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ALCOHOL CONSUMPTION, SEXUAL PARTNERS, AND HIV TRANSMISSION IN NAMIBIA

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Alcohol Consumption, Sexual Partners, and HIV Transmission in Namibia

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Cover photos: Debie LeBeau

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CADRE	Center for AIDS Development, Research and Evaluation (S.A.)
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention (U.S.)
CORD	Coalition on Responsible Drinking (Namibia)
CSSR	Center for Social Science Research (S.A.)
DHS	Demographic and Health Surveys
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
HCP	Health Communication Partnership
IOM	International Organization for Migration
IPPR	Institute for Public Policy Research (Namibia)
KAP	Knowledge, Attitudes and Practices
LAC	Legal Assistance Center (Namibia)
MoHSS	Ministry of Health and Social Services (Namibia)
NACOP	National AIDS Co-ordination Program
NACP	National AIDS Control Program (now the NACOP)
NGO	Non-Governmental Organization
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NPC	National Planning Commission (Namibia)
NTD	National Testing Day (Namibia)
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SMA	Social Marketing Association (Namibia)
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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Fransina Ndateelela Kahungu and Alexia !Naris translated and transcribed bar and household interviews, while Annie Welsh, Ben Gorelick and Pieter Stoman edited the final transcriptions. James Sparks typed Oshakati field notes. Mina Shikongo and Fillipus Shilongo gave support during data collection in Oshakati.

The field research teams consisted of the following:

- **Katutura Team:** Brenda Oarum, Daniel Alberto, and Alexia !Naris conducted the bar and household interviews in the Katutura sites and participated in bar observations.

- **Oshakati Team:** Veikko Iitembu, Feris Joseph, and Elicia (Pandu) Hanghome conducted the bar and household interviews in the Oshakati sites and participated in bar observations.

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- ICF Macro (formerly Macro International) with comments from USAID, CDC, MoHSS, UNAIDS, and UNICEF
- Research Facilitation Services, Windhoek, Namibia (implementation and data processing).

EXECUTIVE SUMMARY

Introduction

This report presents the results of a qualitative research study undertaken to examine the impact of alcohol consumption on sexual partnerships and its implications for the transmission of HIV. The study examines individual experiences related to the risk of HIV infection.

The overall objective of this study was to provide information to plan effective interventions to reduce HIV transmission in Namibia. The two likely drivers of the HIV/AIDS pandemic that were examined were alcohol consumption and concurrent sexual partnering. The specific objectives of the study were: 1) to explore the structure and content of sexual partnerships by collecting information on sexual histories of individuals, and 2) to examine the role of alcohol consumption in different social contexts and, for bars in particular, the ways in which the context contributes to higher-risk sexual behavior. Overall, the study sought to assess the extent to which alcohol consumption and patterns of sexual partnerships facilitate HIV transmission in Namibia.

The study used a variety of methods to collect data on alcohol consumption and sexual partnerships in social contexts in Namibia. These included: 1) mapping the location of bars in each study site, 2) observation of behavior in bars, 3) informal interviews with bar managers, bar tenders, and community leaders who have key information on local patterns of alcohol consumption and higher-risk sexual behavior, and 4) guided interviews with men and women recruited from bars and guided interviews with equal numbers of men and women recruited from households in each study site.

The mapping assessment was used to determine the distribution and types of bars in the research sites, as well as provide the basis for the selection of bars where observations and interviews were to be conducted. Observations in bars were used to understand the common practices of alcohol consumption and sexual partnering. Guided interviews with people found in bars and in households helped to discover local knowledge and experiences as well as identify social processes and local understandings of events that promote alcohol consumption which may lead to sexual risk behavior. Bar managers/owners and bar tenders gave in-depth information about drinking and sexual risk behavior that occurs in their establishments, while community leaders provided additional information about alcohol consumption and their perception of the impact such behavior had on their communities.

Sexual Partnering and Risk Behavior

The risk of HIV transmission through sexual relations depends on the nature of the relationship. Individuals who are married or living with a partner have a low risk if each of them is faithful to the other, while individuals who are sexually active with a number of partners in a short period of time, with or without a main partner, are at the greatest risk of HIV infection. That risk is reduced by frequent condom use with casual partners.

One of the most striking findings of this research is the common occurrence of informants who have one main sexual partner who lives far away, while having one or more local partners at the same time. The need to move to other regions for employment separates sexual partners and facilitates having concurrent sexual relationships, thus greatly increasing HIV vulnerability. Concurrent sexual partnering and greater sexual risk behavior are also enhanced by individuals who are sexually active without a main sexual partner because they have a number of partners in a short period of time. Therefore, people find it easy to have more than one sexual partner if they so choose. In addition, the social acceptance of men having multiple sexual partners also facilitates concurrency.

Almost all informants, regardless of gender or site, said positive things about the use of condoms, with most reporting regular condom use. Nearly everyone in a boyfriend/girlfriend relationship uses condoms regularly or all the time, but many people often do not consistently use condoms after drinking. In addition, some married men claimed to always use condoms outside of marriage, while others only occasionally or never use condoms outside marriage. People in steady relationships often use condoms with their partners until they go as a couple for HIV testing, and they stop using condoms if they are both negative. Of concern is the fact that some informants do not use condoms with their current main sexual partner, while a few informants (including people who are HIV positive and/or sex workers) said they have never used condoms.

Data from this study show that people who refrain from sexual risk behavior are usually in steady relationships (married or co-habiting), those who do not drink to excess or frequent bars, and tend to be younger. Most informants explained that they do not want to contract STDs or HIV, while other people said they love their partners or respect themselves too much to have sex with a stranger. Fear of disease and moral conviction (including religion) are two main reasons for abstaining from one-night stands and other short-term relationships.

Alcohol Consumption and Risk Behavior

Drinking places dot the landscape and are found throughout all four research areas. Bars are neighborhood places to hang out with friends, dance, socialize and play pool, the juke-box or gambling machines, in addition to drinking alcohol. Although the majority of bar patrons drink alcohol, some people socialize with friends at the bars and drink non-alcoholic beverages.

Observations in bars and conversations with bar patrons indicate that many people began drinking (particularly *tombo* home-brewed beer made from yeast, sugar and maize flour) when they were very young and have become addicted to alcohol. The data also indicate that many alcoholics are impoverished, unemployed, live in dreary conditions and have a fatalistic attitude about life. Thus, these informants are unconcerned about the effects of alcohol on their bodies and the risk of contracting HIV.

The exchange of alcohol for sex is a well known reciprocal relationship in Namibia. Of particular concern are girls, some as young as 14 or 15 years old, who go to the bars with other schoolgirls and let older men buy them drinks. This behavior puts the girls in risky situations such as being left alone with strange men. Some young women know what is expected of them and simply accept it, while others try to figure ways out of the exchange, but can become victims

of violence if they do not comply with the men's demands. Many girls get caught in the web of accepting drinks from men; if they have not already done so, they will eventually be expected to have sex with these older men who hang out in bars.

Data from interviews and observations found underage drinking in both Katutura and Oshakati. Observations found toddlers drinking *tombo* with their mothers at Babylon *tombo* houses and teenage boys (13 to 17 years old) drinking alcohol in Dolam's formal bars. In both research sites, underage sex workers drifted from bar to bar looking for work, and teenage girls looked for men to buy them drinks.

Most bars have condoms available either for sale or the free government condoms. However, some bar owners do not want free condoms in their bars because they want to earn extra money by selling condoms. Based on the number of community members, bar patrons and bar tenders/owners who asked for condoms during the course of the research, it appears there is a need for greater distribution efforts in informal settlements.

The availability of alcohol at bars and private parties in Katutura and Oshakati makes it easy for people to get drunk and participate in sexual risk behavior. Interview and observational data suggest that the concept of drinking in moderation is uncommon in Namibia, and many people may not understand the difference between abstention and responsible drinking. Most informants who drink alcohol do so to get drunk, while several informants describe 'drinking to get happy', often times considering the temporary release from their dire circumstances as happiness.

However, some informants explained that their parents or religious leaders have taught them values which have led them to drink responsibly and not participate in sexual risk behaviors. In general, people who do not drink alcohol gave religious reasons for not drinking, or said they were afraid of what could happen while they were under the influence of alcohol. Several people said they do not participate in risky sexual behavior because they do not drink to excess.

Intervention Programs

The intervention programs recommended in the Conclusion and Recommendations section will seek to lower the incidence of excessive alcohol consumption in conjunction with sexual risk behavior. The primary focus of these programs are education about and intervention for: 1) *sexual risk behavior* such as the increased risk of HIV transmission for individuals who have concurrent partners and high partner turnover; 2) *contextual risk* such as the increased risk to people who consume excessive amounts of alcohol in bars or girls who allow men to buy them drinks; and 3) *social change* such as altering the notion that men who buy alcohol or gifts for women have a right to a sexual exchange. The suggested interventions utilize existing programs such as the Coalition on Responsible Drinking's (CORD) "Alcohol aids HIV" campaign, the "Take Control" campaign, FBOs (such as churches and church choirs), the Social Marketing Association (SMA), and the popular in-school "My Future, My Choice" program.

I. INTRODUCTION

1.1 Relevance of Study

The HIV/AIDS pandemic has greatly affected Namibia as well as other countries in southern African in the past two decades. In Namibia, data from sentinel surveillance sites indicate a sustained HIV prevalence among pregnant women of around 20% for the past eight years (MoHSS, 2008a). The Ministry of Health and Social Services (MoHSS) and collaborating partners (USAID, UNAIDS, donors and line ministries) seek to reduce HIV infection rates in Namibia. A better understanding of the factors driving the pandemic will lead to enhanced programmatic efforts to prevent the spread of HIV (Yoder and LeBeau, 2008). To this end, a situation analysis was conducted in 2008 to identify the factors most critical to the transmission of HIV; it included the quantitative analysis of Namibia data sets and a comprehensive review of the available literature (de la Torre et al., 2008).

Previous analyses suggested the following as possible drivers of the HIV pandemic in Namibia: STI treatment patterns, migration, intergenerational sex, alcohol use, and concurrent sexual partners (c.f. de la Torre et al., 2008; LeBeau, 2008). Namibian national policy on HIV/AIDS recognizes the relationship between alcohol use, concurrent sexual partners, and the transmission of HIV in Namibia (MoHSS, 2007).

This qualitative research study was undertaken to examine the impact of alcohol consumption and sexual partnerships particularly those involving concurrent partners on HIV transmission. The study describes individual experiences related to the risk of HIV infection and interprets the impact of these experiences and patterns of behavior on the prevalence of HIV in Namibia.

1.2 Study Objectives

The overall objective of this study was to provide information that can be used to plan effective interventions that will reduce the level of HIV transmission. Two likely drivers of the HIV/AIDS pandemic in Namibia alcohol consumption and concurrent sexual partnering are the focus of this analysis.

One of the specific objectives of the study was to examine the content and structure of sexual partnerships. With only 35% of women age 15-49 and 31% of men age 15-49 married or in union (i.e., living together as if married), as seen in the 2006-07 Namibia DHS survey (MoHSS and Macro International, 2008), what kinds of sexual partnerships occur in the rest of the population? What are the expectations and responsibilities of sexual partners to each other? What is exchanged, what is negotiated? Do certain types of sexual partnerships increase the likelihood of HIV transmission? Information was collected on the sexual histories of individuals, including current experiences. Other topics covered were the maintenance of sexual partnerships over time and decisions about whether or not to marry.

The other specific objective of this study was to examine the scope of alcohol consumption in Namibian society, particularly in bars, at household parties, family festivals, and

other alcohol consumption venues, where the context may contribute to casual sexual encounters that result in HIV transmission. The past few years have seen the publication of studies in other countries in southern Africa on the contribution of alcohol consumption to HIV transmission and the related negative effects of alcohol consumption on treatment of HIV, particularly adherence to scheduled antiretroviral medications (Bryant, 2006; West, 2006; Needle and Ashley, 2005). Information from neighboring countries suggests that patrons who frequent bars, *cuca* shops, and *shebeens* are more likely to have multiple and concurrent sexual partners than those who do not patronize such establishments.[1]

1.3 Rationale

This study examined individual experiences with sexual partnerships and alcohol consumption to define the social context in which individuals negotiate their sexual relations and how they patronize drinking establishments and may engage in sexual relations. By generating dozens of accounts of experiences, combined with observations of social interaction in bars and at public events where alcohol consumption occurs, it can be determined which factors Namibians consider relevant to the maintenance of sexual relations both within and outside of marriage as well as what kinds of social interactions in bars place individuals at potential risk for HIV infection.

To assess how alcohol consumption might facilitate HIV transmission, this study examined drinking patterns in selected drinking establishments, at household parties, family festivals, and other alcohol consumption venues to determine how social context facilitates both excessive alcohol consumption and casual sexual encounters by learning who consumes alcohol at these venues and why certain patrons engage in risky sexual behavior.[2] By understanding patterns of excessive alcohol consumption coupled with sexual risk behavior, the study will be able to suggest interventions that can reduce the incidence of sexual risk-taking while intoxicated.

To understand the structure and content of sexual partnerships, the study examined the various types of sexual partnerships, as characterized by what is shared and exchanged within these partnerships, and how Namibians currently initiate, maintain, and terminate sexual partnerships, including casual and temporary relationships. By discovering how individuals initiate and terminate sexual partnerships, the study will also be able to suggest ways that interventions can affect the nature and numbers of sexual partnerships, and thus reduce HIV transmission.

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[1] Cuca shops and shebeens are informal establishments where alcohol is purchased and consumed.

[2] Unless otherwise specified in the text, all types of drinking establishment (bars, *shebeens*, *tombo* houses, *cuca* shops, women's household *shebeens* and night clubs) are referred to as bars.

II. BACKGROUND

2.1 HIV/AIDS in Namibia

Data on HIV prevalence in Namibia come primarily from sentinel surveillance sites where HIV tests are conducted among pregnant women, and modeling of HIV prevalence rates. The 2008 HIV sentinel survey of pregnant women showed a national HIV prevalence rate of 17.8%, down from a high of 22.0% in 2002 (MoHSS, 2008a). For the age groups between 15 and 29 years old (15-19, 20-24, 25-29), prevalence rates have declined, while for groups over 30, no consistent pattern emerges. The sentinel surveillance data also show that young pregnant women 15-19 years old have an overall prevalence rate of 5.1%; for those 20-24 the rate is 14.0%, and for women 25-29 years old, the rate is 23.8%. Women 30-34 years old have the highest rates of infection at 27.2%. The MoHSS (ibid.) explains that the lower prevalence rates among younger people is now being reflected in the prevalence rates of older age groups as time passed. Data from the National Testing Day (NTD) show a similar pattern with rates lowest for people 15-24 years old (ibid.).

A computer modeling of HIV infection rates conducted in 2006 estimated a national HIV prevalence rate of 15.4% for Namibians 15-49 years old (MoHSS, 2008b). Since the sentinel surveillance prevalence of 2008 decreased to 17.8% from the 2006 figure of 19.9%, the current prevalence of HIV among adults can be estimated to be below 15%. These figures are consistent with findings in other countries from east and southern Africa where population-based surveys found rates among adults to be from 1% to 20% lower than the rates found among pregnant women.

AIDS has altered demographic attributes of the Namibian population. The overall population growth rate for Namibia has dropped from 3.1 in 1991 to 2.6 in 2001 (NPC, 2003). The age structure for Namibia has shifted between 1991 and 2001 in that there are fewer children 0 to 4 years old than in the 5 to 9 year-old age group. This shift is due mostly to a decline in fertility rates, but HIV infection has also contributed (el Obeid et al., 2001). Life expectancy for females has dropped from 63 years in 1991 to 50 years in 2001, while male life expectancy has declined from 59 years to 48 years for the same period. This decline is due to AIDS related deaths (NPC, 2003). The aforementioned data indicate that although Namibia has made strides in improving the health of the population with lower fertility rates and improved infant/child mortality rates, AIDS has become the most significant health risk to face the Namibian people.

2.1.1 Response to HIV/AIDS

Namibia has witnessed a significant response to the HIV/AIDS pandemic, with non-governmental organizations (NGOs), community-based organization (CBOs), government and international donor agencies working in various fields to stem the tide of HIV infections and mitigate the impact of AIDS on affected populations. The MoHSS, in conjunction with several NGOs, donors, and CBOs, formed the National AIDS Control Program (NACP) in the early 1990s, but renamed and expanded the program in 1999 to the National AIDS Coordination Program (NACOP) to coordinate nationwide efforts to deal with the social and economic consequences of the AIDS pandemic, as well as to provide educational materials to the public

about preventive measures. The NACOP has engaged in intensive efforts to distribute condoms free of charge. All government health facilities (hospitals, health centers, and clinics) have free condoms available, as well as other distribution points such as small neighborhood shops, bars and schools.

Government health facilities provide HIV counseling, testing and referral services in most regions. The New Start program, which also has offices in many regions throughout the country, provides free Voluntary Counseling and Testing (VCT) services on a confidential basis. New Start has become the preferred source for VCT. A large number of informants from this research have been tested for HIV at a VCT center, primarily through New Start programs.

The government provides antiretroviral therapy (ART) at all hospitals, all health centers, and at some of the larger clinics. Namibia also has an ART outreach program. There has been a decline in mortality rates among those who are HIV positive, with a corresponding increase in health indicators (LeBeau, 2008). A few informants from this study said they are HIV positive and on ART.

Although there are still obstacles to consistent best practices, knowledge and understanding about HIV and AIDS is high among Namibians. The 2006-07 Demographic and Health Survey (DHS) (MoHSS/Macro, 2008) found that 99% of both men and women have heard of AIDS. However, many people still have misconceptions about basics such as mode of transmission and prevention (ibid.). The DHS data show that 49% of women and 60% of men engaged in higher risk sexual behavior[3] in the 12 months preceding the survey; however, about half of these women and two-thirds of the men report using condoms with their last high-risk sexual partner. For people 15-49 years old, half the women and one-third of the men have been tested for HIV at some point in their lives (ibid.). The DHS data indicate that Namibians are increasingly taking steps to protect themselves from HIV infection by delaying sexual début, using condoms, and being tested for HIV infection.

