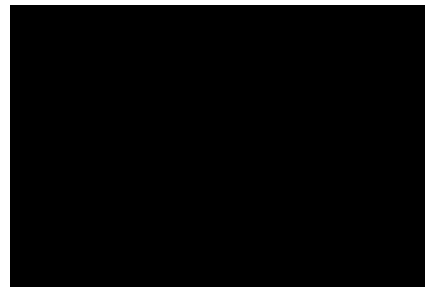




# Community Dialogues as a Method to Discuss and Reduce Multiple Concurrent Partnerships in Lesotho

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# Outline

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# Background

- HIV Prevalence amongst adults 15-49 in Lesotho was estimated at 23.2% in 2008 (3<sup>rd</sup> highest in the world).
- It is estimated that there are around 270,000 people living with HIV/AIDS in the country, with 60 people dying every day from AIDS complications.
- Evidence suggests that MCP constitute a significant driver of the HIV/AIDS epidemic in Lesotho.
  - 60% of all new HIV infections were linked to MCP (The Modes of Transmission study)
  - Furthermore, concurrent partnerships often go unreported by the person with more than one partner and in Lesotho.

## Overview of the C-Change Program in Lesotho

- The C-Change program is supporting the NAC and MoHSW in their collaboration to reduce the prevalence of MCP behavior through a series of behavior change communication initiatives
- In January 2009, a short-term MCP communication campaign comprising mass media & community-based outreach components was launched and a follow-up longer-term campaign began in the middle of 2009.
- The **focus** of the C-Change campaign was to promote open dialogue about HIV and MCP, while educating and mobilizing communities to effectively implement further interventions to lower MCP prevalence.
- This was addressed through a series of community dialogues which were facilitated and managed by C-Change partners in five districts across Lesotho namely: Maseru, Leribe, Butha-Buthe, Mafeteng and Mokhotlong.

# Aim & Objectives

A qualitative evaluation of the C-Change intervention, *Relationship: Intimacy Without Risk*, involving community dialogues was conducted among participants of these community dialogues in February/March 2011, in five districts (Maseru, Leribe, Butha-Buthe, Mafeteng and Mokhotlong) across Lesotho, in order to learn from them

1. how well the community dialogues worked in improving communications in their communities on such topics as MCP, cross-generational sexual patterns, and transactional sex; and
2. the effect, or potential effect of the dialogues on these risk behaviors.

The evaluation focused on the participants' perspectives and assessments of the intervention which they received from mid-2009 through September 2010

# Methods

## 1. Study Design

- Qualitative evaluation of the intervention

## 2. Sampling

- A list of dialogue participants was obtained from C-Change partner, PHELA (responsible for implementing community dialogues)
- Dialogue participants were approached to participate in the study and, if interested, they signed consent form.
- A convenience sample of 158 women and 107 men aged 18+ years out of the 485 women and 204 men who had participated in community dialogues was formed.
  - 54 IDIs- 28 with females and 26 with males
  - 29 FGDs totalling 211 participants – 17 female and 12 male FGDs, 4-7 FGDs per district, 5-7 participants per FGD

# Methods...

## Breakdown of the Sample

- **Table 1: Number of IDIs participants by location and gender**

| Population | Maseru | Leribe | Butha-Buthe | Mafeteng | Mokhotlong | Total |
|------------|--------|--------|-------------|----------|------------|-------|
| Women      | 6      | 5      | 6           | 6        | 5          | 28    |
| Men        | 5      | 4      | 6           | 7        | 4          | 26    |
| Total      | 11     | 9      | 12          | 13       | 9          | 54    |

- **Table 2: Number of FGDs participants by location, and gender**

| Population | Maseru | Leribe | Butha-Buthe | Mafeteng | Mokhotlong | Total   |
|------------|--------|--------|-------------|----------|------------|---------|
| Women      | 3(17)  | 2(19)  | 4(28)       | 4(29)    | 4(37)      | 17(130) |
| Men        | 2(13)  | 2(17)  | 3(25)       | 3(16)    | 2(10)      | 12(81)  |
| Total      | 5(30)  | 4(36)  | 7(53)       | 7(45)    | 6(47)      | 29(211) |

# Methods...

## 3. Data Collection

- FGDs and IDIs were used to collect data by trained NUL staff (20)
- All interviews were tape recorded
- All interviews were transcribed and translated
- Notes were inserted in relevant sections of the transcripts to clarify the context in which statements were made as well as to clarify statements resulting from poor sound quality

## 4. Data Analysis

- Thematic content analysis - identifying themes & sub-themes, identifying underlying similarities between them, grouping and naming them
- Researchers worked together in the same room in order to engage on possible interpretations, meanings and arrive at the most accurate interpretation of quotations.
- Attention was paid attention to words and phrases from the participants' own vocabulary that captured the meaning of what they did or said .

