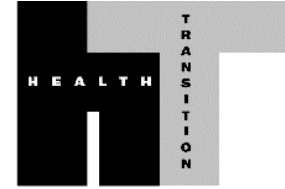


Exploring partner communication and patterns of sexual networking: qualitative research to improve management of sexually transmitted diseases



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Abstract

This ethnographic research among rural South African men and women seeking care for STDs explores constraints to communication among partners and defines predominant patterns of sexual networking. A series of fifteen open-ended interviews explored topics related to sexual networking and partner communication. Patterns of sexual networking showed clear gender variation, with men more likely to discuss multiple partners. Both men and women believed they should tell one partner about their STD, most often a steady partner. Strong distinctions were made between regular and casual partners, with an emphasis on the role of trust in a steady relationship. Men and women expressed anxiety about telling their partners of their illness, but women more often expressed fear whereas men felt embarrassed. Multi-partnered sexuality is common and is widely accepted for men. While the importance of regular partnerships is clear for both men and women, sexual relationships appear to be highly unstable. Communication among partners could be facilitated by stronger health promotion messages, such as the importance of telling a partner about an STD. Prevailing patterns of communication and sexual networking have profound implications for the STD epidemic.

This paper reports ethnographic research conducted in the Hlabisa district of northern KwaZulu/Natal, South Africa. The district is situated in the heart of a region populated predominantly by Zulu-speaking black South Africans. The area is rural, with a high proportion of men migrating to larger cities for work. This area is also at the centre of the AIDS epidemic in South Africa, with HIV prevalence among pregnant women in Hlabisa District calculated at 26 per cent, approximately twice the national average. Sexually transmitted diseases are epidemic: a recent study of women attending family planning clinics in Hlabisa found that 52 per cent have at least one STD (Sturm et al. forthcoming).

Studies throughout Sub-Saharan Africa confirm the importance of understanding the socio-cultural factors that determine sexual behaviour, and of using such research to inform the design of feasible interventions (Standing 1992; Orubuloye, Caldwell and Caldwell 1993; Moses et al. 1994;). The purpose of this research was to inform the development of improved strategies for partner notification of patients diagnosed with an STD. In practice, many partner notification programs fail to attract a significant percentage of partners, and thus fail to achieve the goal of reduced transmission of STDs (Winfield and Latif 1985; Faxelid et al. 1994; Steen et al. 1996). A major reason for this may be failure to situate partner notification within the prevailing social and cultural framework. This includes a failure to appreciate adequately the constraints to discussing sex and sexual activity with a partner, the ways in which partners communicate about issues related to sex, the extent to which different types of

relationships exist and how partners are perceived in these relationships, and how patterns of sexual networking develop.

Methods

A series of fifteen open-ended, semi-structured interviews were conducted with men and women seeking care for STDs in the outpatient department of Hlabisa district hospital. A research nurse interviewed consecutive patients about various aspects of their illness, including their partners. Key informants were identified from among these patients for participation in in-depth interviews, which focused on various aspects of partner communication and sexual networks.

The interviews focused on the process of partner notification, and possible constraints to carrying this out. Through this, the following topics related to sexual networking were explored: numbers of partners, types of partners, type of partner most likely to be told about the STD, and factors influencing notification of a partner. Topics explored in the area of partner communication were: barriers to communication about STDs, facilitating or enabling factors in partner communication, and methods of communication.

Findings

Of the fifteen interviewed, seven were men and eight women. All but four (three women and one man) were unmarried. All women stated they were in a relationship with one primary partner, and all but two of the men were in similar relationships. The other two men stated that they had a number of different partners. Ages of the women ranged from 19 to 27, and of the men from 23 to 30.

There are several important preliminary results from these interviews, which are outlined below.

There was clear gender variation in patterns of sexual networking: men were much more likely to discuss multiple partners in the recent past (i.e. past three months); women were much more likely to discuss one partner only.

Both men and women were initially prepared to notify only one partner (usually a steady partner) of their illness. Men were more willing to notify several partners after counselling about reasons for doing this.

Both men and women drew clear distinctions between regular partners and 'casual' partners. A regular partner was often described as a 'girlfriend' or 'someone I live with'; a casual partner was often described as 'someone I just met' or 'I don't see very often', or 'someone who lives away'.

The majority of respondents placed great importance on the role of trust in promoting communication between partners; many respondents said they could tell a regular partner about their illness because they 'trust' them. Trust also implied a responsibility to 'take care of' that person (i.e. by referring the partner for STD treatment).

Personal communication was stressed by both male and female respondents as the most appropriate way of letting their partner know about their STD. Men and women made clear that communication about an STD could be difficult and embarrassing. Most respondents felt that the partner notification process, particularly with a card from the health service, facilitated communication about their illness. This type of communication was felt to be easier with regular partners who are 'well known' and 'trusted'.

Some men and women expressed fear or anxiety about telling partners of their STD. Male respondents were generally embarrassed but said they felt their partners would understand; women respondents worried that they would be viewed as 'having done something wrong' or be seen as 'unfaithful' or 'unclean'.

Discussion

Responses from both men and women indicate the prevalence of multiple partnerships in this setting. In particular, men's sexual networks appear to be quite extensive, and these patterns of sexual partnership appear to be at least tacitly accepted by both men and women. Most male respondents were unmarried, and considerable fluctuation was apparent in their 'regular' partnerships.