Condoms have become more widely available in Namibia over the past several years. Condoms are sold in pharmacies, in kiosks, in other stores, and in bars. The government distributes a brand called “Smile” for free in many venues, and brands such as “Cool Ryder” are offered for sale. The MoHSS distributes condoms to other ministries and government offices as well as to the Social Marketing Association (SMA), but many people still complain that it is difficult to get the free, government provided “Smile” condoms. Some bars that typically carry Smile condoms had empty cases because the organizations that deliver condoms had not been around in a long time.

Although HIV prevalence rates have begun to decrease, HIV and AIDS rates remain high, and large scale responses to the pandemic (such as information campaigns, VCT, ART provision, and condom distribution) remain essential to the reduction of HIV transmission.

[3] High risk sex is defined as having sex with someone who is not a spouse or with whom the person lives (MoHSS/Macro, 2008).

2.2 Sexual Partnerships in Southern Africa

The role of multiple and concurrent partners in the transmission of HIV infection has been a focus of social research into prevention since the early 1990s. The concept of "multiple partners" refers to the number of sexual partners over a particular period in time: be it one month, one year, or a lifetime. Having more than one (non-cohabiting) sexual partner in the past year has become part of the definition of "high risk sexual behavior," and having several partners has been associated with a higher probability of HIV infection. The concept of "concurrent partners" refers to the number of sexual partnerships that an individual maintains at a particular point in time (Epstein, 2007).

The effects on HIV transmission of having concurrent partners have received increased attention over the past few years as biological evidence has shown that a newly infected person has an extremely high viral load in the first weeks after infection, and thus is more likely to transmit HIV during that period (Epstein, 2007). The early modeling of Morris and Kretzschmar (1997) has shown that compared with serial monogamy, concurrent relationships can dramatically increase the number of individuals infected. These scholars worked mainly with theoretical models in the absence of data from specific countries. Subsequent research on sexual behavior and HIV transmission in Uganda, however, confirmed these results (Morris and Kretzschmar, 2004).

Mah (2008) explains that concurrent partnerships were first examined in the epidemiological literature over 15 years ago with explanatory models aimed at showing that concurrent partners are at greater risk of contracting HIV. More recently, anthropological and gender research has attempted to explain the phenomenon of concurrency by examining traditional and historical practices that make concurrency acceptable in the southern African context, even in the face of significant health risks (ibid.). Justifications for concurrency include the traditional practice of polygamy; the history of the migrant labor system which caused people to be separated from their main sexual partner for long periods of time; rapid modernization which changed conservative norms and values; and the creation of the need to participate in transactional relationships due to the shift towards an economy based on cash and consumer goods (ibid.).

Although quantitative analysis has defined and delineated the parameters within which such contextual data will give rise to a meaningful understanding, there are still relatively few qualitative studies in southern Africa that examine the contextual nature of sexual partnerships. In a report that focuses largely on study results from 20 to 30 year old respondents in South Africa, the authors note that late marriage has become quite common (Parker et al., 2007). More than 80% of Parker et al.'s respondents were unmarried, and only 7% were living with a partner. Late marriage rates were related to factors such as labor migration, unemployment, and urbanization. In addition, unemployed women with few financial resources were found to engage in risky behavior such as sex for material benefits. Michelle Poulin (2007) has clearly described how such exchanges are created and maintained in southern Malawi. Related research (c.f. de la Torre et al., 2008; LeBeau, 2008) suggests that these same social and economic factors are also at work in Namibia.

The Parker et al. study (2007) also found that the cultural construction of sexual relationships generally involves having one main sexual partner as well as peripheral and casual partners. The relationship with the "main" partner involves love and caring, while the connection to other partners is often based on opportunistic sex without love. Some respondents accept the status as being one of the "other" partner types, particularly if this was acknowledged in the relationship from the beginning or if "other partner" status entails monetary or material benefit. The possibility of concurrent partners in this context was increased by social and geographic mobility. As the authors note, "Mobility was an important influence on the ability to have concurrent sexual relationships with sexual opportunity being shaped by maintaining ongoing relationships in various geographic locales" (ibid. 43).

Awareness that a sexual partner has other partners is not always considered a reason for not engaging in the relationship. If the relationship to a main partner involves love, people will be less likely to get involved with others (Parker et al., 2007). In addition, at least among men, the concept of faithfulness does not imply a monogamous relationship, but rather that one's 'main" partner does not find out about other relationships. It is not clear whether these understandings of the nature of sexual partnerships are generally shared in Namibia, but it does demonstrate the importance of examining how individuals construct their social universe.

Although there is debate about the impact of concurrency on the HIV epidemic, Epstein (2007) makes the case for the role of concurrent relationships in her comparison of HIV rates in Uganda and South Africa. She argues that Ugandans reduced concurrent relationships in the early 1990s, but South Africans have made no such change. Several researchers in Uganda, South Africa and Namibia argue that having many individuals with concurrent partners will result in a more rapid spread of HIV (Thornton, 2008; Halperin and Epstein, 2007; Parker et al., 2007; ǂKhurses, 2008; Nelson and Morris, 2008; Mah, 2008).

A 2006 South African study on concurrent sexual relationships involved surveying more than 7,000 respondents as well as collecting qualitative data through focus groups and individual interviews. This study found that concurrency was not well measured by a survey questionnaire which asked if a respondent had more than one sexual partner in the past month (Parker et al., 2007). The quantitative data for the Parker et al. study shows that there are high levels of multiple and concurrent partnerships among youth between the ages of 15 and 24, with lowest levels among married respondents. These data, while instructive, do not delineate the context of high levels of partner turnover and concurrent sexual partnerships. The qualitative study explored individual histories, rationale, patterns, and regulatory aspects of sexual relationships, as well as implications for and perceptions of HIV risk. This study found that sexual debut was often unplanned and possibly even forced, peer pressure was a significant contributor, sex was usually initiated early in a relationship, and the total number of sexual partnerships was much higher for men due to one-night stands. Concurrency and other sexual risk behaviors were linked to the following factors:

- Little internalization of the risks of having multiple or concurrent partners;
- Commitment not being a strong motivational factor within relationships;

- Acceptance for having a sexual relationship with someone already in another relationship;

- Relationships that did not formally end, and thus previous relationships could later resume;

- Being in different locales influenced the opportunity for partnerships and was linked to asserted biological needs; and

- Alcohol contributed to casual sex and acted as a disincentive for condom use (Parker and Connolly, 2008).

Conversely, the risks of HIV infection and pregnancy were rationales for not having a partner at all (secondary abstinence). In a separate study on concurrency in South Africa, Mah (2008) found that 17% of adults in steady partnerships (married or regular partners) reported concurrency. Men reported significantly more concurrency than women.

2.3 Sexual Partnering in Namibia

Even before independence, Namibia had been a country of relatively low rates of marriage compared to the rest of the world (c.f. Rossouw and van Tonder, 1989). Various explanations have been given for this phenomenon including male migration for employment, the high cost of marriage (food and other arrangements), the high price of *lobola*,[4] and controls by the apartheid state that did not allow cross-ethnic relations (Murray-Johnson et al., 2005).

Another possible explanation comes from Yamakawa (2007) who argues that in many Namibian societies, people are not considered adults until they are in their late 20s and early 30s. Yamakawa (ibid.) found that young informants frequently said they do not want to marry while in their 20s, but preferred to enjoy the "immaturity" of youth by wearing "modern" fashions, following "trendy" music, traveling, and hanging around with friends. Young people said they appreciated their traditions including marriage but they were in no hurry to leave the youth status they would lose when married. Yamakawa (ibid.) concludes that rates of marriage are low in Namibia in part because younger people choose to delay taking on the mature status of a married person.

Studies have shown that in societies with low rates of marriage, the proportion of individuals with multiple or concurrent sexual partnerships is markedly higher than in those with higher marriage rates (Parker et al., 2007). In Namibia, the rate of marriage has been historically low and is decreasing. The DHS in Namibia in 1992 and 2000 found rates of marriage to be 27% and 23% respectively, while the 2006-07 DHS shows a marriage rate of only 19% (MoHSS/Macro, 2008). This steady decrease in the proportion of individuals 15-49 married raises questions about how social and sexual relations in contemporary Namibian society are

[4] *Lobola* is bride price that a man and/or his family pay to the bride's family. *Lobola* is supposed to be reimbursement for having raised a good wife and for creating socio-economic bonds between the two clans, but many men now consider it "buying a wife."

changing and what impact such low levels may have on the incidence of multiple and/or concurrent partnerships.

Since the literature on marriage and sexual partners in Namibia is largely focused on specific times and small populations, it is problematic to use their findings to generalize to the entire Namibian society. For example, LeBeau et al. (1999) conducted a study in northern Namibia in 1998 that included an examination of marriage initiation and sexual partners. The authors report that it is acceptable for men to have several sexual partners during marriage, and may even have children with other women, but that women are severely punished for sexual liaisons outside marriage. In most Namibian contexts a husband's infidelity is not cause for a traditional divorce, whereas a wife's infidelity is cause for divorce (LeBeau et al., 2004).

In a study among secondary students, Yamakawa (2001) found that the cultural ideal people spoke of is that adolescents should not have sex until they marry, while in reality over half of her the informants had already engaged in sexual relationships. Among secondary school students in urban Namibia, 73% of adolescents in Grade 12 and almost 50% of those in Grade 8 have had sexual intercourse. These relations were not long lasting and can be termed "recreational" sex, leading these youth to have multiple and concurrent partnerships that put them at higher risk of contracting HIV.[5]

Evidence and interest on the nature of sexual partnerships in Namibia has been steadily growing due to its implication as a driver for the HIV/AIDS pandemic (van Zyl, 2003). Data indicate that the social situation in Namibia regarding sexual partnerships is as varied and multifaceted as that recorded in neighboring South Africa (Parker et al., 2007). In Namibia, several studies related to sexual partnerships have been conducted among youth (Yamakawa, 2001; UNFPA, 2004a, 2004b, 2004c, 2005; Hailonga, 1999), among sex workers (c.f. LeBeau, 2007; Hjorth, 2005; LAC, 2002) and with migrant populations (c.f. LeBeau, 2008, 2004). Multiple or concurrent partnerships, excessive alcohol consumption, gender inequality, mobility, poverty and socio-cultural beliefs were all found to facilitate the spread of HIV in these studies. De la Torre et al. (2008) describe several surveys that have attempted to measure concurrent partnerships and rates of partner turnover in Namibia. Some surveys estimate as many as 40% of men in some communities have had multiple partners in a 12-month period, while the DHS found that only 16% of men and 3% of women reported having two or more sexual partners in the previous 12 months (de la Torre et al., 2008; MoHSS/Macro, 2008).

Three regional studies and a baseline study on adolescent and youth conducted by UNFPA found that adolescent girls and female youths believe they have little control over their own sexuality due to peer pressure, the desire to meet social and cultural expectations of stereotyped sexual roles, and the advances of older men (UNFPA, 2004a; UNFPA, 2004b; UNFPA, 2004c; UNFPA, 2005). Young women tended to have sexual partners who were at least five years older than themselves, while males had sexual partners who were younger or the same age as themselves (UNFPA, 2004a). These studies further found that migrant laborers in the Oshakati area who were away from their rural wives and girlfriends often had multiple sexual partners, in particular with adolescent girls as well as possibly having relations with sex workers (UNFPA, 2004b). Many of these young respondents describe both multiple sexual partners and

[5] Recreational sex refers to sex for fun, entertainment, pleasure, or adventure.

excessive alcohol consumption, leading the UNFPA to state that drinking alcohol and subsequent intoxication *may* negatively impact the adoption of safe sex behavior.

This tentative link between alcohol consumption and sexual partnerships leads to the conclusions that "The major gap in the literature on recreational sexual activities is the need for more information on the link between alcohol and risky sexual behavior and the phenomenon of multiple sexual partners among adolescents and youths" (UNFPA, 2004c:15). The study listed several aspects for further research including: the ambiguous role models of adults who are known to have multiple sexual partners; the role of gender identities and their implications in the desire for multiple partners; socio-cultural practices and customs which encourage multiple partners; and consideration of possible solutions to the desire for multiple partners (UNFPA, 2004c). Although multiple and concurrent sexual partnerships are implicated in the spread of HIV in Namibia, the social context and its relationship to alcohol consumption have yet to be fully examined.

2.3.1 Sex work and transactional sex

Another area of sexual partnerships that has been investigated in Namibia is commercial and transactional sexual exchanges. In general, knowledge relating to HIV/AIDS among sex workers is high, but this knowledge is not always translated into lowering HIV risk-taking (LeBeau, 2007; LAC, 2002). Most sex workers indicate that they prefer to use condoms but many of their clients pay more for unprotected sex. However, sex workers in some areas earn enough money to enable them to demand condom use, while in other areas sex workers do not have the economic power to negotiate safer sex practices due to substantial poverty (LeBeau, 2008).

Many sex workers in Namibia began having sex with men in exchange for gifts such as food, bath soap or beer (LeBeau, 2008).[6] Most women who participate in these partnerships do not consider it sex work, but a normal part of the "dating" relationship. Exchange partnerships can be a one-time encounter (one-night stand) such as when a man buys a woman a beer in a bar, or it can be a longer-term partnership lasting anywhere from months to years. Most men involved in these relationships also have a main sexual partner such as a wife or steady girlfriend, while many of the women have several men who provide gifts in exchange for sex. In addition, some sex workers have steady partners with whom they also have sex (ibid.), relationships that can be considered transactional. These relationships create large extended sexual networks that can lead to exposure to HIV for hundreds of people.

Although there are no statistics on the number of people involved in exchange sexual partnerships, it appears to be the most widespread partnership type in Namibia and has been reported by various researchers throughout the country (Iipinge and LeBeau, 2005; LeBeau et al., 1999; Mogotsi et al., 2000; Nybro, 2000; UNDP, 2001; LAC, 2002). Poor women have little ability to negotiate safe sex practices or to demand monogamy from men who pay the bills and give them gifts. Even if the woman knows that her partner has other women or makes use of sex workers, because she is economically dependent on him, she is in no position to curtail her partner's sexual exploits. Most women report that they would prefer to be in a steady partnership

[6] Having sex in exchange for gifts is known in the literature as exchange or transactional sex.

with one man, but that men prefer to float between partners. Many women and adolescent girls participate in both exchange sex and sex work, and often float between the two, hoping that one day they will find a man with whom they can settle down (LeBeau, 2008).

Tersbol (2002) indicates that sexual partnerships built on transactional sex are widespread in Owambo communities. Men in these relationships are expected to assist girlfriends financially by bringing them money and commodities. Tersbol (ibid. 350) concludes that "As within marriage the male partner gains access to a girl's sexuality through these gifts." Tersbol (ibid. 353) further explains that, "Men choose to have multiple concurrent partners that they are expected to support. Women may also choose to have several concurrent partners to secure adequate support for themselves." The socio-economic disparity between men and women means that women have less power than men to dictate the nature of sexual relations.

2.4 Alcohol Consumption Patterns in Southern Africa

In 2004 the World Health Organization (WHO) estimated that there were about 2 billion people worldwide who consume alcohol and 76.3 million who may have diagnosable alcohol use problems (WHO, 2004). In addition to the health consequences for alcohol abuse, social consequences include drunkenness, violence, motor vehicle accidents, homicide and other social risk behaviors (Rehm et al., 2003). Worldwide trends show that there has been an increase of alcohol consumption in many developing countries as their levels of economic development increase (ibid.). In southern Africa, adults in Mozambique drink 1.67 liters of pure alcohol per capita, in Namibia it is 2.39 liters, Zimbabweans drink 5.08 liters, in Botswana it is 5.38 liters and South Africa has the highest regional average with 7.81 liters of pure alcohol per capita (WHO, 2004).

WHO data indicate two characteristics of drinking patterns that tend to transcend countries and societies: women tend to drink less than men and religious doctrines influence abstention rates because some religions teach abstention of alcohol (ibid.). Abstention rates refer to the proportion of adults who report that they did not drink alcohol in the past year. For those southern African countries with data, South Africa had the highest abstention rate of 69% of the population (55% men and 83% women), Namibia had an abstention rate of 56% (59% for men and 53% for women) and Botswana had the lowest abstention rate of 53.5% (37% for men and 70% for women) (ibid.). Unlike South Africa and Botswana, the proportion of men who drink alcohol in Namibia is not much higher than the proportion of women who drink alcohol.

2.4.1 Alcohol consumption and HIV in Southern Africa

Although some authors (c.f. Cook and Clark, 2005) question the causal link between excessive alcohol consumption and rates of STIs, recent studies have begun to focus on the link between alcohol and HIV infection. Bryant and others (Bryant, 2006; Braithwaite et al., 2008; Krupitsky et al., 2004) cover many aspects of alcohol consumption and HIV risk-behavior, including the physiological effects of alcohol on the human body, HIV risk-taking and antiretroviral (ARV) drug adherence. A report on the PEPFAR (U.S. President's Emergency Plan for AIDS Relief) conference in Dar Salaam in 2005 summarizes many studies of alcohol consumption and sexual relations in several African countries (Needle and Ashley, 2005). A study of alcohol consumption and sexual risks among STI clients in Capetown, South Africa,

summarizes recent studies on the relationship between alcohol consumption and sexual risk behavior in bars in southern Africa (Simbayi et al., 2004; Kalichman et al., 2005; Kalichman et al., 2008). In a background paper on alcohol consumption and HIV, West (2006:28) reviews several of the aforementioned studies, as well as examining efforts to reduce HIV transmission, while concluding that "unsafe sex and risky drinking patterns among the general population are a lethal combination."

The main findings of the epidemiology and ethnographic section of the PEPFAR conference include: 1) the WHO (2004) has found that eastern and southern African regions have the highest rates of alcohol consumption per capita in the world; 2) substantial evidence links alcohol consumption to increased risks of STI and HIV infection; 3) gender-based violence has been consistently linked to excessive alcohol consumption; and 4) drinking excess amounts of alcohol leading to sexual risk behavior such as unprotected sex while drunk have been found in populations where camaraderie that encourages drinking, easy access and availability of alcohol, and visiting commercial sex workers. The study concluded: "Ethnographic studies may be useful in public health planning and programming in order to improve access to hidden and hard to reach populations as well as provide detailed descriptions of the social contexts for alcohol and drug use and HIV risk behaviors" (Needle and Ashley, 2005:10).