## 5. Ethics Approval

- Secured through both the IRB used by C-Change and the Lesotho Ethics Committee prior to commencement of the study



# Guiding questions for IDIs & FGDs

1. What do you think are the major issues facing your community right now?
2. What role does “concurrent sexual partnerships” play in the spread of HIV in your community?
3. Tell me what you thought about participating in the Community Dialogues?
4. What are your views on the use of the community dialogue for a sensitive topic like MCP?
5. What effect do you think the dialogues have had on your community?
6. What effect has participation in the dialogue had on your communications/discussions with your own sexual partners?
7. How effective are community dialogues in discussing such topics?
8. What is your perceived appropriateness of having community dialogues?
9. What are your views on the potential effect community dialogues can have on MCP?
10. Indicate whether or not you think this approach will influence people to change this behavior, why or why not?
11. Explain the degree to which you would like to see these community dialogues occur in the future
12. Would you participate in these again? Please tell me why or why not.
13. Would you recommend them to any of your friends or family members?!

# Findings

1. Major issues facing the community;
2. The role of MCP in the spread of HIV in the community;
3. Views of participation in the community dialogues and their effect, or potential effect, on the community;
4. The effect of community dialogues on participants' partnerships; and
5. Moving forward – suggestions for change or enhancement of community dialogues.

# Major issue: Substance abuse

Almost all participants indicated that alcohol and drug use contributed towards risky behaviour which increase HIV risk:

- **Unprotected sex:** *If people drink too much, they get drunk and finally they would engage in unprotected sex, especially the youth. **Male IDI (Age 37) from Botha Buthe***
- **Reckless behaviour:** *.. if they engage in drugs because when they (young people) get drunk they lose control. They are careless about sex; they do not care anymore or think of using a condom. **Female FGD (Age 30+ years) from Maseru***
- **MCP:** *.. A man will buy alcohol for me. After that, when we go home, maybe we will be going in the same direction and on the way he will over power me and tell me he wants to have sex with me..... Because you are both drunk, you do not remember to condomize and you just do it. **Female FGD (Age 30+ years),Mokhotlong***
- **Sexual violence:***..This is when this drugged person ends up raping, or going to an extra-marital affairs, and things like those. **Male IDI (Age 33), Mafeteng***

# Major issue: HIV/AIDS

Most participants indicated that HIV increased due to:

- **Unprotected sex:** *Those condoms - there is a time they would tell you that: "No they are smelly! Now you have brought the smelly ones today" I give them out. Female FGD (Age 30+ years), Botha Bothe*
- **Intentional transmission :** *These are types that will go around, telling themselves that "I will not die alone, because I do not know who infected me, I want to die when I also have spread it". Female IDI (Age 55), Mafeteng*
- **Lack of HIV testing:** *I will not test, I will not go there because when I hear them saying that I have HIV/AIDS I'm going to stress out, and end up dying immediately. Female FGD (Age 30+ years), Botha Bothe*

# Other major issues

- **Poverty and unemployment:** .... *I may not be able to express myself clearly, but all I am saying is that we are poor and in need of money. **Female FGD (Age 30+ years) from Mafeteng***
- **Infrastructural challenges:** *I think a big problem in my village is the lack of clinics. The ones we do have are far away and people who need immediate medical attention cannot find help. **Male FGD (Age 25-29 years) from Botha Bothe***
- **Teenage Pregnancy:** .... *We have grandchildren who do not have their fathers, born out of the wedlock. **Female FGD (Age 23) from Mokhotlong** And issues like rape.*
- **Crime:** *Youth are the ones who are mostly raped.... **Female FGD (Age Unknown) from Maseru - HA MANTSEBO***
- **Community apathy:** *In my village, when we invite them (young people) to public gatherings ... they refuse to come saying we are going to talk about this HIV/AIDS thing and they don't want to hear about it anymore.... **Female FGD (Age 23) from Mokhotlong***

