

Multiple Concurrent Partnerships: The story of Zimbabwe – Are *small houses* a key driver?

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Introduction

Twenty-five years on, Zimbabwe's HIV and AIDS epidemic is characterised by a prevalence rate of 18.1%, 3,000 deaths per week, and more than 800,000 orphans. A combination of high levels of poverty in the country and the negative impact of HIV and AIDS are driving people, especially women, to concentrate on the day- to-day survival of themselves and their children, even if it means exposing themselves to high risk situations. While so far, government has responded to the epidemic primarily by utilising its own resources mobilised through the popular AIDS Levy, without external support and resources the AIDS Levy is grossly inadequate in fighting the devastations of the epidemic.

Close to 600,000 people infected with HIV and AIDS are in need of treatment right now and yet less than 10% are accessing the life prolonging drugs. Therefore, prevention and programmes to reduce new infections must remain the backbone of Zimbabwe's HIV and AIDS response. Awareness of HIV and AIDS is very high among Zimbabweans, but behaviour change remains a clear challenge, as observed in the continuing high levels of new infections.

A study by Gregson, in Manicaland in 2005, which helps to explain the decline in prevalence rate (from 25.5% in 1998 -2000 to 18.1 % in 2004) attributed this to a general decline in casual sex among young Zimbabweans and delayed sexual debut. While this has been applauded as an indication of positive behaviour change, the emergence of another phenomenon that seems to have replaced casual sex, commonly called the *small house*, is an area of concern. It seems that men are viewing small houses as a new and safer way of dealing with HIV and AIDS. Although this paper is not based on any scientific study or evidence, it is based on findings from focus group discussions held with men and women in Harare who are all very familiar with the small house practice.

Small Houses defined.

Small houses are a form of concurrent relationship in which a person is having regular sexual relations with another person, while at the same time continuing to have sex with their current primary sexual partner. In this case the primary sexual partner is the legal wife or the partner they live with, even though not legally married. In the simplest terms a *small house* is defined by many Zimbabweans as; an informal, long-term, secret sexual relationship with another woman who is not a man's legal wife, carried on in a house that is a smaller version of the man's own home in another residential suburb. In some cases there are children who do not necessarily use their father's name and in a few cases *lobola* has been paid to the other women's family. For as long as it is practically possible the small house is kept secret from the legal wife and her children.

From the several studies and analyses done by prevention experts on this topic it has been unanimously agreed that such multiple and concurrent relationships are a key

driver of the epidemic. The purpose of this paper is not to discuss the morality of this practice but to look at whether it is indeed a key driver of HIV and AIDS. It is important to note that although this paper is on Zimbabwe, small houses are also found beyond the borders of Zimbabwe, in other southern African countries and referred to by different local names.

Causal Factors as indicated by the people interviewed

The high levels of AIDS-related deaths in Zimbabwe have forced men to acknowledge that AIDS is indeed a problem that they can no longer afford to ignore and demands that they find new ways of doing business. The message of abstinence, faithfulness and condom use (ABC) is well known to all. However the desire for multiple sexual partners has convinced men that small houses could be a safer way of continuing to enjoy sex with multiple partners, rather than choosing monogamy and faithfulness, which are widely viewed as western ideals not applicable to Africans.

According to most of the men in the focus group discussions, they are pushed by their wives to start small houses. Using their own words, *“wives are nagging, there is no time to rest or have peace in your own home without the wife asking for money for this and that or complaining about what has not been done or paid by the husband.”*

“Once they are married women tend to relax and take so many things for granted, they stop pampering their husband and are always moody, complaining or shouting.”
“Most wives use sex deprivation as a tool to punish the husband when they are not happy.”

“Before small houses we would stay in the beer hall until late, have a bit of casual sex and get home when I know she will be asleep. But now with HIV/AIDS casual sex is now a no go area. In contrast the small house is a house of peace where I can rest mentally and physically while being treated as a king. My responsibility is to pay the rent and buy food. When I do buy the woman anything she is very grateful whereas my wife and children at the big house feel it is their right and might not see the need to appreciate what I do. Sexually I can do at the small house that which I do not necessarily do in my house (oral and anal sex) because my wife sees it as embarrassing and unacceptable. The small house is really my wife the only difference is that there is no legal certificate or rings.”

When asked whether they use protection most men expressed the view that a small house is different from a casual partner. “I do not want to offend the woman by using condoms because she is just as faithful as my wife at home”. So to keep this faithful and trusting image, the couple does not use condoms. “In some cases the woman wants to have children with me.”

Most men confirmed and emphasised the use of condoms in casual sex, which is no longer encouraged as it is seen as high risk. The problem is that small houses are not viewed as high risk at all. Men indicated the woman has no reason to have sexual relations with other men because her needs are taken care of. Besides they are at the small house quite frequently with some men spending time there more than in their marital homes. It is men's low perception of the risk that is the real danger. Some stated that even though they might have initially met their partner in a pub, they have found that when they are taken care of, the women become faithful to them.