In 2002 the WHO commissioned a multi-site assessment of sexual risk behavior related to alcohol consumption, research that included both qualitative and quantitative approaches. For the South African site, Morojele et al. (2006) reported that the bars and *shebeens* observed were patronized mostly by men in their 20s and 30s, and by women who were somewhat younger. Findings from this study reinforce the contention that excessive alcohol consumption was common and men often had relationships with casual partners while they were drunk, as well as having a main sexual partner (ibid.). "The male and female 'drinkers' and their sexual partners were generally of the view that alcohol consumption and sexual risk behavior are strongly related… alcohol consumption was believed to increase levels of sexual arousal and desire particularly where potential casual sexual partners or sex workers were involved" (ibid.:12). As well as alcohol consumption itself, the atmosphere of bars and *shebeens* was said to be conducive to risky sexual behavior.

Weir et al. (2003) also conducted a South African study on the impact of alcohol use in bars and *shebeens* on HIV transmission. They mapped where people met new sexual partners and where people drink and found a great amount of overlap between the two activities, with 85% of places where people meet for sex also being drinking establishments, especially *shebeens* (Weir et al. in Kalichman et al., 2008:56). In addition, between 30% to 57% of men and 19% to 46% of women at these *shebeens* had two or more sexual partners in the two weeks preceding the research.

Fritz et al. (2002) conducted a study of alcohol consumption and sexual relations among 15-21 year olds in Harare, Zimbabwe in 2000 in part to identify avenues for intervention to reduce alcohol consumption and casual sex. In Harare, alcohol is purchased mainly at both formal and informal bottle stores, bars and night clubs; often there is a bottle store next to a night club. The study found that 42% of young men and 32% of young women at drinking establishments had sex after drinking in the three months preceding the survey, while 15% of young men and 7% of women said they were drunk the last time they had sex. The researchers

concluded that their "findings corroborated a cycle of HIV transmission that involves older men, younger women, and ultimately the steady partners of both" (Mataure et al., 2002).

2.5 Alcohol Consumption Patterns in Namibia

As early as 1990, researchers found that alcohol was the most widely abused substance in Namibia (c.f. Pomuti and Eiseb, 1991; Mwiya, 1996). A small 1996 survey found that at least 51% of respondents said they had more than one drink daily (Mwiya, 1996:2); furthermore, 9.5% of the adult population said they consumed alcohol daily. Almost 75% of out-of-school youths who had access to money consume alcohol regularly, while those without money only drank occasionally. Many school children, some as young as nine years old, said they had also experimented with drinking alcohol (ibid.). Early 1990 estimates indicated that 7.5% of the Namibian population had alcohol-related diseases and were thus classified as alcoholics, while Pomuti and Eiseb (1991) stated that alcohol abuse was "rampant" in many communal areas in Namibia.

A 1988-89 study of alcohol consumption in the greater Windhoek area showed that approximately 64% of the sample drank alcohol (Pendleton and DuBois, 1990). In general, men drank slightly more than women. Higher educational attainment and income were both associated with increased alcohol consumption. Other Namibian research has also shown that the higher a person's income, the more alcohol he or she consumes (Mulongeni, 1993).

Mulongeni (ibid.) reports on research conducted in 1990 that found that there were more licensed liquor outlets in the urban and peri-urban areas than any other type of business. One of the first baseline studies of the Oshakati area after independence found that of 240 formal businesses identified in Oshakati and Ondangwa in 1990, 20% were liquor outlets, making liquor sales the single largest commercial activity in the area. The survey conservatively estimated there to be more than 800 *cuca* shops in the area (LeBeau et al., 1992). While virtually all *cuca* shops stock a range of drinks, the most common and the cheapest alcohol sold is *tombo*, which has higher alcohol content than traditionally brewed beer, but is less nutritious.[7] LeBeau et al. (ibid.) noted that although there is a stigma attached to drinking *tombo*, it is still the most widely consumed alcoholic beverage in the Oshakati area.

More recently, a few studies have examined alcohol consumption in various parts of Namibia and with specific groups of the population (Partanen and Mustonen, 2001). In addition, two national studies on alcohol use in Namibia have been done: one by SIAPAC in 1998 (published in 2002) and another by UNICEF (published in 2007).

The SIAPAC study was a survey on attitudes toward drinking and drugs with a national sample (n 2,832) of adults. Relatively few questions were asked about alcohol consumption, with no questions about when or where drinking took place. The survey found that 61% of

[7] *Tombo* is home-brewed beer made from yeast, sugar and maize flour (*The Namibian* May 12, 2004). It is not traditional and can be poisonous if made improperly. *Ombike* is traditionally distilled Owambo liquor from the Makalani palm fruit (*The Namibian* August 23, 2007) and is called either traditional gin (*The Namibian* July 18, 2003) or traditional brandy (*The Namibian* November 14, 2005). *Ombike* has an alcohol content at least as high as commercially distilled brandy or whiskey, and can be likened to American "white lightning."

Namibians had consumed alcohol at some time in their lives, with 66% of respondents saying they had drunk alcohol in the past year and 56% of adult Namibians reporting that they were drinkers at the time of the survey (ibid.). Many of the people who reported that they drank admitted to having problematic consumption patterns and consuming "significant amounts" of alcohol the weekend preceding the survey.

The SIAPAC (ibid.) report showed that alcohol consumption patterns varied by region, with 70% of respondents in the Windhoek area, 65% in urban areas in general, 53% in the Northeast, and 26% in the Northwest (including the Oshakati research site) reporting that they were drinkers at the time of the survey. Partanen and Mustonen (2001), analyzing the SIAPAC data, found that 43% of men and 32% of women could be regarded as "regular drinkers" who consumed alcohol at least once a week (SIAPAC, 2002). Access to alcohol was found to be easy anywhere in the country, with communities having become more tolerant of people drinking alcohol (ibid.).

UNICEF (2007) reported that among those who drink, a Namibian drinks on average 10 liters of alcohol a week. UNICEF (ibid.) notes that alcohol is prominently displayed in the mass media (such as the billboard shown in the image below) and is easily available throughout the country.

A billboard in the Oshakati Research Site

In the SIAPAC survey, almost half of all respondents identified positive aspects of alcohol use, with 17% saying it helped them to socialize, 19% saying it helped them relax, and 20% saying alcohol added to their enjoyment. These same respondents said that negative aspects of excessive alcohol consumption included violence, arguments, crime, and health problems (ibid.).

The most common alcoholic beverages in rural areas are traditional, home-brewed drinks, which account for 67% of total alcohol consumption (WHO, 2004). It is difficult for the government to control the production of these home-brewed alcoholic beverages because they

are privately produced by women seeking to improve their income (WHO, 2004). The WHO states that control of these beverages is low, and thus cheap home-brewed beer is prevalent among the poorest of Namibia's population. In the rural areas home-brewed alcohol production is closely linked to food production, with the producers being primarily women (WHO, 2004; Mustonen et al., 2001).

2.5.1 Alcohol consumption among youth

The UNICEF report (2007) states that 32% of children 10-14 years old had been given alcohol by a parent or guardian. The SIAPAC research (2002:42) found that 6% of people who drink said they do so because they have been drinking since they were young, while the UNICEF report found that 45% of respondents said they saw a parent or other caregivers drunk in their homes.

Other research in Namibia has shown that people who abuse alcohol tend to begin drinking at an early age. Early research found that many youth who come to Windhoek looking for work turn to alcohol to alleviate boredom and the stress of unemployment (*Namibia Review*, 1996). Adolescents who experiment with alcohol may become life-long habitual users, particularly young, poor males (Strydom, 1999). Strydom also found that adolescents want to fit in with the group and may feel pressured if other members of the group drink. Many young Namibians experiment with alcohol as part of their orientation to adulthood, particularly during weekend weddings, family gatherings and parties. According to Strydom (ibid.), 50% of the youth between 13 and 16 years old have experimented with alcohol, and by the age of 30 years, one in two consume alcohol at least once a week.

Findings from the 2002 SIAPAC report show that people experience a wide variety of problems arising from high levels of alcohol consumption. For example, 51% of respondents who had used alcohol said they were criticized by a family member for their alcohol consumption, and 20% had broken up with a sexual partner because of alcohol (ibid.). The desire to "fit in" with friends was the most common reason given for beginning to drink. SIAPAC (ibid.) concluded that "coupled with an increasingly tolerant attitude towards adults and youth drinking, findings suggest that levels of alcohol … use will be maintained."

2.5.2 Alcohol consumption and HIV in Namibia

In a study on sexual risk-taking in northern Namibia, LeBeau et al. (1999) report that participants said alcohol reduces the fear of STD infection and that, while under the influence of alcohol, people often have sex without considering the risk of HIV infection. Many people expressed a belief in the direct link between HIV risk-taking behavior and alcohol, with some going so far as to say that "alcohol causes AIDS" (ibid.:138). Male participants in this study report that while drunk, they find it difficult to control their sexual desire, making it more likely they will become sexually involved with anyone available. As one person phrased it, "*After drinking, we forget in the night everything we have learned during the day*" (ibid.:138). In this study, LeBeau et al. (ibid.:xviii) found that:

> Many people attributed the incidence of HIV infection to two main factors. These factors were the common pattern of male migrants having multiple sexual relationships, and alcohol abuse. Many community members and key informants indicated that they felt

migrant workers were participating in sexual risk-taking behavior, contracting AIDS and returning home to infect their rural wives and partners.

Both men and women in northern Namibia admitted they had engaged in unprotected sex under the influence of alcohol. Informants explained that a person "sleeps around a lot" when drunk and "forgets to use condoms" when drinking. Half of the men aged 20-29 admitted that they had unprotected sex while drunk.

Although participants in a large national survey said that after drinking alcohol, they had not "become sexually aggressive" (76%), had not found themselves "less able to say no to sex" (78%) and did not perceive alcohol to affect their sexual desire (66%), these data indicate that between 22 and 33% of respondents admit that alcohol consumption has in some way affected their sexual behavior (Murray-Johnson et al., 2005:10).

A 2005 study (LeBeau, 2008) of migrant populations found that excessive alcohol consumption is a significant contributor to HIV vulnerability. The study found that there is a proliferation of bars and other drinking establishments, with little other entertainment alternatives in many towns in Namibia (ibid.). Mobile men such as truck drivers, fishermen, military personnel and businessmen meet women at such bars with whom they have sexual relations. One of the primary meeting places for sexual liaisons, be it between unpaid sexual partners or with commercial sex workers, is in bars and rates of condom use decline as alcohol consumption increases.

The 2000 DHS showed that 41% of respondents reported they drank alcohol in the past month, ranging from a high of 53% in Karas to a low of 14% in Caprivi (MoHSS/Macro, 2001). Although the data are not directly comparable, the DHS of 2006 found that half of men report consuming alcohol in the previous month, with 9% drinking 10 or more times a month. In contrast, 23% of women report any alcohol consumption in the past month, with less than 3% reporting frequent drinking (MoHSS/Macro as reported in de la Torre et al., 2008). De La Torre et al. (2008:viii) conclude that, "Pervasive alcohol abuse and low levels of HIV risk perception serve to foster multiple and concurrent partnerships, and discourage consistent condom use." The researchers found the association between alcohol consumption and multiple partners particularly strong among young women (MoHSS/Macro, 2006 as reported in de la Torre 2008:v-15).

III. METHODOLOGY

3.1 Rationale for a Qualitative Study

HIV/AIDS research in Namibia has typically employed either quantitative and/or qualitative research methods often times collecting quantitative data for statistical analysis while simultaneously collecting qualitative data for content analysis. Data from Knowledge, Attitudes and Practices (KAP) studies have been conducted to identify factors that drive HIV transmission, but these data are rarely situated within the social context of life in Namibia.

The qualitative approach in this research was chosen to understand the context of alcohol consumption, particularly in bars, as well as how alcohol consumption influences sexual partnering and HIV transmission. Observations in bars were used to understand the common practices of alcohol consumption and sexual partnering. Guided interviews with people located in bars and in households helped to discover local knowledge and experiences as well as identify social processes and local understandings of events that promote alcohol consumption which may lead to sexual risk behavior. Such accounts offer a window into how people negotiate their social relations, including sex, and how they use alcohol. The overall purpose of these interviews was to obtain accounts of actual experiences related to sexual relations and drinking.

The mapping assessment was used to determine the distribution and types of bars in the two research sites, thereby providing an overview of access to alcohol for the local population. The maps also served as the basis for the selection of bars where observations and interviews were to be conducted. The bar managers/owners and bartenders gave in-depth information about drinking and sexual risk behavior that occurs in their establishments. Community leaders provided additional information about alcohol consumption and their perception of the impact such behavior had on their communities.

The observations of social interactions in bars, combined with key informant interviews, helped to determine what factors are relevant for Namibians in the maintenance of sexual relations within and outside marriage, as well as to determine what sexual risk-taking behaviors are most likely to occur in drinking establishments.

This study used a variety of data collection methods including: 1) mapping the location of bars in each study site; 2) observations in bars; 3) informal interviews with bar managers, bar tenders and community leaders with key information on local patterns of alcohol consumption and sexual risk behavior; and 4) guided interviews with both men and women recruited from bars, as well as equal numbers of men and women recruited from households in each study site.

3.2 Research Questions

The issues addressed in this research were examined through a series of research questions. The two major questions addressed were: 1) Are concurrent sexual partnerships a likely driver of HIV transmission in Namibia? and 2) Is alcohol use a likely driver of risk behavior (and thus HIV transmission) in Namibia? These research questions guided the development of topic guides for interviews with male and female informants.

3.2.1 Sexual partnerships: marriage, concurrent, multiple, casual and other

The general questions relating to sexual relations and sexual partnerships included:

- What kinds of sexual relations and sexual partnerships are common in Namibia?
- What are the obligations and responsibilities created and maintained within a partnership?
- How are sexual partnerships created, maintained, and dissolved?
- How does condom use vary with type of partnership?
- What is the cultural construction of sexual relationships where a person has one main sexual partner as well as peripheral and casual partners?
- What does the concept of faithfulness mean in the Namibian context?
- How do men and women talk about the benefits and drawbacks of marriage?

3.2.2 Alcohol consumption

The questions concerning what happens in places where drinking takes place focused on:

- What are the experiences in drinking in places where both men and women drink?
- With whom do men and women drink? Alone or with one or more companions?
- What do male patrons give to women in exchange for sex?
- How do the views of men and women compare on the topic of drinking and casual sex?
- How does drinking at parties differ from drinking at bars and clubs and to what extent is drinking followed by casual sex?

Answers to these research questions were pursued in the analysis of interviews with individuals in private about their own experiences and perspectives, supplemented with a small number of interviews with persons (such as bartenders and community leaders) who were knowledgeable about sexual relations and drinking practices.

3.3 Training

Prior to data collection, a ten-day training workshop was held to guide research assistants to better understand principles of qualitative research; to learn to develop research questions and underlying assumptions; to learn techniques of qualitative interviewing, transcribing and translating; and to become familiar with the logistics of this particular study.

The workshop utilized an interactive process of discussions, participant feedback and various role playing exercises. It was through this process that the interview guidelines were refined and all topical concepts were converted into the language of the target population.

At the end of the training workshop, the topic guides were pilot-tested to ensure cultural and linguistic appropriateness. Each research assistant went to a neighborhood of Katutura not to be included as a research sites and conducted a test interview. A research assistant feedback session was used to inform final changes to the research methodology and the topic guides.

3.4 Sampling

Described below is the research methodology used to select informants. However, given the sensitive nature of the research topic and the informal nature of the bar environment, the selection criteria were fluid and left open to changes based on challenges identified while conducting research. For example, because of the sensitivity of the research topic, men interviewed men and women interviewed women. However, if a female interviewer had a man willing to do an interview, she would set up an interview with a male research assistant for the following day. In several of the pre-selected households there was no one available to be interviewed, so household replacement was done using a systematic stratified method.

3.4.1 Site selection

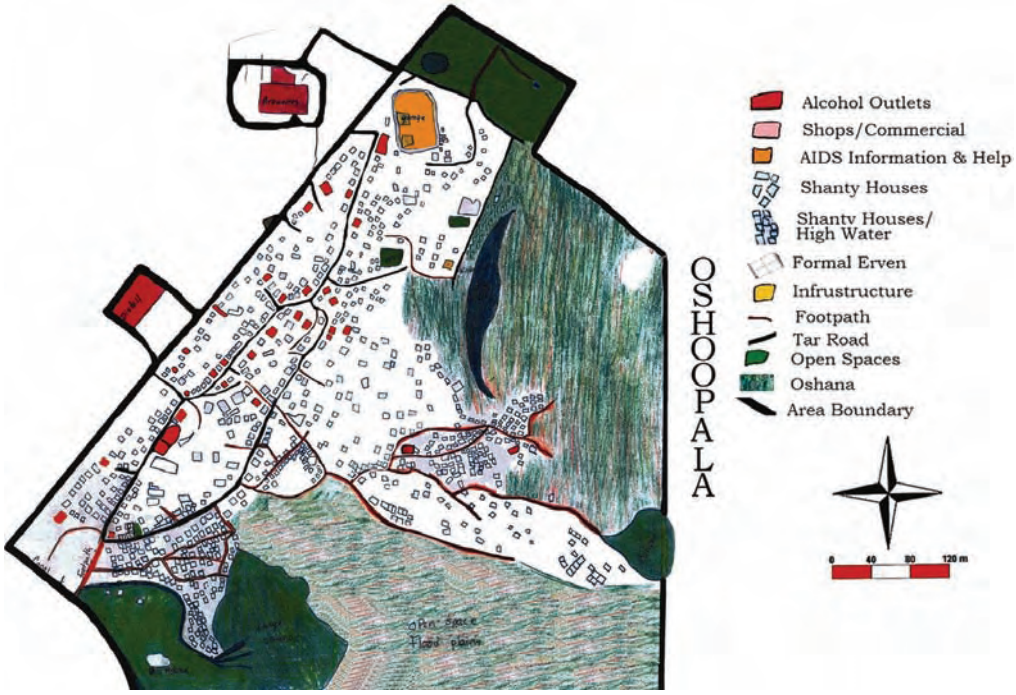
Two research sites chosen for this study: Katutura, a collection of neighborhoods on the edge of Windhoek, and Oshakati, a large town in northern Namibia. These two sites were selected because both are centers of social activity in their regions, they have high rates of HIV infection, and they are known to have a variety of drinking establishments. In addition, the population of Katutura is an urban population that includes individuals from all over the country. The population of Oshakati is typical of towns of northern Namibia but with strong ties to the surrounding rural areas. The social and economic contexts of both research sites are typical of some parts of Namibian society, but given Namibia's social diversity, these data are not meant to be representative of the wider Namibian population.