## Role of MCP in the Spread of HIV in the Community

**The ripple effect:** .... if I have virus and I pass it to my lover who also has another lover, they will pass it to that other person. And that person might pass it on and on.. -

**Male FGD (25-29 years), Botha Bothe**

- **Unprotected sex:** ....when one has unprotected sex with many people it may happen that he/she may pass it to those people or they may pass it onto him/her! -  
**Male FGD (Age:?), Mafeteng**
- **Transactional sex:** ...Certain circumstances in the house may drive me to have MCP which would help me raise my kids without realizing that I may be getting myself into a problem that would affect my children in future- **Female IDI (53 years), Maseru**
- **No of HIV/AIDS Knowledge** ...it seems as though HIV is spreading because people are clueless. They are not aware that in this day and age they have to practice One Love. -**Female IDI (45 years), Leribe**
- **Unknown HIV status:** I think it is sleeping with many people not knowing their HIV status -**Male FGD (25-29 years), Botha Bothe**
- **Self gratification...**As people we have multiple love affairs; we refuse to engage in “one love” we seem not to be satisfied. **Female FGD (Age:?), Maseru**
- **MCP as common practice:** ...It is a common thing and it is the one that causes HIV to affect many people... -**Female FGD (25-29 years), Botha Bothe**
- **Apathy:** ... We tell them to stop such practices but they continue as if nothing is happening. -**Female IDI (Age 63) from Maseru**

## Positive effect: Improved sexual behavior

- **Reduction in MCP practices** :.. there are many people who used to have extramarital relationships and sleep around a lot. But, after the discussions they changed their ways.. – **FGD Male (25-29 years), Botha Bothe**
- **Increased protected sex**:..when I take box of condoms home, by the time I get there they would be finished.- **Female IDI (49 years), Leribe - Pitseng**
- **Reduction of transactional sex**: . .People (youth) no longer accept gifts in exchange for sex...- **FGD Female (25-29 years), Mokhotlong.**
- **Alcohol use**: ..People no longer drink alcohol which would get them into multiple concurrent sex. - **FGD Female (25-29 years), Mokhotlong**

## Positive effect: Open communication on sexual issues

**Spouses:** *Yes, to tell the husband that I need you, then he appreciates and understand. We become free with each other, likewise my husband tells me when he needs me, which stops him from going outside. - IDI Female (Age 42) from Leribe*

- **Children:** *The dialogues have brought changes within families; today they are able to discuss issues with their children, especially those entering the teenage stage .. - IDI Female (Age 55) from Mafeteng*
- **Parents:** *Even to my parents I explain everything about sex. In the past it was embarrassing. But now I know that to keep it a secret will lead to our death. We shall all die. We have to talk... - IDI Male (24 years), Mafeteng*
- **Families:** *same quote for children*
- **Peers:** *At one time I talked about these things with my friends when they visited me. I brought the booklets I had and we had a discussion about the topics. There were some disagreements but I let them take the booklets and read for themselves. - Male FGD (25-29 years), Botha Bothe*
- **Communities:** *From my point of view, the discussions have had a positive impact. They have encouraged people to speak more freely about topics a typical Mosotho would not have engaged in before. Male IDI (25- 29 years), Botha Bothe*



## Positive effect: Knowledge & information dissemination

- **Knowledge on HIV Prevention:** People know about the use of condoms and they do not believe in the myths about condoms that they cause kidney disease and that the lubricant used in condoms transmits HIV. - **IDI Male (Age 58), Leribe**
- **Knowledge on HIV transmission:** We also learned that it is not transferred by sharing of one toothbrush by many people but they should know about all possible ways in which HIV can be transmitted because other families are disadvantaged, people still share toothbrushes. - **IDI Male (Age 58), Leribe**
- **Knowledge on HIV risks:** The discussion has taught us a lot. We have learned that having multiple partners brings diseases but having one partner and using protection all the time keeps you free from diseases. Even if you and your partner have other partners, you will not infect each other. **Male FGD (25-29 years), Botha Bothe**
- **Knowledge to make informed decisions:** It has taught me that I have to have a strong backbone, to be able to make my own decisions and stick to them. If you are not a strong person, every person can easily influence you and lead you astray. – **IDI, Male (25-29 years), Botha Bothe**
- **Information dissemination:** Ok Madam, it is a matter of not being selfish, I have to spread the message to others by various means, such as providing people with books we got from Phela, since the information they contain cannot easily get lost. - **Male IDI (Age 27) from Mafeteng**