When asked about multiple partners, many women laughed and dismissed the subject, stating that 'it is men who do such things, not women'. Since most female respondents were married, cultural constraints to discussing additional partners are likely to have played a strong role in these statements. In fact, most married women appear to have very few additional partners. For those women who do not fit into this accepted pattern, social stigmatization can be severe. This highlights the need to understand better how women pursue multiple partnerships, particularly within marriage, and how these patterns change in cases where the husband lives away from home.

Within the context of multi-partnered sex, all of the women and almost all of the men had one regular partner to whom they felt a strong attachment. The distinction between 'regular' and 'casual' partners was drawn particularly clearly by men, most of whom felt a responsibility toward their primary, steady partner. This point is highlighted by the fact that no respondents stated they had more than one 'regular' partner at a time. The use of the term 'casual' partner by men could mean anything from someone they see regularly outside their primary relationship to a one-time sexual encounter. Some men referred to a number of 'casual' partners whom they saw regularly outside their primary relationship. More work needs to be done to understand these relationships and men's perceptions of them.

Notably, among most of the men interviewed, the idea of 'responsibility' toward a regular partner does not extend to limiting sexual relations outside that partnership. This is true even though a number of men identified the probable source of their STD as a recent 'casual' partner.

For most women, the importance of a 'regular' partner was stressed, even when a woman had several regular partnerships during the course of the last year. No women discussed having more than one partner currently. These findings strongly suggest the continuing importance of traditional social norms that prevent women from acknowledging sexual relations outside their primary partnership, and suggest that being in a steady partnership helps to conform to these norms.

At the same time, sexual networks appear to be highly unstable for both unmarried women and for men, both married and unmarried. The predominant pattern of sexual networking for women seems to be serial monogamy. Marriage appears to introduce a period of extended monogamy with one partner for most women. Thus, the number of lifetime partners and their turnover rate is probably quite small compared to men. However, it is likely that the patterns vary during different periods in life. More work needs to be done to understand women's sexual activity throughout the life cycle, particularly patterns of partnership among different age groups. In contrast, it is the norm for men to pursue multiple partnerships. As a result, even women in long-term, monogamous partnerships face a heightened risk for STDs.

Although most women did not discuss their own sexual relationships outside their primary partnerships, several did discuss quite freely the idea that their primary partners must have other sexual relationships and that this was the probable source of their STD. Most identified their primary partner as the probable source of their STD.

The prevailing theme of trust that emerged as a determinant of partner communication must be considered carefully. It is interesting that many women expressed trust in their regular partners, even though the presence of an STD suggested to many of them that their

partners were involved in other sexual relationships. On the one hand, established trust with a regular partner appeared to ease the path toward discussion of STDs. On the other hand, the perception that trust was an important ingredient in partner communication also seemed to indicate, particularly for men, that they would not be motivated to contact a casual partner, with whom they did not have such a relationship.

Although about half of the women said they would find no problem in discussing the STD with their partners, it is alarming that others did express anxiety or fear about doing so, and feared that they would be seen as 'unclean' or 'unfaithful'. Other research in similar settings has shown that women may face the risk of violence when informing a partner of their HIV status (Temmerman et al. 1995; Van der Straten et al. 1995), and that the spectre of violence permeates many sexual relationships (Varga and Makubalo 1996).

Notably, only two respondents, both women, raised the issue of HIV/AIDS during the interview. This may indicate a lack of awareness about the relationship between HIV and other STDs, although this issue was raised explicitly in each of the counselling sessions that took place before the interviews.

On the other hand, the women interviewed here were not dealing explicitly with the issue of HIV/AIDS. Although STDs are seen as shameful and embarrassing, they are common diseases that have been known for some time. Zulu medical ethnographies document categories of disease that are analogous to STDs, such as *umhlombe* (a discharge), and sores that can be caused by jealousy or stepping over something placed on the ground (Ngubane 1977). Whereas STDs are well known and understood within local explanatory models, HIV/AIDS is not. Although basic awareness is increasing, the epidemic remains at a level where relatively few people have felt its impact. This is enhanced by heavy social stigmatization which prevents open discussion about HIV/AIDS and limits educational opportunities.

These findings suggest a need to explore further the balance of power within sexual relationships, and to understand better how women negotiate and discuss issues such as a sexually transmitted disease. Expressions of fear and anxiety must be taken seriously when recommending strategies such as partner notification that confer responsibility upon a sexual partner without fully considering the relationship in which that partner exists. Women's apparent acceptance of multiple partnerships among men must be more carefully examined and understood. These issues further emphasize the need to contextualize strategies to promote sexual health within a better understanding of social processes and norms.

All of these findings have important implications for reducing the spread of sexually transmitted diseases. It is clear even from this limited research that notification of partners about an STD has far more to do with partner relations and the perceived importance of the relationship than with notions of disease transmission. This is an important consideration, particularly as these interviews were conducted after a counselling session in which basic facts about STDs and the importance of partner notification were stressed. Although some respondents did indicate that they would notify the partner from whom they thought they got the STD, the assumption was made frequently, particularly by men, that this must have been a recent 'casual' partner.

These findings have raised some important issues about patterns of partner communication. Understanding the processes of sexual networking is also important for successful prevention strategies, and these need to be further explored. It is important to understand that partner networks are fluid and changing, not static, and that communication between partners in a network depends on power dynamics within relationships and perceptions of different types of partners. In a social setting in which multi-partnered sexual activity is widely accepted, particularly for men, the success of partner notification strategies depends on incorporating these realities.

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