teach people that it is not a sin, but that there is a time when they should not engage in it.”

The church leader stated that the Lesotho Evangelical Church fully supported condom use and suggested that condoms should be spoken about with congregations. He advocated that congregations be divided into groups when talking about condom use, for example, into youth only and then adults only groups, so as to observe the culturally appropriate language of respect. He also noted that punitive measures were counterproductive because they encourage people to be more secretive and hide their identity. To explain how this might work, he cited the fact that women who have children out of wedlock are cut off from the church, and the fear of being ostracized means that the father will remain invisible and will continue the practice of having multiple concurrent partners. The church leader said that this encourages people who practice MCP not to confess and change their behavior.

Rebranding what it means to be cool among the youth

1. Recommendation: A youth leader said that youth clubs that engage youth in projects keep them occupied and give young people a sense of purpose. Such activities divert youth from engaging in MCP. He recommended that youth club members be enabled to network with other youth from other districts as a way of sharing knowledge. Informants pointed out that youth in the district of Berea, specifically in Thabaneng, were being effectively mobilized to address risky sexual behavior:

You always see them grouping themselves coming together at least once or twice a month, discussing about this issue, and in such a way you know they are trying to avoid being involved in bad behavior. They have playgrounds where they play soccer, netball and other activities. They even have choirs where they sing together. It is an interesting place.

One way to involve youth in positive communication about the risks of MCP and alternative lifestyle choice is to develop a youth network website for knowledge sharing about HIV and MCP. A social networking platform could also help in identifying early adopters and role models. Being online is associated with ideas of modernity and may attract youth in similar vein to Facebook. Youth centers in each district could provide access to the website; cell phone technology may provide alternative ways of reaching out to youth.

A national youth network could also serve to market new symbols of “cool,” and the social networking platform might be useful for helping youth to create a brand that acts as an alternative to the status and social value that are linked to practicing MCP. For example, youth leaders could be encouraged to begin and end their talks/speeches with a particular greeting or slogan (similar concept to *amandla* [a Xhosa and Zulu word meaning power] used by anti-apartheid activists). This could extend to developing and popularizing a cool handshake that echoes the greeting and doubles as a prevention message—similar to the peace sign. So, for example, when a young person does the “One Love” handshake, s/he can say “one love,” or “remember” or “awareness.”

2. Recommendation: A youth leader stated that because parents and elders did not discuss sexual issues with children, youth tended to create their own knowledge about sex. This was based on hearsay and the “protected” or indirect information acquired within kin contexts. For example, children are taught that babies are bought, and teenagers do not always know the pregnancy risks associated with sex. Education to encourage dialogue between youth and elders should be emphasized.
3. Recommendation: In terms of educational content, the youth leader said that it is important to find out what knowledge exists so that misinformation can be corrected. Youth, he noted, were averse to formal education sessions and learning through entertainment, particularly sports, was a preferred method of education. “Find the Ball,” was a game that some youth leaders noted was popular among youth and adults. It focused on how to identify people who are HIV positive.

Games such as “Find the Ball” present an opportunity to shift the focus of the process to identify people who are at risk of infection in terms of behavior and away from people who are HIV positive. This may shift attention to those who practice MCP and encourage questioning of this behavior. However, in the process care should be taken not to stigmatize

those who are HIV positive. It is more important to address the behavior of the people rather than to single out who is and who is not HIV positive.

Education about the reduced risks of serial monogamy compared to MCP

1. Recommendation: Bearing in mind that a key focus of the C-Change Lesotho intervention is MCP and HIV and AIDS prevention through behavior change, a relative risks information campaign could also be considered. A number of informants highlighted the fact that having more than one sex partner is an intrinsic part of African identity, particularly male African identity and that smaller, regulated sex networks, although risky, are still potentially less risky than MCP networks.

A phased approach to changing the practice of MCP might be more effective, and Basotho may be more receptive to messages that do not attempt to completely overturn entrenched beliefs and ways of life.

A support group leader, among others, advocated a return to polygamy, saying that MCP should not be outlawed but should be rethought. Polygamy, he noted offers a regulated environment within which to practice MCP and if the rules are followed and nobody strays from the closed sexual network, the risk of infection is reduced. In this context, messages could promote sex within marriage without explicitly referring to monogamy or faithfulness. Education should focus on helping people to make informed choices rather than explicitly telling them what to do.

2. Recommendation: It may be possible to effectively use the National AIDS Commission (NAC) Modes of Transmission Study findings to provide evidence of transmission through MCP. This would help individuals better understand when viral load is at its highest and when one is most likely to transmit the disease after becoming infected. It may also be useful to have graphic representations of how the sex network operates and how the disease spreads as the network grows. Using information from volunteers to map a realistic example of this and using variables with which the communities are familiar may help to show how real and close to home the risk is.

Providing statistical information that demonstrates the link between MCP and HIV transmission should also be considered. Prevalence disaggregated by age, gender, condom use, etc. may be useful to allow Basotho to better understand MCP in relation to risk, enabling them to make informed choices.