## Positive effect on partnerships

**Almost all participants agreed that the dialogues**

**Strengthened communication with spouse/partner:** *They have personally helped me a lot, as I am now free, to talk about sex issues, unlike before when I used to think that they can only be initiated and discussed by my husband. It is now our collective business.*

**- IDI Female (Age 42), Leribe**

**Strengthened love and trust :** *I would join future discussions because now I am able to go to the clinic to have mine and my wife's blood tested. We now have love and trust in my family.* - **FGD Male (25-29 years), Botha Bothe**

**Improved sexual technique...** *Another thing is that when we had sex we just went to penetration, but now we talk first and get ourselves excited. We touch each other here and there with the light on without fearing anything. This is what we did not know because we just had sex in the dark. But now even when we bathe we are not scared of each other, he gets undressed and I undress, then we clean our bodies and we get to sex having touched each other and enjoying it!* - **FGD Female (Age 23), Mokhotlong**

**Improved family well being:** *...n my capacity as head of the Trade Union, people we talked to showed interest in that they said these things enlighten them and there is love and understanding in the families as a result of these things.* **Female FGD (Age 30+ years) from Leribe**

**Supportive community environment:** *They have surely brought us together, they build the consensus with the community and together we work cooperatively and united we solve problems.* - **IDI Female (Age 55) from Mafeteng**

## Other positive effects

**Improved health seeking behavior** : I see a great impact in my community because now, once a person gets sick, s/he goes to the health centre to check if it's just a minor cold or s/he has been infected... - **FGD Female (25-29 years), Mokhotlong**

- **Overcoming fear & increasing HIV testing:** ..we were afraid to get tested but now I go to the Health Centre with my head high because I am not afraid of HIV anymore. - **FGD Female (Age 30+ years), Botha Bothe**
- **Increased acceptance of one's HIV+ status:** ..I have observed that it has brought great change.. even those people who after testing discover that they have it, they seem to understand and accept their status..- **FGD Male (18-24 years), Botha Bothe**
- **Positive attitude/cultural change towards MCP:** Men were stubborn but here we managed to win over a few men, and they are now interested to talk to other men.. - **IDI Male (Age Unknown), Leribe – Pitseng**
- **Reduction in the spread of HIV:** Truly, actually I can see that HIV/AIDS has gone down, and that people benefited from such talks, and you can see benefits maybe from how each family behave... **Male IDI (Age Unknown) from Mafeteng**
- **Reduction in sexual crimes:** ... the discussions have also alleviated rapes. It's in rare case now to hear about rapes, I hardly ever hear where a person was said to have been forced to have sex with anyone. - **IDI Male (Age 48), Maseru**
- **Sense of fulfilment:** .. Above it all, I felt privileged to have imparted the information to the people of my village, so that they could also have information, even though they perceived it otherwise. **Female FGD (Age 30+ years) from Mafeteng**

## Critical view: culturally unacceptable

Some participants felt the community dialogues were culturally unacceptable:

- **Cultural taboo:** *Yes I notice that they clash with our cultural values as Basotho, “let’s say” we believe in traditional healers, and some of them refuse to be “up to date” and still use one razor blade for piercing many people. - Male IDI (Age Unknown), Mafeteng*
- **Inappropriate language:** *Even us, whenever we appear with bags and luggages with books, they starting mocking us; giving us names, making statements such as “There they come AIDS ladies, we now have names”. - FGD Female (30+ years), Mafeteng*
- **Disrespectful:** *Sometimes it makes me feel ashamed because some things when said in Sesotho sound bad- Male IDI (Age 38), Maseru.*
- **Age inappropriate:** *They were elderly women, probably older than me, so it was kind of sensitive and it appeared as though I was taking advantage of them. - FGD Female (30+ years) from Mafeteng*
- **Unacceptable to religious institutions:** *They say it cannot be discussed there, in church where there are children present - Male IDI (Age Unknown), Leribe – Pitseng*