Additionally, two settlements (neighborhoods) were identified within each research site for observations and recruitment of informants: one formal settlement and one informal settlement. Formal settlements tend to have more infrastructure and services than informal settlements. This selection of settlements makes it more likely that a wider variety of drinking establishments would be sampled. Thus, Dolam was chosen to represent a formal settlement in Katutura, while Babylon represents Katutura's informal settlements. In Oshakati the White Houses area represents a formal settlement, while Oshoopala was the informal settlement chosen.

3.4.2 Bar and bar informant selection

As a first step in selecting bars and households for inclusion in the study, municipal maps of the research sites were obtained and the location of bars, infrastructural sites such as schools and open areas, and sources of services for the community such as SMA and New Start offices were hand drawn onto the maps. Streets and buildings that did not appear on the municipal maps for the informal settlements were also drawn in by hand. The research teams drove and/or walked through the neighborhoods marking sites of interest, creating a legend, and making a list of all drinking establishments. Figure 1 below shows the hand drawn map of Oshoopala, while Figure 2 in Chapter 5 shows the distribution of bars in the formal settlement of Dolam.

Figure 1 Map of Oshoopala



Four to five bars in each research site were visited at varying times of the day: the morning, during the day and in the evenings. At least two bars from each settlement were selected based on their popularity, location within the area and number of patrons. These bars were then subject to observations and recruitment of bar informants. Because most drinking took place at nights and on the weekend, the majority of observations and interviews were conducted during these time periods.

Bar informants were selected using an opportunity sample of people willing and available for interviews while being stratified by approximate age (15-24, 25-34 and 35-49 years old) and sex, representing equal numbers of men and women. However, a larger proportion of men were interviewed from bars.

3.4.3 Household and household member selection

Households were selected for the study with the use of the municipal maps and the additions made by the teams as mentioned above. Using the site maps, households were selected at regular intervals (i.e. every n^{th} house on each street) throughout the site. If no one was available for an interview, the research assistant went to the third house down on the same side of the street. Household informants were selected using a quota sample stratified by age (15-24, 25-34 and 35-49 years old) and sex. The research team could interview one person 15-49 years old in each household provided they had not yet reached their quota set up by age and sex (see table "Individual Stratification Criteria" in Appendix II).

3.5 Data Collection

Each data collection team had three research assistants who helped with mapping, bar observations and interviewing people selected from the bars and households. While research assistants conducted household interviews, the research leader, sometimes accompanied by a research assistant, conducted key informant interviews with community leaders (such as local community activists, alcohol counselors, and stakeholders at organizations such as New Start and Catholic AIDS Action) identified through the mapping process. Interviews with bar and household informants were recorded in the language preferred by the informants, while notes were made for informal interviews and observations.

Once a bar had been selected, members of the research team went to it at staggered intervals in the morning, at lunch time, and early evening for 4 or 5 days. However, during evening observations, people sometimes became drunk and belligerent which often meant that observations were terminated at 8 or 9 pm. For the same reason, in bars in Babylon, observations could not be conducted past two or three in the afternoon, especially on the weekends. In addition, the entire research team worked as a team to perform observations and set interview appointments for the following day to assure the safety of team members. The team also drove or walked past the bars at various times of the day to record the number and sex of patrons seen in and around the bar.

During observations, members of the research team mixed with local patrons: buying drinks, playing pool, dancing, and generally getting to know the social life of the bar. Relevant information such as condom posters, condom availability, alcohol consumption, apparent drunken behavior, and interactions between patrons was also observed. Informal interviews with patrons, bartenders or owners/managers naturally evolved from this social interaction. During this time research assistants set appointments with bar patrons to conduct interviews outside of the bar environment. These observations and conversations focused on the types of drinks served, the cost of the drinks, the types of patrons who are regulars at the bar, the way drinks are served, the various types of entertainment offered, and the presence of bartenders or others who facilitate drinking. When acceptable and appropriate, site attributes such as drinking behavior and information posters were photographed.

3.6 Data Analysis

Data were returned to the Research Facilitation Services offices in Windhoek where they were prepared for analysis. A total of 60 interviews with individuals recruited at home, and 50 interviews with individuals recruited in bars were translated, transcribed and typed into the computer. Photographs and maps were prepared for use in reports through the intensification of colors and digital enhancement. Maps were also scanned into the computer. Interviewers' notes with bar managers and community informants and observation notes were reviewed. Maps of bar layouts were drawn up to better understand the context of social interactions in bars. The content of the data from the various sources was compared and analyzed to give an integrated representation of alcohol consumption, sexual partnering and HIV transmission.

The process of content analysis was done by organizing, interpreting, classifying and comparing findings from the different data sources (triangulating), and then combining these

comparisons with a literature review to create an integrative narrative. This process takes into account the uniquely Namibian context and meaning of the data. The processes of content analysis and report preparation were done concurrently to allow an interaction between the researcher, the content examined, and the report text.

The data analysis was driven by two concerns: 1) finding answers to the research questions listed above; and 2) deriving information to inform intervention planning to reduce HIV transmission. The interviews with bar managers, bartenders, and community leaders provided a perspective on the social activities of the people around them, while the interviews with individual informants provided accounts of actual experiences over time. Observations of interaction in bars offered additional information about how men and women interact in a context where drinking is promoted and sexual risk-taking is possible.

Analysis of the texts from individual interviews focused on identifying the types of sexual partnerships that individuals maintain over time as well as identifying the reciprocal obligations and responsibilities assumed by each partner. In this way the kinds of multiple and concurrent partners that form part of the informant's sexual networks over time were identified.

IV. RESULTS: SOCIAL RELATIONSHIPS AND SEXUAL PARTNERSHIPS

4.1 Social Relationships and Associations

This chapter focuses on informants' social relations and sexual partnerships. Information on social relations provides insight into the support networks people draw upon and utilize as they initiate and maintain sexual partnerships. Many people gave accounts of the sexual relationships they had been involved in, but focused on current partnerships. The conversations ended with a discussion of contemporary marriage in Namibia and in what ways the informant thought marriage had changed over time.

4.1.1 Social relations

People were asked who lives in their household, which family members they spend time with, if they are members of any groups or associations, and with whom they consult if they have problems (See Appendix I: Conversation Guidelines). Previous research (c.f. LeBeau, 2008; LeBeau, 2007) has found that people with large social networks have more resources to draw upon in times of need, and are therefore less likely to have to turn to risky alternatives (such as hanging out in bars and sex work) to meet basic needs such as food and housing.

The living situations described vary widely according to marital status, employment, and time since arrival in Katutura or Oshakati. The names of all individuals observed or interviewed have been changed. For example, Christine[8] (Babylon household)[i] lives with her mother, siblings and in-laws, as well as her partner and their five children. She explained that her common law relationship is called a "black cow wedding" in Damara. Single women tend to live with their maternal family members, while single men tend to live with male relatives. Nangula (Babylon bar)[ii], Aina (White Houses bar)[iii], Rebekka (White Houses bar)[iv] and Hitieke (Dolam household)[v] all stay with their mothers and siblings. Conversely, Zola (White Houses bar)[vi] lives with four other male relatives, Marcus (Dolam household)[vii] lives with his brother, and Stefanus (Oshoopala household)[viii] lives with his brother and sister-in-law.

In addition to people who are married and living with their spouses, individuals who are in long-term partnerships tend to live with their partners rather than living with friends or family members.[9] For example, John (Babylon bar)[ix], Sanna (Babylon household)[x], Lydia (Oshoopala household)[xi], Iita (White Houses bar)[xii], and Witbooi (Dolam bar)[xiii] all live with their spouses and children, while Fillip (Oshoopala bar)[xiv] and Nelao (Oshoopala bar)[xv] live with their long-term partners.

Many people told similar stories of moving from rural areas to Oshakati or Katutura looking for work, but ending up unemployed and living in informal settlements with friends or

[8] All of the names of informants used in this report are pseudonyms to protect the informants' identities.

[9] The term "partnership" is reserved for people who live together but are not married. The term "boyfriend/girlfriend" is used for relationships where the people involved do not live together. These boyfriend/girlfriend relationships usually include sexual activity and some exchanges of gifts or labor. In addition, the terms "partner" and "sexual partner" refer to someone with whom the person has had a sexual experience, regardless of how long it lasted.

family.[10] For example, Marcus (Dolam household) came to Windhoek looking for work but remains unemployed after three years. Similarly, Asser (Babylon household)[xvi] and his mother came to Windhoek looking for work. Asser's mother sells *kapana* (cooked meat) in an informal market while Asser looks for day labor work. Many of the women have the additional burden of having become pregnant and now having a child to support. For example, Kaha (Dolam household)[xvii] supports two older children by two different men.

Individuals consult a variety of people about their problems, usually people they trust not to judge them or break their confidence. Such confidants include family members as well as spouses, partners, and sometimes friends. People tend to speak with friends and family members of the same gender. Several women talk mostly with their female relatives, usually their mothers or sisters. Maria (Dolam household)[xviii] said, *"I only talk to my mother because I know others will not understand me"*, while Zola (White Houses bar), who lives with male relatives, depends on his older cousin to tell him about critical life issues. Zola elaborated, "*He tells us that when you have a partner, make your decision because life is in your hands. You have to use condoms."* Similarly, Stefanus (Oshoopala household) and Marcus (Dolam household) both talk with their older brothers with whom they live.

When they live in the same household and have developed a relationship of trust, a few people discuss their problems with family members of the opposite sex. Although Rosemary (Babylon household)[xix] said she talks with her sister-in-law, she also confides in her father because *"only my dad knows most of my secrets."* Petrus (White Houses bar)[xx] talks with his mother when he has a problem, while Willem (Oshoopala household)[xxi] is one of the few men who discuss their problems with female friends. Even though Leandra (Dolam household)[xxii] lives with her grandmother, she does not discuss sexual issues with her because she said her grandmother is "outdated." Leandra explained:

> *Mostly I share my problems with my friends. I cannot really talk with my grandmom because ... she is really outdated. ... In the olden days, everything was hidden. They never had open conversations with their parents and so on. I don't think she will really understand.*

Some informants discuss their problems with people in organizations to which they belong. Kaha (Dolam household) talks with the other women in her revolving credit club.[11] A few people talk with their pastor for spiritual guidance when they have problems. For example, Jackson (Oshoopala household)[xxiii] goes to either his pastor or the deacon, while John (Babylon bar), who also preaches, goes to a church counselor.

The type of problems people have can also determine with whom they consult. For example, Witbooi (Dolam bar) talks with either his brothers (about problems with his wife) or his wife (about household issues). Iita (White Houses bar) talks with his friends in the bar about his problems, but he prefers to discuss certain issues with older men. Rebekka (White Houses bar) goes to her mother for guidance about some things, but for other issues she has a male friend

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[10] The terms "Oshakati" or "Oshakati sites" refer to the White Houses and Oshoopala areas, while the terms "Katutura" or "Katutura sites" refer to the Dolam and Babylon areas.

[11] A revolving credit club is a group of people who pool money and take turns receiving the lump sum. These clubs are useful for making large purchases.

in whom she confides, *"I always go to one friend of mine whom I trust."* Shoopala (White Houses bar)[xxiv] also said that whom he consults depends on the problem. He explained that for work issues he talks with his colleagues, but for family issues he talks with his wife.

Hambelela (White Houses bar)[xxv] lives with a friend in whom she confides, although she goes with 'outside friends' to the bars. For normal everyday issues, Brenda (Babylon household)[xxvi] has several friends living nearby with whom she talks. Other than her friends, Brenda said she has ***only*** her partner to discuss problems with. Although Katrina (Oshoopala household)[xxvii] has no family members to talk with because they live far away, she has two friends with whom she consults. As with Rosemary, the ability to "keep a secret" is important to Katrina and she explained, *"Those two I trust them a lot, because if I tell them, they always keep it as a secret."*

Many informants depend on people they meet in bars for their social support networks because they do not have friends or family members they can go to for advice. For example, Inge (Babylon bar)[xxviii] stays with a friend she met in a bar because she has no job and no place to stay. For Inge, a bar is not simply a place to drink, but also a source of accommodation, food, and sometimes money. Christine (Babylon household) does not see her extended family unless there is a funeral or a wedding. She said her *"only friends are from the* tombo *houses."* They meet at the local bar and *"talk about problems like children and men who do not support children."* Lydia (Oshoopala household) is a loner and said she also has no friends. She has a neighbor with whom she sometimes talks, but Lydia chooses not to talk to friends because:

> *To have friends is just destruction, because they tell you bad things and also they teach you about bad things. ... There are times when they invite you for alcohol drinking. Later on you will hear other stories which are not good.*

Many people in the study belong to church groups from which they get support and participate in group activities. For example, Trudie (Babylon household)[xxix] attends church social events such as choir competitions and prayer nights. Christel (Babylon household)[xxx] belongs to a choir in a neighboring area that has singing competitions, tells bible stories, and visits each others' homes. Witbooi (Dolam bar) goes to church and has been a member of the Catholic Church choir for many years. Shoopala (White Houses bar) is a member of the church that he financially supports as well as volunteering his time.

Membership in other organizations was mentioned only occasionally. Nangula (Babylon bar) is HIV positive and belongs to a Red Cross support group for people living with HIV/AIDS. Although Sister (Babylon household)[xxxi] does not belong to any association, she goes to Catholic AIDS action to get food and clothes to help support her children. Kaha (Dolam household) belongs to a revolving credit club for economic and social support.

4.2 Accounts of Sexual Relationships

Many aspects of current relationships and views on marriage are influenced by peoples' previous relationships. With this in mind, people were asked about their first sexual relationship such as how the relationship began, how it ended, what benefits they received, and their condom use during the relationship.

Only a few informants said they had never had sex. For most informants, the current sexual relationship is one of several they had been involved in. The majority of people had one main partner, but may or may not have additional sexual relationships. As was found in research on adolescent sexual activity in Namibia (UNFPA, 2005), most informants had their first sexual relationship while in secondary school.

4.2.1 Meeting a partner

There are two main ways informants met their partners: they grew up in the same village and went to school together (more common in Oshakati), or they met somewhere when they were older (more common in Katutura). In either case, it is the boy/man who initiates a relationship with the girl/woman when he "proposes" to her that they begin a relationship. After she accepts, she officially becomes his girlfriend and is expected to have sex with him sooner or later. Some women reported that they refused such a proposal at first, but eventually accepted. Maria (Dolam household) met her current boyfriend in a bar where he first told her he wanted her to be his girlfriend. It was only after two weeks of his persistence that Maria agreed to go out with him. Similarly, Hambelela (White Houses bar) also came to be with her boyfriend after, *"he asked for my number. He started proposing and we ended up dating."*

Rebekka (White Houses bar) grew up with her boyfriend in the same village. After coming to her house for many years, he finally told her he wanted her to be his girlfriend, but she refused at first because she wanted to *"check out his behavior."* Eventually she approved of him and accepted his proposal. Rebekka has now been with her boyfriend for five years. Conversely, Nelao (Oshoopala bar) had seen her partner around town for some time when he finally spoke to her when she was walking home. He pursued her for two days until she agreed to go out with him. She explained that their sexual relationship started the next day when:

> *We went to one bar next to his house, and from there we went to his room. In his room he said that we must have sex. I said, "where is a condom?" He took out a condom and then we started having sex.*

4.2.2 Women's accounts

Many women talked of unhappy sexual histories which began when they were schoolgirls. Some women were abandoned by their partners after becoming pregnant or were in abusive relationships. Nangula's (Babylon bar) first boyfriend was nice to her and gave her gifts, but left her when she became pregnant. Inge's first sexual experience was being raped by her boyfriend when she was 14 years old. Inge's experience is reflected in her current negative attitudes about men and marriage. Rosemary (Babylon household), a 17-year-old single mother, met the father of her baby, an older married man, in a bar. She told the following story that thinly masks her own experience:

> *Married men hide their rings when they go to shebeens. And then they buy beer for a lady and then they start dating her. After finding out she is pregnant then he will inform her that he is married,* ***like in my own case****. When the wife finds out then he can even ... say it's not his child.*

Maria (Dolam household) dated her mother's colleague, who was older than her. She thought the relationship was going well until she *"ended the relationship because my baby's father married someone else. ... He used to support me very well ... but after the baby was born he refused to support me."* Sanna (Babylon household) had her first sexual experience when she was a schoolgirl. Although the relationship lasted two years, her boyfriend also left her for another girl. Christine (Babylon household) got pregnant at the age of 15 and was forced to move away by the owner of the commercial farm where she grew up. Hambelela (White Houses bar) lamented the loss of her virginity to a man who cheated on her with her friend when she said:

> *I felt bad after that because I lost my virginity. ... I decided just to end the relationship. It was very hard for me to understand how he can cheat on me.*

Other informants have been with only one or two sexual partners and have not experienced any problems. Trudie (Babylon household) and Rebekka (White Houses bar) said they have only been with one sexual partner, their current one. Nelao (Oshoopala bar) seemed almost insulted when asked about her sexual history, while making it clear she has been with only two sexual partners, *"The first one is the father of my child, and the second one is this one with whom I am staying."* Lydia (Oshoopala household) was married in the traditional Owambo manner in that she had never met her husband when he asked her parents if he could marry her, but she felt from the start that he was the man for her. Lydia is happy in her relationship with her husband and has never had sexual relations with another man.