Care should however be taken that this does not send the message that MCP within a small sexual network is safe. Information on how the network could be regulated, for example, through ensuring that partners do not stray beyond network boundaries (showing the consequences of transgressing boundaries), through regular testing of network members, and through consistent condom use may be a strategy worth considering.

Research conducted in a particular community, where prevalence is disaggregated by age, gender, exposure to types of sexual networks and types of sexual behaviors could, for example, provide a useful case study to help Basotho make real connections between MCP and risks of transmission (including the sub-behaviors of MCP such as cross-generational sex).

3. Recommendation: HIV and AIDS is only one of many risks associated with MCP. Unplanned pregnancy was frequently mentioned, and informants indicated that young women feared this risk more than becoming infected with HIV. Other STIs and family conflicts were also mentioned as risks associated with MCP. In addition, informants noted that gender-based violence, such as husbands beating wives or bonyatsi (MCP) burning down the partner's house were risks that resulted from "being caught" with a MCP.

It should be considered to develop messages that show the broader negative consequences of MCP, not just AIDS. This might provide a more effective counterpoint to the many perceived benefits of MCP. Such an approach might also prompt greater response, since there are indications that Basotho may be experiencing AIDS message fatigue.

4. Recommendation: The research suggests that the language of secrecy helps to shield individuals and families from undesirable consequences of having partners outside of community-sanctioned social structures. Because secrecy allows personal, kin, and collective honor and respect to remain relatively unthreatened, secrecy may thus be thought of as a risk management strategy for preserving social status and family honor.

In order to encourage community monitoring of MCP behaviors, community conversations should be facilitated that focus on MCP as unhealthy, damaging to relationships, and potentially damaging to the community as a whole. This should, however, be done by creating an enabling environment for monitoring and disclosure without the forms of more extreme "community justice and vigilantism" that might lead to undesired and unregulated shaming and stigmatizing of MCPs. Such excesses could also be counterproductive, since MCPs may be prompted to devise even more intense hiding mechanisms. It is worth considering using rehabilitation and support centers at which facilitators would apply principles similar to those employed by Alcoholics Anonymous; in these settings disclosure would occur in supportive environments and be championed by community members who are prepared to disclose their past and current engagement in MCP and commit to change.

The research shows that indigenous ways of communicating about sexual issues, including MCP, is coded within indirect and silent/symbolic language.

Culturally familiar metaphors and phrases could be a valuable resource for developing messages that are understandable and relatable. Drawing on this symbolic language might also prove useful for intervening in MCP behavior. The data illustrates that Basotho use particular things/objects to convey messages, e.g., brooms placed in a certain way and color-coded plastics. Familiarity with symbols may pave the way to introducing something that can stand for "cool." Exchanging the symbol, perhaps a bracelet (or something that can be locally produced, globally endorsed by celebrities perhaps, and creates income generating opportunities) can signify, for example, commitment to one partner, or a promise to use condoms during sex.

5. Recommendation: Alcohol consumption is clearly linked to MCP. However, the data also indicates that one of the drivers is what alcohol stands for, namely that it represents the buying power of those who can afford alcohol. In this context alcohol may be thought of as a symbol of a man's worth and success. An informant showed, for example, that young men aspire to be like "brother so and so who drives a luxurious car and has taken four ladies with him... Sometimes he buys ladies a lot of liquor just to impress them... the majority of young people here in Leribe value this kind of living." This suggests a need for different role models who can challenge existing meanings and values attached to MCPs, alcohol, and money.

Messages could intervene by questioning the status that men seem to get from being able to buy alcohol and women. This may help to catalyze alternative ways of defining self worth and respect or at least get people to question existing values.

6. Recommendation: In terms of opportunities for community mobilization, a church leader said that in his village he is engaged in discussions with villagers, the local chief, and the police to deal with taverns that are closing later than they should. This is critical because when children drink they are more likely to have sex without the protection of condoms, and the community wants to try and control this behavior. Enforcing earlier closing hours is then a tactic designed to reduce the opportunity for youth to access alcoholic beverages.

Negative role models: MCP is a widespread practice in which influential community members such as chiefs, church leaders, pastors, healers, peer educators, etc. engage. The data shows that they practice this behavior, although secrecy largely protects them from having their identities known or exposed.

7. Recommendation: Identify chiefs and other influential community members who have changed this practice due to HIV-related risks and solicit their cooperation as champions who can demonstrate the many benefits of remaining HIV negative.
8. Recommendation: Many of the research participants also talked about the use of traditional healers and the magical construct of disease. In addition, the traditional healers themselves appear to have little understanding of HIV, how it works, the medications, where the medications come from, and how the medications work to slow down HIV in the body. Given the seemingly heavy reliance on traditional healers for health care and the low level of knowledge, understanding and perceptions of ARTs, it might be a good idea to develop an intensive communications program with the traditional healers to increase their knowledge and understanding and foster a positive perception of the benefits of HIV treatments.