## Other critical views

- **Instigate community and interpersonal conflict:** *That did not happen to me but that is typical of men. They would even encourage others to beat up their wives before they become wise. And that no man can get instruction from a woman while in actual fact there should be communication...* - **IDI Male (Age 63), Maseru**
- **Fatigue to the HIV/AIDS issue:** *Where I come from, whenever we support-groups make public gatherings and invite young people they always refuse to come, saying we are calling them for this AIDS of ours and we are disturbing them. They don't attend public gatherings at all. Usually we only talk with grown-ups who attended, as for youths we cannot get through them.* - **Female FGD (30+ years), Mokhotlong**
- **Dissatisfaction with mixed age groups:** *I did not like it because we had children in there, we were never free in our discussions...* - **Female FGD (30+ years), Mafeteng.**
- Non commitment/fatigue to the HIV/AIDS issue
- **Inability to change behavior for all:** *Yes Madam, there is a change for instance, 10 people attending the workshop, 5 out of 10 do understand and change their attitudes while the other 5 may not change.* - **IDI Male (Age 27) from Mafeteng**
- **Reinforces/introduces the practice of MCP:** *That person will engage in early sex! Why? Because of adventure - all he just feels is that he wants to witness with his own eyes whether he can contract it!* - **Male FGD (Age Unknown), Mafeteng**

## Way Forward: Continuation & expansion of dialogue coverage and resources

- ***Continuation and expansion of dialogues elsewhere:*** I have done three villages to date, during the project we did one village and two villages after the project. We need to cover more villages though. - **IDI Female (Age 24) from Botha Bothe**
- ***Involvement of specific groups in dialogues:*** ..would like to add that taking the discussions to schools would introduce the education early enough so that the children grow up with a good understanding of these important issues from an early age. - **FGD Male (Age 25-29 years), Botha Bothe**
- ***Increasing resources available to community dialogues:*** I have already mentioned that Phela should be assisted financially for better coverage. - **IDI Female (Age 45), Leribe**

## Forward: Expansion of the community dialogue content

***Incorporation of cultural activities:*** *I think if we could work as a group and make dramas on “one love”, I think people would be attracted to watch and see what this “one love” truly is? - Female FGD (Age Unknown), Maseru*

***Inclusion of HCT:*** *Yes. I would like it to be a few villages, and also asking men and women who test people, to come to the rallies, so that while we are still talking about these issues of HIV, there should be people counseling and testing other people. - FGD Female (25-29 years), Botha Bothe*

***Inclusion of community competition:*** *I wish there would be some virginity competition especially in school among the girls whereby a girl who will be found to be a virgin will be given some award, and boys as well. This will be done to encourage the youth to abstain and keep their virginity. - IDI Male (Age 37), Botha Bothe*

## Programmatic changes to community dialogues

**Timing of dialogues:** *In the country there are many jobs with different times, for instance now its harvest time, we are busy, the boys are coming from initiation. Hence I say before and after Christmas are very busy times and we can't meet up in a proper way. ..* - **Female FGD (Age C), Botha Bothe**

**Duration of dialogues:** *I think it was too long and a bit discouraging for participants taking into account that they have their own personal commitments, so my suggestion is that they [community dialogues] should take at least 1 hour or less.* - **Female IDI (Age 54), Mafeteng**

**Frequency of dialogues:** *Again I think the dialogues should be held more often because if there is only one seminar people tend to go back to their old ways.* - **IDI Male (25-29 years), Botha Bothe**

**Establishing age-specific groups for dialogues:** *If people are of different ages it is really a problem but if they are of the same age they are free to talk. A youngster will be shy to talk about certain things in the midst of grown-up people, the same goes for the elderly.* - **FGD Male (30+ years) from Leribe – Pitseng**

**Increasing training associated with community dialogues:** *We ended up realizing that its not enough so much that we were given eleven trainings to do our thing like I said we met for four days, we ended up extending the time to two days a week.* - **Female IDI (Age 53), Maseru**



## Recommendations

**Target communities most in need, specific institutions and key opinion leaders**, e.g. schools to reach youth, prisons to reach the incarcerated, businesses to reach employers/employees and churches to reach congregants and community chiefs ensure more comprehensive buy-in and coverage.

**Link dialogue project with strategic cultural/community activities:** Use more locally based cultural events, e.g. dramas, HCT at local rallies and sponsoring community competitions among youth.

**Provide ample resources to support dialogues:** more financial support for meals and travel for those conducting and reaching out to the community as well as minimal incentives for persons from the community to participate.

**Obtain feedback from the target population: determine** preferences for the timing, duration and frequency of dialogues.

**Consider providing age-specific groups:** split up into subgroups of adults, young males and/or young females to promote more open dialogue on sensitive sexual topics.

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Ke a leboga.

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