4.2.3 Men's accounts

While women often talked of their first sexual relationship with a specific man, it was not uncommon for men to discuss the challenges of dating more than one woman at a time. For example, Petrus (White Houses Bar) told how he got caught trying to maintain several concurrent relationships:

> *I had four or five girlfriends at the same time. One day madam boss [main girlfriend] was there [at my place]. The other one came in and asked: "where is the owner of the room?" Madam boss answered, "I am the owner of the room." ... [She] broke off our relationship because I have too many "singos" [girlfriends]. Then the other one who found [madam boss] in the room said that I have many ladies also. They stopped loving me at the same time. ... The other three [girlfriends] are still on duty.*

At first John (Babylon bar) had sexual relations with several concurrent partners, including a woman he met in a bar as a one-night stand. However, after he met his wife, he "repented" and no longer drinks alcohol or dates other women. He described his short but illustrious dating history:

> *We met at a club and I was drunk and I went home with her that night. We started to date from then on. Later on I met the woman I am married to now. She didn't drink or go to clubs and that drew me to her so I just had to end my relationship with the other one. ... I even saw that the way I live my life wasn't good, having a girl here and there ... now I enjoy life with only one wife.*

In contrast to these two examples, Witbooi (Dolam bar) has had a monogamous relationship with Maria, whom he met when he was 13 years old. He has no interest in other

women and said Maria is his "one-and-only" partner. He lovingly described their relationship as being very close.

4.3 Types of Relationships

The risk of HIV transmission through sexual relations depends on the nature of the relationship and the type and size of a person's sexual network as well as on condom use.[12] Couples who are uninfected and faithful to each other, and who know each other's status before having unprotected sex, (a closed, protected sexual network) have a low risk of infection regardless of whether they are married or cohabiting. The goods and services exchanged in such relationships are those that fit long-term goals such as sharing property, some income, payment of bills, domestic tasks, and raising children. Relationships between a boyfriend and girlfriend who live apart but near each other may carry an increased risk since the man and the woman maintain some social activities outside of the partnership; and thus they may have other sexual partners (an open sexual network). People in these relationships generally do not use condoms with their boyfriend/girlfriend, and may or may not use condoms in any outside relationships they may have; thus they have an unprotected sexual network.

In relationships between a boyfriend and girlfriend living far apart, the risk of HIV transmission increases since most of the partners' social activities occur away from each other. Boyfriends and girlfriends living apart are likely to have local sexual partners as well as their longer-term, long-distance relationship (an open sexual network). Boyfriend/girlfriend relationships are generally maintained by occasional gifts and money from the man, and labor and sex provided by the woman. Many people in such relationships may use condoms with their local sexual partners but may or may not use condoms with their long-distance partners; and thus may be in an unprotected sexual network. Finally, individuals who are sexually active but who do not have a main sexual partner are probably at greatest risk of HIV infection since they have a number of partners in a short period of time (a large, open sexual network). Although in the general population it is known that such long-term single people are more likely to use condoms, for individuals who frequently meet casual partners when drinking, their likelihood of condom use is greatly reduced; thus they have an open, unprotected sexual network. Although data from previous studies show that in the general population, people who have casual sexual encounters tend to be more likely to use condoms, the population for this study (which deliberately included alcohol consumption) has a higher rate of informants who routinely consume alcohol and have casual, often unprotected sexual encounters.

People from both Oshakati and Katutura described a wide range of relationship types and sexual networks. Some are in steady relationships which includes being legally married through a traditional ceremony, a church wedding, or at the magistrate's office. Others are not legally married but have lived with their partner for a number of years. Some people, especially younger

[12] A closed sexual network is one where no new partners are introduced, while an open sexual network is one where new partners (such as one-night stands) are introduced. A protected sexual network is one where all partners use condoms or have tested HIV negative, while an unprotected network is one where condoms are not used by all partners and/or all partners' statuses is not known. The larger the sexual network, the greater the risk of open unprotected sexual contact that can lead to HIV transmission (Thornton, 2008).

people, have a main sexual partner with whom they do not live. People in these boyfriend/ girlfriend relationships may live close to each other, but also frequently live far from each other. People in steady or semi-steady relationships often have one or more sexual partners outside their main relationship.

4.3.1 Marriage or steady partnership

The most stable sexual partnership in Namibia is marriage whereby two people are legally committed to each other. According to the 2006-07 DHS, 18% of men age 15-49 were married and 13% were living with a partner, which yields a total of 31% of men in more stable relationships (MoHSS/Macro, 2008). The equivalent percentages for women were 20% married, and 15% living with their partner, for a total of 35% of women in relatively stable relationships. Thus roughly one-third of adults 15 to 49 years of age were in such a relationship in 2006 in Namibia. The same DHS also reported that among sexually active individuals, 16% of men and 3% of women reported having two or more sexual partners in the past year.

In Namibia, marriage can be an expensive and time-consuming initiative. Traditional marriages include negotiations between the groom-to-be and the bride-to-be's family for the payment of a bride price and pre-ceremony gifts, the organization of the wedding ceremony, and post-ceremony festivities. Couples married by a magistrate bypass traditional and religious ceremonies and thus dramatically reduce the expense of marriage. However, magistrate weddings are not as highly valued as church and traditional marriages in many Namibia contexts. Consequently, some couples choose to live together as a first step towards marriage, while other couples choose not to marry at all.

Research assistants interviewed relatively few (n 15) married individuals. No women recruited in bars in Katutura or Oshakati were married, but several lived with a sexual partner. These partnerships may be short term or they may have endured for decades. However, several married men were recruited in bars.

Maria (Dolam household), a young woman, explained the nuances of various types of steady relationships and the impact of cultural practices on what people tend to do in conjugal unions:

> *Some people go to the magistrate, others to church. But Oshiwambo people just get together. [Sometimes men] put you in a* Kambashu *[shanty house]. You just live together. You can even stay together for ten years. It's just like marriage, but the only difference is there is no legal paper.*

Indeed, Rebekka (White Houses bar), who is older than Maria, also talked about the right and wrong way to get married:

> *They just go to the magistrate and then she is already in the* Kambashu*, while at home, people do not even know about it. ... However, there are those who have the good idea of telling their parents. They go home and inform the parents. Then the parents decide that the wedding can go ahead.*

The exceptional case of Witbooi (below), recruited in a Dolam bar, highlights the reflections of a married man who is faithful to his wife.

A case of mutual faithfulness

Witbooi and Maria have been together since they were teenagers. He told the story of how he met Maria: *"I went to [her town] to play soccer. … Maria was cheering. I thought she was screaming for me but unfortunately it was for my friend. We got to know each other over many years.… When I moved to Windhoek, Maria came with me and finally we got married."*

Witbooi described his wife, Maria, and their two children as the center of his peaceful home life, *"We spend time together as a family at night time, and we talk. My wife and I have a very good relationship."* Witbooi is a religious man which he said has helped keep his family strong, while of his participation in church choir he explained, *"The spiritual love, rehearsing together and performing Sunday at church was really encouraging."*

Witbooi and Maria love and are faithful to each other. He explained, *"Maria always supports me and she'll always be the most beautiful woman for me, that's why I can never leave her. … Maria is my first and last, like the vows I made before the priest: 'till death do us part'."*

Although we found several people in relationships of trust, other people said they suspected or knew their partner had been unfaithful. Several men said it is their right to have extra-marital affairs but that such behavior is not tolerable for women. For example, Iita (White Houses bar) explained, *"If I heard that my wife has cheated on me … it is over and hey I will not tolerate that. I want her to tolerate it based on my culture that men can cheat and can be forgiven but not women."* Jackson (Oshoopala household) also demonstrated a double standard when it comes to being faithful: he has extramarital affairs but left his previous wife because she had affairs as well.

Some individuals explained why they do not have extramarital partners. Brenda's (Babylon household) current partner is only her second sexual relationship, and she does not have other partners because she worries about the future of her children. Although Shoopala (White Houses bar) goes to the bar with his friends, he does not chase after women. He explained that he is faithful to his wife because he attends church and that:

> *Faithfulness also plays a role in my family. One of the things that affects us is that we stay together… she has to know where I am and I have to know where she is. So that has strengthened my family relationship.*

A few single people also spoke of the importance of having only one sexual partner. Although Hambelela (White Houses bar) has been with other boyfriends, she does not cheat on them because she thinks it is simply too complicated. Martha (Oshoopala bar)[xxxii] received sex education at school from the "My Future, My Choice" program. She protects herself by only having one sexual partner and always using condoms.

4.3.1.1 Condom use in marriage relationships

Married people report that they do not usually use condoms with their spouse. Sometimes couples "bring condoms into the marriage" as a form of contraception, as is the case with Shoopala (White Houses bar) and his wife. Similarly, Lydia (Oshoopala household) said she and her husband used condoms as a contraceptive, but only after the birth of their child. Christel (Babylon household), a divorced woman with four children, said she and her ex-husband used condoms only until they married. She said that she and her current boyfriend use condoms all the time.

Although some men claimed they always use condoms, the married men interviewed said they tend to use condoms outside of marriage but not with their wives. Some married men said they only occasionally use condoms outside marriage. Iita (White Houses bar), a married man who has sexual partners outside of marriage, spoke of his condom use as follows:

> *When I have casual sex, I make sure that I use a condom. ... I take risks with my wife, but not with casual relationships.*

Women are not always able to persuade their husbands or partners to use condoms. Katrina said when her husband was drinking heavily, she had extra-marital affairs. Katrina no longer has other sexual partners but is unsure if her husband is faithful. She asked him to get an HIV test, but he has not yet gone. Katrina has since tested negative and so has insisted that her husband use condoms. She explained:

> *There is a killer disease of AIDS. If you are just doing it without a condom we can get the killer disease. The last time we had sex without a condom was in 2003. ... I don't have AIDS. Life nowadays is about protecting your body so that you can look after your children.*

4.3.1.2 Ideas about marriage

When asked what they think are the advantages and disadvantages of marriage, most people referred to examples from their own relationships. People who had problem relationships had negative attitudes about marriage, while people who had good relationships said good things about marriage. However, even people who spoke negatively about marriage still felt marriage was an ideal that people should strive to achieve. The data show a clear conflict in people's desire for marriage versus their anxieties about it.

Giovani (Dolam bar)[xxxiii] expressed such conflicting feelings. She said people in Namibia get married out of jealousy, simply because they do not want another person to get the person they are dating. However, she felt the commitment and security marriage offers is a good thing. Although Christine (Babylon household) lives with her partner, she believes that co-habiting is a sin. She thinks marriage is a "good thing" but qualified this statement because *"even married men are going to* tombo *houses and spend the whole day there."* Petrus (White Houses bar), verbalizing a commonly held belief, saw a real dilemma with marriage because the benefits of having someone to cook and clean must be weighed against the risk of the same person killing in order to inherit a man's wealth. Zola (White Houses bar) wants to get married, but saw a problem with modern marriage:

Nowadays people are staying in the marriage for one month and then they break up. Maybe people are getting married at an early stage or age. ... Maybe it is cash that is forcing people to get married.

A number of people talked approvingly about marriage as a relationship of trust and responsibility in which the man and woman support each other and care for children. Trudie (Babylon household) emphasized equal property ownership and children growing up with both parents. Sanna (Babylon household) also thought marriage is good because people only have one partner, children grow up with their fathers, and the children of one woman are fathered by only one man.

Generally people spoke positively about marriage and its benefits, although nearly everyone nevertheless had something negative to say about marriage. In Oshakati there were very few people who said they wanted to get married. People talked about the troubles marriage brings such as adultery, having illegitimate children outside the marriage, and the possibility of divorce. Additionally, several people said the expense of getting married prevents many people from doing so. Sister (Babylon household) said she cannot marry her partner because of the high cost of weddings. Christel (Babylon household) cited the high cost of marriage as a deterrent for young people, but said when young people do get married, it is for financial reasons and not for love.

Many people, especially women, felt that marriage is problematic because men cheat on their wives and have children born out of wedlock. These people said that when a couple gets married, the woman remains at home while the husband goes out with other women. Although Trudie (Babylon household) has a positive view of marriage, she recognizes that it can be torn apart by infidelity and alcohol consumption, while Hileni (White Houses bar)[xxxiv] described the problems that arise when a man cheats on his wife:

A man might have other sexual partners outside the marriage. When he comes back from those other sexual partners, he might bring AIDS in the house. This can cause conflict in the house.

Other negative aspects of marriage identified include women who get married to take advantage of men, and women who refuse to marry unemployed or poor men. Zola (White Houses bar) has several female friends, some of whom want to stay single so they can be independent, and others who want to get married to "become rich," while Nelao (Oshoopala bar) identified drunkenness and domestic violence as negative aspects of marriage. She explained, *"Men go to* shebeens *and come back home drunk. This can cause them to beat their wives."*

Many people felt that marriage today is about money and property, and thus it often ends in divorce. These people indicated that marriages are entered into quickly and just as quickly dissolved. However, according to Namibian law, a couple can only divorce for good cause, such as domestic violence or infidelity.

4.3.1.3 Changes in marriages from the past

Many people have an idealistic view of "marriage in the old days" that emphasizes trust, responsibility, and the involvement of the families of both persons. Owambo informants

described traditional marriages as being about security and building a home which included parents choosing a marriage partner for their personal characters and prospects for a good future. Although Owambo families still negotiate the terms of a marriage such as bride price (*lobola*), individuals rather than family members now select marriage partners. Stefanus (Oshoopala household) said some people think traditional marriages are better, but he stated that people should change to keep up with changing times:

> *Some people were married traditionally and they respect it while other people do not have respect for tradition. ... Some think that if they live in a traditional way, they are good. ... There are many changes from the weddings of our grandfathers. It is a difficult time to follow the old ways of living. You have to be very careful today.*

A number of people said that marriages today are not good because the couple's families are no longer involved. For example, Witbooi (Dolam bar), who is very happy in his own marriage, described his traditional wedding and lamented that now people use cars and other modern accoutrements instead of traditional donkey carts when getting married. Martha (Oshoopala bar) stated that in Namibia today, people have to be tested for HIV before getting married. Indeed, Nelao (Oshoopala bar) also sees HIV testing as an integral part of modern marriage. Her discussion is similar to Martha's:

> *In the olden days, people just got married without going for a test. If you were told "I want to marry you" then the people just ran to their parents and that was it. ... Now people are going to the hospitals for the [HIV] test first. If they know their results, then they decide. But if one's blood is not clean then the other one can say no to the marriage.*

4.3.1.4 Perspectives of men and women on marriage

Informants differed markedly in their beliefs about the expectations and responsibilities of men and women in marriage. Iita (White Houses bar) argued that women cannot control themselves and thus cannot be allowed to have extra-marital affairs because "*if a woman cheats once, whatever discussion or whatever counseling you give, she will always cheat again."* whereas he thought a man would stop cheating once he has been caught. Tox (Oshoopala bar)[xxxv] said women must be dependent on men because when both people are working, the woman has her own possessions and can thus leave the man if she wants. He sees this independence as causing divorce because *"each one can say that I do not depend on you."* Petrus (White Houses bar) recounted the common male idea that women only marry men for financial benefits because:

> *The time she will divorce you, she has everything from your [ATM] machine. ... She does not mind anymore because you have a community of property. If you have two cars, when you go for a divorce, you will be told that one car has to go to her, but you are the one who bought it for her. She will marry again and she will repeat the same story.*

Not all men agree with the more traditional view that women cause problems in marriage and should be subordinate to men. Shoopala (White Houses bar) is a married man who believes women should be empowered because their lack of power in a relationship puts them at risk for HIV infection:

> *We need to strengthen gender issues, especially if we want to say that we want to reduce HIV and AIDS. Gender plays a role when it comes to HIV transmission. ... They [women]*

are always the one to do what the man is telling them to do. ... They are not expected to ask their husbands why they come home late.

Conversely, there are numerous comments that being married does not make a man faithful to his wife. Men said it is in their nature or their cultural right to have extra-marital partners. While women agreed that men tend to have several partners, they are more critical about whether or not it is natural.

4.3.2 Boyfriends and girlfriends

Nearly half of the people interviewed have a main boyfriend or girlfriend living either nearby or some distance away. In Oshakati, 37 of the 60 people interviewed have a boyfriend or girlfriend living separately, while in Katutura only 15 of 55 people are in such relationships. Based on self report in interviews and a common concern about being seen with other partners, it can be determined that people who have a boyfriend or girlfriend living nearby are less likely to have concurrent sexual partners than those who live far from each other. For example, Hambelela (White Houses bar) goes to bars with her friends, but said, *"I want to stick to one trusted partner because I like to be trusted."* However, having a partner nearby does not guarantee the other person will be faithful. Jessica (Babylon bar)[xxxvi] and her boyfriend live down the street from each other, but she suspects he is also seeing other girls and explained, *"The problem is he is drinking ... He even has another girlfriend. My friends saw him with her."*

Nearly everyone in Oshakati who has a main sexual partner said the other person is working elsewhere. Some men have a girlfriend plus other sexual partners from time to time because the girlfriend lives far away. Zola (White Houses bar) has a girlfriend he loves, but has other girls he has sex with when his girlfriend is not around because *"love is uncontrollable."* Mary (Dolam household)[xxxvii] described how her first sexual relationship lasted for six years but eventually failed because her partner, who lived far away, lost interest in her. A few women also admitted to cheating on their long-distance partners. For example, Hileni (White Houses bar) has been with her boyfriend for seven years, but admitted she had sex with another man while her boyfriend was staying far away. However, both Rebekka and Aina (White Houses bar), who have long-term boyfriends in Katutura, said they have no other sexual partners.

Given that the main risk of long-distance boyfriend/girlfriend relationships is infidelity, most people in such relationships use condoms when they get together. For example, Kaha (Dolam household) is currently in a long-distance relationship and worries about her HIV status because her boyfriend does not like using condoms or going for testing. She said, *"I haven't gone for a visit [to see him] for two months now, because he had not wanted to use a condom."* However, Kaha also reluctantly admitted that she has been unfaithful to him on several occasions and currently has a concurrent sexual relationship with a married man.