Surprisingly, the women in the small houses had different reasons for being in these unions. The types of women in small houses range from those that are unemployed or self-employed, those employed in the private and public sectors and those running their own businesses; they are single young women, single older women, divorcees, widows, and single mothers. The first category of women, those unemployed or self-employed pointed that their first and key reason is economics.

Life is hard in Zimbabwe, with inflation close over 2,000% making it difficult for the average woman to make ends meet, even if they are working. They view rich men as a mechanism to subsidise their salaries. For most the relationship is based on the man's financial ability to meet their economic needs. Women will do everything to keep the well-to-do man. However many noted that it is not easy to get a man with enough money to take care of all their needs, as well as those of his family.

“Therefore sometimes it becomes necessary to have more than one person to meet my needs so that the responsibilities are shared. *Once in a while we use casual sex to generate the extra income.*” These women acknowledged the risk involved in not practicing safer sex, but emphasised the need to appear trustworthy to both men. “*If you insist on condoms the men will leave because they will believe that you are seeing other men. The more trustworthy you look the more you get*”

Asked if they went for testing before getting involved, both men and women laughed and indicated that the first sexual encounter is usually unplanned. The small house is established after a few encounters of usually unprotected sex, so at that point there is little sense in going for testing. A few indicated they had gone for testing afterwards especially when the issue of having children came up for discussion.

The models vary from situations where the man moves into the woman's house and establishes himself as the man of the house by contributing financially, or asks the woman to look for better accommodation, for which he will pay the rent and utilities. Very rarely do men actually buy a house except when there are now children. The temporary nature of the relationship seems to be indicated in the use of rented accommodation.

The second category of women in small houses are those that are economically empowered; she has a well paying job and does not need a man for his financial contribution but wants a man to fulfil her sexual needs, for companionship, and in some cases, to have children. These women have their own house and car and can generally take care of their own needs as well as those of the man. In some cases they are looking for a lasting relationship or even marriage. These women are single widowed, or divorced. Such women indicated that their major challenge was that their relationships with older men do not last because men often felt threatened by women with power, and preferred younger poorer women that they could control.

These women are usually left for women in more vulnerable situations and eventually settle for younger men who will appreciate them and the wealth they can offer. However there is a tendency for these younger men to take the resources and spend them with women of their own age group, thus putting everyone involved at risk. Although this category indicated that they could insist on condoms, for the same

reasons of building trust and fear of desertion they do not. It is much harder for wealthy women to get partners that it is for younger and poorer woman.

The third category of women are the ones that every man with a small house thinks he has. This group consists of women who view the relationship as their second chance and maybe an opportunity to end up with a long-term partner because they are divorced, widowed, or just never got someone to marry them, and in many instances they have their own children already. The relationship is sometimes based on the premise that the man will eventually leave his wife for her. Under this belief the woman in the small house must prove beyond reasonable doubt that she can be a real wife if not better than the man's wife. Therefore whether the man has or does not have money, is not an issue.

This woman is indeed faithful to that one man, as she cannot risk losing this second opportunity. Condoms are not discussed in this relationship because as the woman asks; "How different am I from your wife at home?" The luxuries will gradually increase in the form of the purchase of a vehicle, a flat or renting a big house in the affluent areas, and a child might even be born in the union. This relationship becomes a form of polygamy, although it is not necessarily acknowledged as such. The longer it takes before the man confirms his commitment by either paying lobola or leaving his wife, the more the small house starts to make demands.

She expects the man to split his time equally between herself and his wife; she expects the man to account for the time he is not with her. When this happens the man too often decides that it is time to end the relationship and move on to find another one, because these pressures, structures and accountability are the very things he is running away from. The payment of the rent is staggered until it ceases, the car is withdrawn on the pretext that it is going for service and his visits become sporadic until they also cease. The risks involved in this union are obvious. The partners are not usually tested at the beginning of the union and so neither one knows if the other is already infected, even before the first sexual encounter.

Mutual Fidelity within small houses

The risk of HIV transmission within small houses depends on a variety of factors; partner's infection status, partner choice, pattern of concurrency, and the level of infection in the network and protective sexual behaviours within the partnership.

It is clear that perceived mutual fidelity is the basis of the relations within small houses. Sadly, not all the partners are honest. Occasionally, wives frustrated by the knowledge of the existence of the small house seek consolation from other men too. The complexity of mutual fidelity is the fact that it is basically defined by the person involved in the relationship and their ability to assess, manage and respond to risk in the relationship. It becomes difficult to demand condom use in the context of a partnership in which one or both partners believe that their risk is avoided through mutual fidelity. And yet, in Africa the face of HIV and AIDS is a **woman's** face. Today at least 57% of the people living with HIV and AIDS in sub-Saharan Africa, Zimbabwe included, are women.