Several other informants were faithful to their long-distance partners and believed their partners are faithful to them. Willem (Oshoopala household) has a long-distance relationship, but said he is faithful to his partner and *"I do not believe that she will fall in love with another person."* Similarly, Asser (Babylon household) lives in Katutura while his girlfriend attends school in the north. He has been faithful to her and believes he is her only sexual partner. They have gone for VCT together and use condoms when they have sex. He explained that:

She is my first one. I am her first boyfriend. ... We use a condom always. ... We decided that for us to protect ourselves we have to use a condom because we don't want pregnancy ... or to get the disease.

In addition, we found a few dating relationships described by informants that do not involve sex. People in these relationships are young and new to the dating experience or are involved in a relationship that has yet to involve sex. Tox (Oshoopala bar) has a girlfriend, but they have not had sexual relations because he thinks he is too young and his parents told him he should wait. He also is concerned about contracting HIV.

4.3.2.1 Maintaining a boyfriend/girlfriend relationship

Informants were asked in several ways to talk about the benefits and drawbacks of their main sexual relationship. Most people said men give women money and gifts while women give men sex and sometimes domestic labor. Brenda, Christine and Sanna (Babylon households) all said their current and/or previous boyfriends buy them food and clothes and give them money. Some people mentioned emotional support as a benefit, while in a few cases, women said there are no benefits from relationships because they have been used or abused by men.

Some people described their relationships as exchanges. Women said they give gifts and advice as well as sex to their boyfriends. In return they received money, clothes, and personal items such as soap, as well as help when needed. Giovani (Dolam bar)[xxxiv] said she has a good boyfriend: since she is expecting a baby, he buys her baby clothes and gives her money.

Young couples in a sexual relationship exchange money, gifts, and sex. Young girls from Oshakati said they give their boyfriends cards for Valentine's Day and cook for them, while boyfriends give material support such as money, clothes, jewelry, and cellular air time. Whether in a long-distance or local relationship, women often cook and wash clothes for their boyfriends. For example, although Martha (Oshoopala bar) does not live with her boyfriend of five years, she said he gives her money, food, clothes, personal items, and whatever she asks for. When she gets something he might like, she sends it to him, and when he is around, she washes his clothes. However, she recognized that sex is part of the exchange.

If he asks for sex I cannot say no, because whenever I ask him for something, he gives it to me. If he says that we must not use a condom, then I will say no, we have to use it.

When asked what their current or previous partner gets out of their relationship, informants were hesitant to answer. Some women were confused since they do not see relationships as strict exchanges, or they do not think of sex as a benefit of a relationship, but a natural part of one. For example, Brenda (Babylon household) is unsure what her boyfriend gets out of their relationship, but thought they had a good relationship with good communication.

A few informants were unsure what benefits they get from the exchange. Nelao (Oshoopala bar) was confused by the question. The researcher asked, *"Tell me the benefits which you get from him,"* to which Nelao responded, *"Benefits?"* The researcher reworded the question, *"Nice things which he has done for you? What are they?"* to which Nelao replied, *"He always buys clothes for me, shoes and clothes."*

Several women talked about the emotional support they get from a relationship. Christel (Babylon household) said she got emotional support from her ex-husband and in the beginning *"…we were very much in love. We would go to town to relax or take our children to play in the Zoo Park."* In exchange, she cooked, cleaned and did laundry for him. Trudie (Babylon household) and her partner also have a good relationship and go to church, do household chores, and go to Zoo Park together.

Hambelela (White Houses bar) explained that people in relationships are supposed to love and emotionally support each other. She said, *"I have a responsibility to love him, of course, and I have to stick to him because I love him, and he does love me too."* Miina (White Houses bar)[xxxviii] said she is also insulated from the risks of dating and explained, *"I got someone whom I can stick with, a person whom I can count on."* While several men talked of their partners cooking and cleaning for them, Goat (White Houses household)[xxxix] cited the intimacy of a relationship such as kissing and giving each other gifts. Hileni's (White Houses bar) boyfriend gives her advice and tells her to look after herself, while Petrus (White Houses bar) gets advice from his girlfriend on how to behave:

> *She can tell me good things like I must not drink too much and also I must not stay at the clubs until late if I am drunk, because I might end up having unprotected sex. If I am drunk, she always comes to fetch me.*

In a few relationships discussed with informants there were no expectations of sex in exchange for financial support; however, when the exchange is expected, but not fulfilled, there are ramifications. For example, when Inge (Babylon bar) did not have sex with her first boyfriend in exchange for his gifts, he raped her, believing he had the right to have sex with her. Some informants, having been in bad relationships, bitterly claimed they got no benefits. Rosemary (Babylon household) said she got nothing from her relationship since her boyfriend was married and only used her for sex, while Sister (Babylon household) snapped, *"There are no benefits in this relationship. He treats me like a dog. We quarrel most of the time."*

4.3.2.2 Condom use with boyfriends and girlfriends

Almost all informants, regardless of gender or site, said positive things about the use of condoms, with most reporting regular condom use. Nearly everyone in a boyfriend/girlfriend relationship said they used condoms regularly or all the time for protection against pregnancy, STDs, and/or HIV infection. The people in these relationships tend to be younger with the relationship being of shorter duration. Zola (White Houses bar), who has a main girlfriend plus sexual partners outside that relationship, said he always uses condoms, even with his girlfriend. Petrus (White Houses bar), who meets women in bars, agreed with Zola and jokingly said, "*When you go out, make sure that you have your Smile."* Martha (Oshoopala bar) learned about safe sex and condom use from the "My Future, My Choice" program, which she said has kept her from getting pregnant or catching diseases. Hambelela (White Houses bar), although in a steady exclusive relationship, said she prefers using a condom because, *"I am afraid of diseases and this AIDS, STDs, and all that."*

People in long-distance boyfriend/girlfriend relationships also regularly use condoms with their main sexual partner. In Oshakati, quite a few women (18 of 26) said their boyfriends

work or study elsewhere. Many of these women do not know if their boyfriends have other sexual partners, causing the women to feel they need to use condoms with them. Aina (White Houses bar), whose boyfriend stays in Katutura, does not trust him because *"you cannot trust the man."* Rebekka (White Houses bar), whose boyfriend of five years also stays in Katutura, said she and her boyfriend use condoms when he comes home. She stated, *"When we have sex we use a condom. ... we use [a condom] all the time."*

Conversely, several men in Katutura said they have girlfriends in the rural areas with whom they regularly use condoms. One of the areas mentioned often was Oshakati. Thus the accounts of women in Oshakati about boyfriends elsewhere (often urban areas), and men in Katutura about girlfriends elsewhere (often rural areas), dovetail nicely and seem to confirm each other.

The situation of condom use in long-distance relationships is summed up by the following remarks. The first is by a young man from Oshoopala when he was asked about his main relationship:

> *We started in January this year; we are in the fifth month. Whenever we have sex we have to use a condom. The reason to use a condom is that I do not stay for a long time in town, and I do not know with whom the lady is going. ... we do not really trust one another because no one is living together with the other.*

The second comment is by a young woman also from Oshoopala:

> *We use a condom because we are not living together. I don't know what he is doing there, and also he does not know what I am doing here. Although I trust him a lot, I really don't know how he is that other side.*

Some people explained that they used condoms for some time with their steady partner, but stopped after they felt they knew each other better. For example, Maria (Dolam household) used condoms when her current relationship began, but after three or four months discontinued condom use because Maria felt, *"...we know each other now. He knows me and I know him as well. We trust each other."*

People in steady relationships often use condoms with their partners until they go as a couple for HIV testing, and they stop using condoms if they are both negative. Brenda from Babylon and Giovani from Dolam both have been tested with their partners. Brenda explained that for the first two years she and her partner used condoms, but since testing they have discontinued condom use. Giovani and her partner no longer use condoms but get tested every three months. Mary (Dolam household) also used condoms with her first sexual partner but stopped after they had gone for testing. She explained:

> *When we first started, we used condoms, but as the trust built in our relationship, we went for HIV testing together and then we stopped using condoms.*

Some women said they cannot negotiate condom use with their partners: they fear they will be beaten, or they will be accused of cheating on their partner. Christine (Babylon household) feels helpless to protect herself from HIV infection because when she asked her

partner to use a condom, he accused her of cheating on him. She said only God can punish him if he infects her with HIV. Trudie (Babylon household) and her partner have used condoms for contraception, although he resisted using them. Rosemary (Babylon household) and her married boyfriend did not use condoms until after she became pregnant.

Although the majority of people interviewed said they use condoms with their main partner, particularly when they live far away from each other, some informants do not use condoms even with their current main sexual partner. Some people have used condoms with previous partners, but do not use condoms with current partners, while a few (such as Brenda, Christine, and Sanna from Babylon) have never used a condom. For example, although both Sister (Babylon household) and her partner have extra-marital affairs, they have never used condoms. In addition, a few informants who are HIV positive and/or sex workers said they never use condoms.

4.3.3 One-night stands and sex workers

It is always a challenge to guess if a person is telling the truth when asked about sexual behavior. Some people seem to be honest and admit to a variety of risky sexual behaviors including not using condoms and/or having one-night stands. For example, when asked about her sexual relationships, Kaha (Dolam household) retorted, *"Who are you going to talk to about these things? ... You are not going to say that Kaha was talking and that is who and who?"* However, after reassurance, many people openly discuss having one-night stands or participating in sex work.

The term "one-night stand" (also called "hit-and-run") is familiar to most Namibians. When asked if they had ever had sex with someone once and never again, most people automatically responded, "Oh, you mean a one-night stand." The majority of informants denied ever having a one-night stand. Observations in the bars from where informants were recruited, however, suggest that some people were simply reluctant to admit to having a one-night stand.

Some men admitted having one-night stands with women they met in bars or with sex workers. When asked if he ever had a one-night stand, Gerson (Oshoopala bar)[xl], a man in a long-distance relationship, said he had a one-night stand with a girl he met at his home village, but thought he was safe because they had used a condom. However, Shivute (Oshoopala bar)[xli], a single man with many girlfriends, is not so careful. He explained:

> *I am with this one [woman] today and tomorrow with another one. ... My eyes are just on ladies. I just see who is nice to me to go with for that day. ... [Then] I will just lie to her and say, "I have got a wife and I don't want you anymore." I don't care even if she will cry and go to the police. ...* ***I am scared of the disease [HIV] but it is only alcohol. If I am drunk then I cannot even think of using a condom.***

Some women admitted to having one-night stands. As with Kaha (Dolam household) in the above example, after being reassured, she continued with her story, *"He [her distant boyfriend] is the main one but I have got the side one who is actually married and that is assisting me."* In fact, later in the interview, Kaha also divulged that she had a one-night stand:

A one-night stand? … We went there with some friends and we had a lot to drink. There was this young man younger than me … we went over to his place and I had a one-night stand. … I call him my night young angel.

Most people report that they do not have one-night stands. Many informants explained that they do not want to contract STDs or HIV, while other people said they love their partners or respect themselves too much to have sex with a stranger. Thus, fear of infection and moral conviction are often cited to explain why individuals avoid this type of sexual activity. In the figure below are several peoples' reflections on the topic.

Examples of one-night stands

Sanna (Babylon household) said she does not have one-night stands and admitted, *"I am very much afraid of this new disease … AIDS."*

Miina (White Houses bar) thinks that people who have one-night stands set a bad example for their children and asserted that, *"It shows a very bad image. Even the kids will grow up just that way."*

Aina (White Houses bar) said, *"You cannot have sex with a guy whom you just met for one day,"* and explained that people who do such things do not respect themselves.

Some women, such as Inge from a Babylon bar, openly admitted they are or have been sex workers. As with other sex workers, Inge does not consider sex work a form of sexual relations but a form of employment. Thus, Inge said she has never had a one-night stand. Indeed, men who have been with sex workers or had one-night stands do not consider these liaisons as relationships (c.f. LeBeau, 2007).

Observations in bars during this study showed how men and women interact to arrange one-night stands as well as how women can be identified as sex workers. The vignette below describes what was observed in one of those bars.

Observation of sex workers in Oshakati

One of the observation points in Oshakati was the Happy Bar on the edge of the White Houses area. Happy Bar sits along a main street with plastic tables and chairs outside and a bar, juke box, pool tables and a dance floor inside. After several week night visits to the bar, observations were conducted through the course of a weekend.

Friday evening was spent discussing patrons' behavior with the owner and his friends. The bar had a goat braai (barbeque) and all patrons who bought drinks were given free goat meat. There were approximately 20 young men with 6 young women drinking with the men at various tables. The owner explained, *"Those ones [young women] are no good. They go from table to table and look for them [young men] to buy drinks and leave with those young men."* We watched the patrons for a while and indeed the women eventually left with a group of young men.

There was one woman in a red shirt that the men at our table described as "easy." She talked, drank and danced with men at various tables and finally left with a man, but returned a short time later. She repeated this behavior several times during the course of Friday evening. Other people at the bar said she was a sex worker who traveled between the coast, Windhoek, and Oshakati.

We frequented Happy Bar several times over the weekend watching patrons drink, dance and pair off together as they left. Sunday late afternoon we returned to Happy Bar where there were 25 men and 2 women. This time we positioned ourselves at a large table that could sit 12-14 people and ordered several bottles of beer and wine, while the owner sent us goat meat. More patrons arrived and soon we had 6 women and 4 or 5 men at our table. Eventually the woman with the red shirt also came to our table. She said her name was Ocean "when she was working." The other women said they were also sex workers looking for men and beer. The girls drank, danced and spoke freely with us.

Ocean thought we were buying drinks because we might also want to "hire" her, although we told everyone we were conducting research. She said she looked for men who give her rides to other towns so she can work there as well. As the night wore on people became drunk, so we decided to leave, but had appointments for interviews with several of the people at our table.

Some men wanted to leave with women who were not sex workers, but these men eventually left alone. However, some men left with the sex workers who had been sitting at our table.

Previous research in Namibia has shown that men who pay for sex sometimes do not want to use condoms. Some men feel they have paid for the right to have unprotected sex, especially with a sex worker (see LeBeau, 2008). Goat (White Houses household) has seen this behavior in the bars and described the exchange:

> *He expects a woman to accept him to have sex. ... Sometimes some ladies are sex worker, in that case they do not use the rubber [condom] because a man just says that I paid my money, therefore I cannot use the condom. Even if the woman wants to use the condom, the man will not allow it because he paid his money."*

4.3.4 Concurrent partners

Evidence of the effect of maintaining concurrent partners on HIV transmission comes from both biological knowledge and mathematical modeling. Recent evidence for the importance of concurrency is clearly summarized in a Working Paper written by Timothy Mah for the Center for Social Science Research in Capetown (Mah, 2008), and it has been discussed more elaborately in a recent book by Helen Epstein (2007) An early mathematical model on HIV transmission by Watts and May (1992) showed that transmission is more rapid in situations of concurrent partnerships than other types of partners. As discussed in the background section (*2.2 Sexual Partnerships in southern Africa*), Morris and Kretzschmar (1997) proposed a more complex model to address different types of partners, and came to the same conclusion. After applying their model to data from Uganda, they concluded that increases in levels of concurrency would have more of an effect on HIV transmission than increases in the number of partners (Morris and Kretzschmar, 2000).

The biological evidence for effects of concurrency derives from the fact that viral loads are extremely high in the first few weeks after HIV transmission because immune responses take time to develop (Galvin and Cohen, 2004). As Mah explains, "Concurrent partnerships increase the probability that uninfected partners will have sexual intercourse and therefore be exposed to a partner during acute infection. This is because in regular, as opposed to casual partnerships, there may be a higher number of coital acts along with less condom use. Additionally, given the time overlap in partnerships, earlier partners with whom an individual is still sexually active, are still at risk for HIV infection via current and future overlapping partners" (Mah, 2008:7). The increased frequency of sex acts and the decreased probability of condom use with regular partners make it more likely that sexual relations will occur during periods of acute infection that follow HIV transmission.

Models of concurrent partners do not usually include one-night stands, in part because condom use is more likely in such encounters, and the probability of HIV transmission in one or several sex acts is relatively low. In practice, however, the distinction between a casual partner and a concurrent one is less clear. A casual partner may be seen only once, or several times, so at what point does such a partner become a concurrent one? In addition, it has not been easy to develop reliable ways to measure concurrency through surveys. Recall periods differ, and the bias of self report is always an issue.

The following discussion with case studies will demonstrate the complex network of sexual relationships found in this research study's population. As previously discussed, several informants who are either married or in steady boyfriend/girlfriend relationships admitted to having other sexual relationships at the same time as their current partner (concurrent sexual relationships).

Almost all people, regardless of gender or site, report that men have several partners from time to time. Having concurrent sexual partners for men is expected by men and many women. Although Zola (White Houses bar) has a main girlfriend he loves, he has other girls on the side. Although Hileni (White Houses bar) has been with her boyfriend for seven years and she said she loves him, she admits that she has been with another man (her friend's boyfriend) while her boyfriend has been staying far away. Giovani (Dolam bar) say she began an outside affair once,

but her mother talked her out of it by reminding her that she had a good boyfriend. After her mother's talk with her, Giovani decided not to cheat on her boyfriend. Even when a person has been faithful, his or her partner may not have been, thereby also putting the person at sexual risk. For example, both Nangula (Babylon bar) and Trudie (Babylon household) say they have never had two concurrent sexual partners, but both caught their partners cheating on them.

In addition, some informants who have never had or currently do not have a main sexual partner may have concurrent sexual partners, sometimes in combination with one-night stands. Our data points to a large open (and often unprotected) sexual network which includes concurrent long-term relationships *and* one-night stands during the same time period. Out of 43 informants whose sexual histories were clear: 19% (n 8) admitted to concurrency only relationships, while 28% (n 12) admitted to having both concurrent relationships and one-night stands during the same time period.

Found below is an excerpt from an interview with Mendo[xlii] who is typical of someone with concurrent sexual partners but who has also had an unprotected one-night stand. Mendo (Oshoopala bar) is 20-year-old single man. Mendo's girlfriend does not always live near him and thus Mendo has other girlfriends "just for fun." He said he always uses condoms with his concurrent sexual partners, but he had a one-night stand and forgot to use a condom because he was drunk. Mendo comes from an upwardly mobile family and goes to university. He said his family members especially his father have often discussed "life" and topics like protecting oneself from HIV infection. Mendo belongs to a local community groups that performs plays and shows about HIV infection prevention and has been in the "My Future, My Choice" program. Even with his knowledge about HIV prevention, Mendo still got drunk and "made a mistake," thereby exposing himself and all of his concurrent sexual partners to HIV infection.

Mendo's mistake

V: Do you get drunk to the point where you might forget about your girlfriend or about using a condom?

M: Yes, I did it once. We were all drunk. Then we got a taxi to my place. Then we started kissing and sleeping and the time I realized that I do not have a condom, it was already too late. … I was very afraid [of] the disease, HIV. … I went for the testing.

V: You told me that you met her in the bar. You ended up in the taxi to your house. Did she know where she was going?

M: Ah, she did not know where she was going because she was drunker than me. … When we finished having sex, she asked me if there was a condom. Then I told her that no, we did not use the condom. … She said that only it was okay and we went back to the bar.

V: Did she probably also go to get tested?

M: I do not know and I do not think so. … Because those girls in town, they are only there for fun. … I have never seen her again.

M: There is my main girl friend. My main sexual relationship. The one I love. *(Continued…)*

(Continued from p. 42)

V: Do you have some other sexual relationships?

M: Boys cannot be satisfied with only one girlfriend. Just girls for making fun.

V: Do you know about how many girls you are sleeping with?

M: Approximately five.

V: How do you use the condom with these five people?

M: Every time I use a condom, even with my main girlfriend. I do not want to take a disease from these girls to my main girlfriend.

The Morris and Kretzschmar model assumes a more-or-less open, unprotected sexual network for HIV transmission to occur. If there is a network of three people (say man/wife/girlfriend) and one partner is HIV positive and condoms are not used by all partners (an unprotected network) and/or there are additional outside partners (an open sexual network), then the risk of HIV transmission is high. On the other hand, if the same three people in the network are all HIV negative or all use condoms (a protected network) and do not have additional partners (a closed network), than the risk of HIV transmission is low. Thus, it is the size and type of the sexual network (including duration which the model accurately projects) that impacts the likelihood of transmission in a concurrency only model. In this case, reducing the size and openness of the sexual network should result in a reduced risk of HIV transmission. Our data show a clear relationship between open, unprotected sexual networks and alcohol consumption in that people who drink are more likely to have casual sexual relationships and not use condoms.

4.4 Summary of Social Relationships and Sexual Partnerships

This chapter focused on informants' social relations and sexual partnerships. People were asked who lives in their household, which family members they spend time with, if they are members of any groups or associations and with whom they consult if they have problems. This informant shows that people who have social networks they can call upon in times of need (such as family, friends, church pastors) are less likely to turn to people they meet in bars for help and advice. Indeed, some of our informants said that they spend most of their time at the bars because they have no other friends and the people at the bar help them by giving them food and buying them drinks.

Informants also gave accounts of the sexual relationships they had been involved in, focusing on current partnerships. The conversations included a discussion of contemporary marriages in Namibia and how they thought marriage has changed over time. The research sought to understand support networks people draw upon and utilize as they initiate and maintain sexual partnerships, as well as social contexts that facilitate or discourage sexual risk behavior.

The risk of HIV transmission through sexual relations depends on the nature of the sexual relationships maintained over time. Individuals who are married or living with a partner have a

low risk if each of them is faithful to the other, while individuals who are sexually active but who do not have a main sexual partner may be at greatest risk of HIV infection since they have a number of partners in a short period of time (an open sexual network). However, the data also show how informants often have one main sexual partner who lives far away, while having one or more local partners at the same time. The need to move to other regions for employment separates sexual partners and facilitates having concurrent sexual relationships, thus greatly increasing HIV transmission. In addition, the social acceptance of men having multiple sexual partners also facilitates concurrency.

Almost all informants, regardless of gender or site, said positive things about the use of condoms; most reported regular condom use. Given the risk of infidelity in long-distance boyfriend/girlfriend relationships, most people in such relationships use condoms when they get together. People in steady relationships often use condoms with their partners until they go as a couple for HIV testing, and they stop using condoms if they are both negative. This behavior becomes risky if one or both of the partners begins having sex with another partner. In addition, some married men claimed to always use condoms outside of marriage, while others only occasionally or never use condoms outside marriage. Of concern is the fact that some informants do not use condoms with their main sexual partner, while a few informants (including people who are HIV positive and/or sex workers) said they have never used condoms.

Although there were several informants in relationships of trust, other people said they suspected or knew their partner had been unfaithful. Several men said it is their right to have extra-marital affairs but that such behavior is not tolerable for women. People who refrain from sexual risk behavior (such as unprotected sex with partners outside of the relationship) are usually in steady relationships (married or co-habiting), those who do not drink to excess or frequent bars, and tend to be younger. Many informants explained that they do not want to contract STDs or HIV, while other people said they love their partners or respect themselves too much to have sex with a stranger. Thus, fear of disease and moral conviction (including religion) are two reasons for abstaining from one of the most risky of sexual behaviors unprotected one-night stands and other short-term relationships, especially after having consumed alcohol.

V. RESULTS: ALCOHOL CONSUMPTION[13]

This chapter examines alcohol consumption patterns in the four settlements (neighborhoods that served as research sites in Katutura and Oshakati). As discussed in the background section, studies in southern Africa have shown that the context within which alcohol is consumed (bars, private parties, etc.) provides opportunities for men and women to engage in casual sexual relations, but they may not use condoms or may use them incorrectly when drunk. Therefore, alcohol consumption is associated with two types of risky sexual behavior: casual sexual relations and inadequate condom use. After describing the types of drinking places commonly found in Namibia, the types of drinks and demographics of patrons, this chapter discusses the social interactions in the various contexts where drinking occurs.

5.1 Types and Distribution of Drinking Places

Sometimes people simply gather at each other's homes to socialize or for weekend braais, while other times people have formal parties for events such as birthdays, weddings and funerals. As well as private parties where people drink, dance and socialize in each other's homes, there are a variety of public drinking places. In Namibia, formal drinking places are referred to as "bars" and informal drinking places are called "*shebeens*," while places to drink and dance to music are "clubs." In the Oshakati area, *cuca* shops, a cross between an informal bar and a corner store, are found throughout the area. The word *cuca* is derived from a Portuguese brand of beer, Cuca Beer, which was available in Angola during the 1960s and 1970s (wikipedia.org/wiki/Cuca_Shop). *Tombo* houses and women's household *shebeens* are unlicensed drinking locations and are situated in people's homes or in tin shacks attached to a home.

Public drinking places dot the landscape and are found throughout all four research areas, whether considered as formal or informal settlements (neighborhoods). Formal neighborhoods tend to have more services and infrastructure than informal ones, and thus are considered as more desirable residential areas. Bars, clubs and some *shebeens* can be found in or around the formal areas of Dolam and White Houses, while *shebeens, tombo* houses and women's household *shebeens* predominate in the informal areas of Babylon and Oshoopala. Overall, more drinking establishments are found in the informal settlements (Babylon and Oshoopala) than in the formal ones. Figure 2 below is one of the research maps showing the distribution of drinking places (colored in red) in Dolam (Katutura).

[13] The quantity of alcohol consumed is not discussed in this chapter, only whether or not a person talked about drinking alcohol versus or being "drunk."

Figure 2 Map of Drinking Places in Dolam

With the exception of women's household *shebeens* and *tombo* houses, bars are owned by men, but bartenders are women who sell the drinks and interact with patrons. Women who own *shebeens* are usually unmarried and run the bars with an iron fist. When Meme Maria at the Babylon *tombo* house wanted quiet, she raised her voice in what could only be described as a muffled growl, and all fell silent. She put both old and young, men and women, in their place.

Tombo house

Most private parties will have people socializing and music for dancing (with the exception of funerals). Most of the bars visited for this research had a juke-box with favorite local songs, a pool table, and gambling machines. All three money-generating machines are made in South Africa and distributed by a company based in Windhoek. The bar owners do not

own these machines they are on loan and the profits are split with the company who supplied them.

The type of alcohol available varies by the type of drinking establishment and the type of occasion for private parties. In poor homes most people drink *tombo*, locally distilled liquor and some commercially produced beer, while for celebrations such as birthday parties and weddings even the poorest of households will serve commercially produced beer and distilled liquor. More upscale bars have no *tombo*, but patrons drink a combination of commercial products such as beer (Windhoek Lager, Tafel, Black Label, Castle); sweet drinks, such as wine coolers and hard cider; distilled liquor such as whisky, brandy and vodka; and inexpensive wines, such as Tassenberg. Patrons at *shebeens* drink commercial products, *tombo*, and locally distilled liquor (*ombike*). *Tombo* houses offer *tombo* and sometimes locally distilled liquor.

Distribution of condoms in a bar

Although many individuals carry condoms for their own use and sometimes for "friends in need," condoms are not openly available at private parties. However, most bars have commercial condoms available for sale or the government provides free condoms under the brand name "Smile." Some bar owners do not want Smile condoms in their bars because they prefer to earn money by selling condoms. Sometimes boxes of for-sale condoms gather dust with only a few condoms sold in the time it takes other bars to go through an entire case of Smile condoms. Most bar owners, however, are all too happy to take cases of Smile condoms. In both the Oshakati and Katutura sites, the condoms most often used are Smile, while the Cool Ryder brand is still the for-sale condom of choice.

Bottles of alcohol on display

5.2 Bar Patrons

Men and women tend to show different patterns of bar attendance, a contrast more marked in the Oshakati sites. Men may sit in bars from morning or when they get off work until night, while women tend to come to the bar, buy beer, and take it away to drink elsewhere. The same women may return during the day to get more beer, but do not linger. Women tend to come to the bars in the evening, perhaps after other household members are home from work and can take over child care duties.

Observations showed that there are more women in the Katutura bars than in Oshakati bars.[14] In Dolam (Katutura) there were about four men to one woman and in Babylon the ratio was about 2:1. Many of the women in Babylon had children with them. By contrast, in Oshakati there were approximately seven men to one woman in the White Houses bars and four men to one woman in the Oshoopala bars.

Many people said they drink in the bars only at month's end (pay day). However, observations at both research sites found approximately the same number of people in the bars at mid-month as at month's end. The only difference between the two time periods was that at the end of the month, people drank more and bought more alcohol for others.

The research team found that women of different age groups tend to come to bars at different times of the day or night, while there was no strong age difference with regard to the time of day or night men come to the bars. Young women come to drink in groups during the early evening, and men may buy them drinks. Later in the evening, older women come to drink beer, and sex workers look for business with the men. Younger men tend to predominate on the

[14] At the beginning of each observation the number of men and women was noted, with changes in number being noted during the course of the observation.

weekends, perhaps because older men are home with their families. Although numerous teenage boys were observed in Dolam and Babylon bars, children were not allowed into Oshakati bars.

Anecdotal stories of underage drinking (in bars and at private parties) and women with children in bars have circulated for years in Namibia, but these stories were often considered as rumors rather than fact. However, observations for this research found toddlers (three-four year olds) drinking *tombo* with their mothers at Babylon *tombo* houses and teenage boys (13 to 17 years old) drinking alcohol in Dolam's formal bars. In both research sites, underage sex workers drifted from bar to bar looking for work; and, as previously mentioned, teenage girls looked for men to buy them drinks. Christine (Babylon household) confirmed that her friends bring their children with them to the bars and explained, *"They can easily spend the whole day with their children at the* tombo *house. Because then people feel sorry and give money or buy* kapana *for them. So that way we also feed our children."*

Tombo *for a toddler*

On the last weekend of observations, we went to the Babylon *tombo* house where we had been conducting observations. We usually brought gifts of food for the children such as oranges, juice or potato chips. On this morning we brought 12 bags of potato chips, but there were more toddlers (under five or six years old) at the *tombo* house with their mothers than bags of chips. It was Sunday morning at ten o'clock and there were already over forty people drinking *tombo*. We interviewed patrons for about two hours but people became drunk and belligerent, so we left.

Donna, one of the patrons, was a rough-looking woman of about 25 years old with scars on her face. She told us that she was an HIV-positive sex worker who sells her body to feed her children. She had 4-year-old Johnny with her, but said she also had an older child who lives with family members. Donna had grown up in *tombo* houses with her mother and thought Johnny's being with her was normal. She told us she could always be found walking from bar to bar looking for men to buy her drinks and give her money in exchange for sex.

Donna was drunk when we arrived at 10 am and by mid-day had become increasingly aggressive. Although she said she did not want to live on handouts, she perpetually asked for a dollar for *tombo*. As we drove away, Donna stood with her hands on Johnny's shoulders as he drank *tombo* from the glass she had given him.

Some teenage girls who come to the bars in the early evenings said they sneak out of their homes or lie to their parents about where they are going. The girls are looking for drinks and for gifts such as clothes from men, while older women seek alcohol and money. Often, the older women get into arguments with the girls. Seventeen-year-old Rosemary (Babylon household) explained that before she had her baby, she used to go to the bars to get drunk with her friends. But, she said, once she got pregnant, *"My friends disappeared."* Her story was similar to the girls observed during this research who sat at the bars letting men buy them drinks. Similarly, Leandra (Dolam household) goes to the bars with her friends where men buy them drinks, but unlike Rosemary who only had one boyfriend, Leandra has several "boyfriends."

Natasha (Babylon bar)[xliii] and her friends are typical of the girls who drink and have fun at the bars, except that Natasha has now stopped drinking alcohol. She narrated the story of a night out with her friends, and what men expect when they buy girls drinks:

> *Last night I went out drinking just at the* shebeen *behind the house. I like to go there because I like the music. I was dancing and my friends were drinking. Some nights, when there is no money, there are some guys who pay for the drinks. The men normally expect something in return, like sex. But my friends would disappear one by one after drinking.*

Of particular concern are younger girls, some as young as 14 or 15 years old, who let older men buy them drinks. This behavior puts the girls in risky situations such as being left alone with strange men. Jessica (Babylon bar), who is 16 years old, told the following story of being in the bars until three in the morning:

> *We were drinking and dancing and my friend's boyfriend came with a friend. My friend and boyfriend disappeared and left me alone there with the guy. He wanted to know whether I have a boyfriend because he said he liked me. Some guys from the other tables also bought us alcohol because they wanted us. ... We went to another* shebeen *in Khomasdal and my schoolmates were also there. I went home at three. I was very tired, my head hurt and I even went late to school. .... Oh, there was a lot of alcohol.*

Although most of the stories girls told were of going to bars looking for older men to buy them drinks, previous research in Namibia has found that men sometimes also pick up schoolgirls outside of their schools or at private parties that are not well supervised (c.f. LeBeau et al., 1999; LeBeau, 2008). During interviews for this research Willem (Oshoopala household) told of minors who drink at private parties because they have seen the adults getting drunk. He went on to describe sexual risk taking of these young people after they had been drinking. The preceding stories show how many girls get caught in the web of accepting drinks from men; if they have not already done so, they will eventually be expected to have sex with these older men.

5.3 Social Life in Bars

Bars are neighborhood places to hang out with friends, dance, socialize and play pool, the juke-box or gambling machines, in addition to drinking alcohol. Men tend to meet their friends at the bars, while women go to bars with a boyfriend or with a group of friends. Brenda (Babylon household) lives with her partner, but drinks at the bars with her female friends. Sometimes on Saturdays her partner goes with her, but he does not drink alcohol. Petrus (White Houses bar) drinks at the bars with his police officer friends. If they are not there when he arrives, he has a beer or two and then leaves. Giovani (Dolam bar) drinks with her friends at the bars or goes for a planned event such as a barbeque; otherwise, she and her boyfriend stay home.

Christine (Babylon household) admitted that she and her partner go to bars often and drink heavily, *"If I say a little, then I am not telling the truth. We drink only* tombo*."* They go two or three times a week *"and on the weekend I am there full time. I will usually come home late at night."* Iita (White Houses bar) sometimes drinks at the bars with his wife in the early evening, and then returns later in the evening to meet his friends. Sanna (Babylon household) is one of the few female informants who drinks at the bars alone. She explained that she is bored, and, although her husband does not like it, he does not stop her.

Nangula (Babylon bar), who is HIV positive, goes to the *tombo* houses because she is unemployed and is bored at home. She said she thinks of killing herself whenever she thinks of her fiancée cheating on her and them both being positive. However, being with her friends at the *tombo* house helps her to not *"think a lot of things."* Sister (Babylon household) drinks at the bars, but also sells small items when she is there. Most people, such as Inge (Babylon bar), frequent the same bars because they have friends there.

Some people who socialize with friends at the bars, drink non-alcoholic beverages (known as "cool drinks") rather than alcohol. In general, people who do not drink alcohol gave religious reasons for not drinking, or said they were afraid of what could happen while they were under the influence of alcohol. Our pool of informants included several previously heavy drinkers who reported having different sexual partners while drunk, but who have since stopped drinking as well as stopped having casual sexual encounters. For example, Trudie (Babylon household), who no longer drinks alcohol for religious reasons, explained that drinking alcohol leads people to do things they otherwise would not do, such as becoming belligerent or promiscuous. Similarly, Natasha (Babylon bar) stopped drinking because she saw the harmful actions of people who were drunk; however, she continues to go to bars for entertainment.