In spite of all the acclaimed success in gender empowerment programmes in Zimbabwe, woman still lack the capacity to take control of their sexual lives and

demand protection both within and outside the institution of marriage. The woman, in the main house and the woman in the small house both know that they are at risk of contracting HIV and AIDS, but neither has the capacity to take the bold step to challenge the men by either insisting on condoms and testing, or simply to leave. Cultural expectations and pressures, the much needed financial stability and the respect brought about by marriage make it difficult for women in Zimbabwe to divorce a man for having multiple partners. Small houses have exposed the interrelationships between power dynamics, gender inequalities and HIV and AIDS in Africa, and are undermining much of the work being done in gender and development.

Social Contexts that either facilitate or prohibit concurrent relationships.

While these social contexts are diverse, an important one is the role played by families, friends and community in general, in facilitating the existence of small houses in Zimbabwe. Generally Africans are more polygamous than any other society in the world. In the last few decades this has been discouraged by some religions while others have continued to promote it. However, secretly most men harbour the desire to have more than one partner as evidenced by the number of sex scandals we read about every day in both religious and political high circles. Small house are emerging as a way of fulfilling those hidden desires without risking undue embarrassment to a man's social standing. On the other hand the community tends to quietly support the existence of this practice with statements like; "*At least he is not divorcing his wife.*" Divorce in many African societies is the ultimate disgrace to both families and is therefore not easily permitted or accepted. People are more comfortable with the man going out to *graze* and then coming back to his family even if it involves the man being away from home for the greater part of the month. Rarely do family and friends openly condemn or discourage a man from concurrent sexual relations.

Most of the small house women have been formally introduced to the rest of the man's family. In some cases lobola has exchanged hands, with both families knowing that the man is already married. While most first wives will know about the existence of these extra-marital relationships from the husband's behaviour, most will claim not to know. Therefore they may or may not confront the husband. Although there is a law in Zimbabwe that allows women to sue the other woman for adultery, most women are too embarrassed to expose their problems to the public, while some have been threatened with divorce by their husbands leaving them with no choice but to just leave things as they are. Some wives pass comments like "*his small house's husband died of AIDS, he wants to get me killed.*" Others indicate that by the time they find out for certain, the relationship will have been going on for sometime and so they choose to live with the assumption that they could be infected already. Very few families will encourage the woman to take responsibility for her own life and divorce. The fear of the taboo that goes along with women taking the lead in getting a divorce supersedes even their fear of dying from AIDS.

Recent reports have shown that marriage has become high risk and it is even more risky in those countries like Zimbabwe where concurrent sex is high. The sexual offences bill passed in Zimbabwe gives women the power to take their husbands for marital rape as well as wilful transmission, but sadly this bill has never been tested. Women are not willing to take that legal recourse. Instead they choose to believe that

it is their fault if the husband goes to a small house and so they put even more effort into being a “good wife”, only to be more frustrated in realising that nothing changes.

Key Facts about Small houses

The fact is that concurrent sex or small houses are a key driver of the epidemic for a number of reasons; people do not know their status when they engage in sex, condom use is zero in these relationships despite high HIV awareness levels; mutual fidelity is very rare; small houses are themselves driven by other drivers like power dynamics and gender inequality, which make it difficult for women on both sides of the relationship to demand protection, even when they know they are at risk. Small houses make ABC a joke.

Conclusion and recommendations

The vulnerability of women to HIV and AIDS has been recognised for sometime now, yet few national programmes have addressed the need to challenge gender inequalities and develop programmes that approach men and women in different ways. The fact that men are a key driver has been underplayed by the need not to apportion blame. However small houses are an area in which men are taking the lead in exposing women to risk of contracting HIV and AIDS. By not taking the responsibility to stick to faithful monogamous relationships they are directly surrendering their role of protector.

The following are some key recommendations to address concurrent relationships. Increase awareness of the fact that small houses are not a safe haven but are instead a major risk factor to all the partners in the network. Encourage testing for people to know their status and avoid putting others at risk. Increase use of condoms where concurrent relations exist, including within marriages. Increase access to women-controlled prevention methods that will put the power of safe sex in women's hands. Gender programmes need to do more in empowering all women to demand their right to safer sex and to deal with the consequences that might arise. Address as a matter of urgency cultures that continue to undermine women and put them at risk of HIV and AIDS, by engaging communities to be at the forefront of identifying solutions. Communities must be encouraged to support their children who want to divorce or leave these high-risk relationships. Increase access to male circumcision to reduce risk and provide treatment to the infected to prolong lives. Zimbabweans must openly confront and condemn small houses as they are a form of high risk multiple concurrent sexual relations. The current silent diplomacy found in most families is silently fuelling HIV and AIDS and needs to be stopped to save lives and reduce the numbers of new infections.