Interviews indicate that people drink, get drunk, and make trouble. Men fight over money, women, and a variety of insignificant issues. Many people talked about men beating each other up, throwing bottles, and using knives. An older Katutura informant said, *"Young people drink. They often get drunk and end up fighting. That's wrong. We [older men] drink, hold conversations, and then go home and sleep"* (Witbooi, Dolam bar). Indeed, people in Katutura explained that getting drunk and fighting on the weekends is colloquially referred to as "panel beating."[15]

Inge (Babylon bar) told the story of men who pull knives on each other or fighting, and admitted she sometimes feels unsafe. Nangula (Babylon bar) echoed these sentiments but said the owner of the *tombo* house where she drinks breaks up the fights. Petrus (White Houses bar) drinks at a local bar where police officers hang out because there is less fighting. He told of men fighting over *"many things; like if you touched somebody's glass by mistake."* Marcus (Babylon household), who is a moderate drinker, has seen a range of bad behavior when people get drunk and told how, *"[They do] a lot of things actually when they are drunk. They fight for girls and they fight for simple and unnecessary arguments like bumping into each other."* John (Babylon bar) no longer drinks but watches how people behave when drunk. He reported that, *"I see how people drink, dance and quarrel. ... If a woman comes there and buys up to three beers and can't afford anymore, then a man would buy for her and she will hang all over him."*

5.4 An Ideal Bar

Many people described a "good bar" as a place where there is no fighting and people can meet friends, drink and dance. Katutura informants said there are fewer fights in bars where there are "regulars" who know each other and tend to get along. Giovani (Dolam bar) drinks at the same bar all the time because she knows the owner and most of the "regulars." Thus she feels

[15] The phrase "panel beating" is used throughout southern Africa to refer to removing dents from cars by beating the metal flat.

safe. Some informants prefer clubs with music and dancing in addition to alcohol because they have a much calmer and safer atmosphere. Several people said that as long as people do not fight, it is easy to "get happy" in bars, and people drink to get happy. Aina (White Houses bar) said she goes to clubs to "chill out," drink, dance, and socialize with her friends.

Many informants in the informal settlements live in one-room dilapidated shacks with several other adults and children. The houses are dark with no electricity or running water, while most bars will at least have electricity and possibly running water and a toilet. Thus, bars are often attractive alternatives to sitting at home. Gerson (Oshoopala bar) explained that *"the main reason to visit [this] bar, apart from pool and watching movies on DVD … The security is there and everyone feels protected."* Fillip (Oshoopala bar) goes to another bar in Oshoopala because *"there is a television, you go there and watch."* Zola (White Houses bar) likes one particular bar where his friend works, but also: *"Sometimes I go there for entertainment, listen to the music or go and meet friends."*

A "good bar"

Several male informants said they go to bars where they know there will be many women to chase after. However, Goat (White Houses household), who does not go to bars to meet women, has a different perspective. He said that a good bar is one where he can play pool and the juke box without the distraction of women. He explained his logic, *"When there are not many ladies, then it is good because only men are there. There are no such things like men fighting over a lady. If there are not many ladies, fights cannot occur because no men are fighting over a woman. Then it is good."*

As well as serving as a social center, many bars have special events that their patrons attend. Several bar informants explained that these places schedule barbeques where the meat is free to bar patrons. Bars may also have holiday celebrations when they offer drink and food specials. Sometimes special family occasions are held at local bars. For example, Christel (Babylon household) described how an Owambo traditional celebration for a baby's first outing

was held at a local *tombo* house.[16] There are also times when the owner of the bar gives a good-paying customer free drinks or brand name gifts he gets from distributors.

Although not always the primary reason for going to bars and private parties, people frequently mentioned becoming happy after drinking, regardless of where they drink. It seems these people translate getting drunk and forgetting their problems into "getting happy." Nelao (Oshoopala bar) described a typical night out having fun with her partner and friends: *"We were just drinking alcohol ... and cool drinks. My boyfriend paid for the drinks but I also paid for some. We bought meat also. My friends and his friends were there also. We were sitting around the table and we were drinking."*

5.5 Patterns of Drink Exchanges

When people buy each other drinks, the participants become part of a reciprocal relationship. The person with money buys the drinks on one occasion, and then the next time someone else does the same. Several people described a circle of friends with whom they drink and participate in this reciprocal exchange of alcohol. For example, Sanna (Babylon household) indicated that all of her friends help each other by taking turns buying drinks when they have money. Zola (White Houses bar) clearly understands that buying drinks for his friends is part of an unspoken exchange network and explained, *"Buying for them is an investment. When I do not have anything then they can buy for me."* Petrus (White Houses bar) also described sharing alcohol with his friends: *"I bought the beer, but I did not drink it alone. I found other guys there, but then we shared the drinks."*

The exchange of alcohol for sex is also a well known reciprocal relationship in Namibia. For example, some women, such as Leandra (Dolam household), know what is expected of them when they accept drinks from men, and they accept it. Kaha (Dolam household) said when men buy drinks for women, it automatically creates a relationship. As a single mother, she speculated about the impact this behavior may have on men's other social obligations when she said, *"That is where you find out where the fathers are spending all the money and they refuse to support their children."*

However, many women do not agree that when men buy women drinks, the women ***must*** have sex with the men. Miina (White Houses bar) said that although men buy her and her friends drinks, they do not leave with the men. She told how the night before the interview a man bought drinks and wanted her friend to leave with him, but Miina told him, *"My friend came with me. You are a total stranger,"* after which Miina and her friend left, without the man.

Some women expect men to buy drinks but then figure ways out of the exchange such as sneaking out of the bar when the men are not paying attention. Rosemary (Babylon household) told how she and her friends used to let men buy them drinks, but after they were done drinking, they would say they were going to the toilet and then leave to avoid having sex with the men. Martha (Oshoopala bar) has a boyfriend, but still accepts drinks from men. She knows these men

[16] Newborns are not taken out of the house for a culturally specified period of time, after which a "coming out party" is given to celebrate the baby's birth.

buy her and her friends drinks hoping to have sex with them. But Martha and her friends trick the men:

> *[We] go one by one until all of us are out of that bar. By the time he wants us back we are all gone. ... [When we see the man again at the bar] ... we just greet him ... and [he] touches one of us and we have to treat him nice so that he can buy drinks for us. Then we will just disappear the same way.*

However, this strategy does not always work. Sometimes the men follow the women and demand sex from them. Interviews in Katutura show that these men can become violent and beat the women if they catch them while they are trying to escape.

Man watching girls in a bar

Older women have learned to either buy their own drinks or buy each other drinks to reduce the pressure from men for sex. Several women, such as Giovani (Dolam bar), explained they know men's expectations so they and their friends always make sure they have money to buy their own drinks. However, even when women know men's expectations and try to avoid them, men still try to get women drunk to increase their chances of having sex with them. Goat (White Houses household) described men's plans to get women drunk, and how it works:

> *One gentleman tried to buy alcohol so that the woman would become drunk, but the girl wanted a cool drink first. But the gentleman said that you cannot drink a cool drink, you have to drink what I am buying for you. He bought Castello wine. With that the woman got drunk. ... From there the girl just followed the gentleman up to his house. I think that they had sex.*

5.6 Drinking at Parties and Events

The data also contain numerous accounts of excessive alcohol consumption at parties and family events: weddings, funerals, baptisms and similar occasions. Although people only

occasionally identified such events as being sites for sexual risk-taking, they frequently talked about the drinking that occurs. Hambelela (White Houses bar) detailed young people's excessive drinking at a family function: *"I went to my cousin's wedding. ... [We were drinking] beers and a little bit of hot stuff [distilled liquor] ... A lot of people were drinking. You know that at parties many people are taking chances [getting drunk]. Everybody was drunk, especially the young people, they were upside down."* Willem (Oshoopala household) also described excessive drinking at parties in the rural areas. He thinks that when adults get drunk in front of young people, it causes the young people to lose respect for their elders and narrated this:

> *There was a wedding party at our village. ... Many people drank to the extent that they were drunk and at the end, they did not know what to do. ... They need to limit their way of drinking, especially among the people, because it is not good for the adults to get drunk as this might give a bad example to the children.*

In addition, because the adults are drinking, the children also drink alcohol. Willem (Oshoopala household) goes on to describe children's behavior at these parties:

> *Even if it is a* dumpy *[small bottle], a young boy can just take it and drink. ... You could see drunkard children picking up one another and you do not really know where they are taking one another. I only saw them pulling one another [into the bush to have sex].*

There are also a few accounts of people using family events to meet sexual partners. Shipo (Oshoopala bar)[xliv] admitted to cheating on his wife at bars as well as at family functions. He described how he looks for women to have affairs with:

> *I can drink and become drunk. I can get another one. ... I am referring to a woman whom I just pick up from somewhere, but I don't want my wife to see me. ... I went to Ohangwena ... for a baptism party. ... I saw one lady who was clean. I got that desire because we were drinking from the hidden places. ... I went with her. I am just cheating on [my wife].*

5.7 Ideas about Alcohol Consumption

In general, it seems that young people in Namibia are not socialized to drink in moderation, and thus they simply drink to get drunk. The interviews are full of accounts of people who drink to excess. Sanna (Babylon household) confessed that she has a drinking problem. Although Christel (Babylon household) is religious, she admitted to drinking heavily since she left school over 25 years ago, but claimed it was her friends who got her into the habit of drinking at bars.

Reasons for drinking alcohol to excess vary widely. Some people said it is to "get happy," while others said it is to forget their problems. Some women said they drink because of their partner's abusive behavior. For example, Sister (Babylon household) said, *"The problems I get from him are so bad that I drown myself in alcohol. ... He treats me like a dog."* From observations in bars and conversations with bar patrons, it seems many people began drinking (particularly *tombo*) when they were very young and have become addicted to alcohol.

Although many people recognize that drinking alcohol to excess is not good for them or the people around them, they continue to get drunk. Brenda (Babylon household) drinks at bars with her friends who buy her drinks. She said her long-term partner would marry her if she stopped drinking, but she cannot stop. In fact, Iita (White Houses bar), who is a member of an alcohol and responsible-drinking committee, drinks in bars and has extra-marital affairs, an act he justifies because he uses condoms with his outside partners. Iita recognizes the inconsistencies between his knowledge and behavior:

> *You know that I am educating other people about the danger of HIV and AIDS, but still I am the one to do all those risky behaviors. ... It is not easy to be convinced not to do it anymore.*

However, some informants (such as Fillip, below) explained that their parents or religious leaders have taught them values which have led them to drink responsibly and not participate in sexual risk behaviors.

Learning to be responsible

Fillip (Oshoopala bar) has never had sex with anyone other than his long-term partner and views a steady, long-term relationship as having many benefits. He goes to the bars to watch television and play pool. Although he likes to have the occasional beer, he often drinks cool drinks (soft drinks) in the bar and does not chase women he meets there. Fillip talked about drinking responsibly and said people should go home when they have had too much to drink. Fillip described his own bar behavior:

> *Happy Bar looks good because there is a television, and you go there and watch. There are times when you go nearby, but you can see that funny things are happening. You can see that those people inside are drunk because they drank a lot of alcohol. … You can see that some people are drinking cool drinks while some are drinking beer. You have to follow those with cool drinks. You follow the example of those who are not drunk. … You must limit yourself. After drinking, make sure that you go to your house because … it is that time when you are drunk that you also want to fight.*

Fillip described how his moral values guide his behaviors: *"When we are in the house we discuss rules and how to act with adults. … We talked about respect of all the people not only in your house, but also outside the house."*

Fillip also explained the relationship between his religion and moral values: *"Like in my case, my friend is a security officer and he is older than me, but when we are together we like to talk about God's things. … He can advise the youths on things related to them. He stresses respect of the parents."*

As with Fillip, several people said they do not participate in risky sexual behavior because they do not drink to excess. Miina (White Houses bar) has never had a concurrent partner or a one-night stand and explained, *"Even if I drink, I drink responsibly and know what I am doing and where I am going to sleep."*

5.8 Drinking and Risky Behavior

Drinking to excess has negatively impacted several informants' relationships. Usually problems arise when one partner drinks alcohol and the other partner does not. For example, Brenda's (Babylon household) partner of six years will not marry her until she stops drinking, but Brenda said she does not see marriage in her future any time soon, indicating that she does not expect to stop drinking any time soon. Christel's (Babylon household) husband was jealous when she went drinking with friends, and he eventually left her. Some people said their partners do not like them drinking in bars, but they do anyway. Tommy's[xlv] (Babylon bar) story below highlights how drinking can cause problems that eventually may destroy a relationship.

A case of condom use

Tommy (Babylon bar) does not drink or hang out in bars and uses condoms with his current girlfriend. He described how alcohol ruined his previous relationship, and how he has learned from that experience:

> *I had one partner with whom I shared this* shebeen. *… We did not understand one another, and we ended up separated. … She thought that I was behaving too much in the Oshiwambo ways [believing women should not drink]. … She is a party goer. … As soon as she becomes close to you, then she changes to her old ways of living. … The time we met, to tell you the truth, I was a gentleman with money. She liked my money. … She likes to drink. Whenever she came back she was drunk. … I do not really like to spend my evenings at the* shebeens. *I let her go until I decided to move far from her. … What she can do is only to drink alcohol and play the machines. … She just cannot control her own life.*

Tommy began using condoms with his ex-girlfriend because of her behavior: *"She understood the condom very well. It is only that when she started that life of running around at parties and things like that, we started to be far from one another because I was also scared of her. Where was she spending her evenings? If you see that a lady is not carrying something in plastic [condoms], definitely she has carried something in her body [HIV]."*

Now, Tommy always uses condoms with his current girlfriend. His experience of his ex-partner and losing a friend to AIDS has made him fearful of contracting HIV. Sometimes his girlfriend does not want to use condoms, but Tommy insists. Tommy has also stopped drinking because he has realized the problems that alcohol has caused in his life. "*I was drinking but that was long ago…. I decided that it is not good. [Alcohol] treated me badly."*

Stories from some other informants indicate that drinking has kept them from forming steady partnerships. In these cases it is often (but not always) men whose drinking has lead to abusive behavior and infidelity. Kaha (Dolam household) said she lived in fear of her partner for five years because he constantly beats her when drunk and had several other sexual partners. Hitieke (Dolam household) explained that she dated someone for a while but his heavy drinking caused her to end the relationship after only eight months.

Judging from informants' comments, when people are drunk, casual sex is far more likely. A few people said they did not know if they have had a one-night stand because they were too drunk to remember, let alone remember if they used a condom. Men in bars are the most likely to have casual sex when drunk, as they lose their inhibitions. For a person who occasionally goes to bars and gets drunk, the risks are not as great as for people who frequent bars regularly and tend to binge drink. The following case study illustrates a number of aspects of sexual risk-taking when alcohol is a main motivator.

A case of many partners

Leandra (Dolam household), a 15-year-old school girl, told the following story of concurrent sexual partners, one-night stands and inconsistent condom use:

> *Here in Dolam we have a lot of* shebeens. *... Every weekend we get to change bars. ... [We drink] beers just really when we are chilling. ... At weekends then we take hot stuff [Mellowood and Richelieu brandy]. … We just go [to the* shebeen*] and hang around there and, of course, guys will come and buy alcohol for us and then entertain us. They always expect sex from us because they are spending their money on us. … Okay we feel obligated. We have to go and have sex with them because they are spending their money on us.*
>
> *When we don't want [sex]; they really get violent with us sometimes. ... [One time] I was not drunk to follow him and then he got violent and I just had to follow him because he was really angry, telling me that what did I expect after drinking all his money? Then he was pulling me, but then we had a big struggle and he ended up beating me and then he left me there. … But then after a while my friends came back for me. My face was messed up. … It was blue and my eye was swollen.*
>
> *I have got different guys that I sleep with, but they are not really my boyfriends; they are only guys that support me. As I call them that, they are my Ministers. … I got Minister of love. Minister of cash. Minister of transport. ... [Do you have all them at the same time?] Same time. ... The one that gives me love, because everyone needs to be loved, he is the Minister that gives me love. And the Minister of cash he buys everything for me. … And the Minister of transport … takes me anywhere I want to go. [You have all these different Ministers; do you also have sex with them?] Yes. … Also among my Ministers there is a married guy.*
>
> *There are also friends with benefits. … They will be there for me and they will do what I want from them. [What do they expect from you?] It is always sex. [How many people are involved?] More than ten, actually.*
>
> *[Do you use condoms?] Yes. … And I think it was only with some of them that I did not use a condom. I think that I was too drunk. I really cannot remember if I used a condom or not. ... We do not know each other and the next day, he is just gone and we never see each other. [Did you use a condom with the first lover?] No, we did not.*

Whether or not they engage in such risky activities, almost all informants associate being drunk with casual sex and not using condoms. Several people said that they do not always use condoms when drunk or do not use them properly. Whether people were discussing bars or private parties, the interviews have many descriptions of people who get drunk and fight, insult others, and may have unprotected sex.

A case of drinking and condom use

Mendo (Oshoopala bar) described what he has seen at his local bar: "When a person gets drunk, that person gets influenced by many things, like fighting and taking a girlfriend to do unprotected sex. … They are doing it because of alcohol. … they are drunk and they do not have time to take a condom."

Iita (White Houses bar) explained the relationship between alcohol and condom use: "When you are really drunk, when your wife is out for the weekend, you can take the chance of drinking too much on Friday because she will come only on Sunday. If you are drunk you can forget to use it, but up to now I have not forgotten to use it."

Jackson (Oshoopala household) indicated that excessive alcohol consumption is the reason he sometimes forgets to use a condom: "It does not matter even if it is *tombo*, beer or whatever, especially *tombo*, if I drink it, I can have unprotected sex and it can cause death. … By the time I think about it the next day, I have done it already."

Shivute (Oshoopala bar), the same man that admitted having many girlfriends with whom he has unprotected sex, blamed women for having sexual relations when drunk: "Four beers or five beers and she will start even touching boys … She cannot even control herself in going there because she is drunk."

Shipo (Oshoopala bar), who is married, blamed alcohol consumption for his infidelity and sexual risk-taking: "I don't get drunk all the time. I know that I have to use a condom. Yet there are times when I forgot about it and then I did it [without a condom]."

Individuals who said they always use a condom cannot be taken literally, for there may be indications of their involvement in unprotected sex. For example, several women said they have always used condoms, and yet had a toddler standing with them during the interview. They explained this by saying that they had made a 'mistake' once by not using a condom, they forgot to use a condom when they were drunk, or they deliberately stopped using condoms to have a child. Aina (White Houses bar) is example of a woman who said she always uses condoms but has a child.

A case of picking up women

Marcus (Dolam household) and his brother go to the bars to socialize, but also to meet women. He explained his expectations when he buys drinks for women in the bars: "*Personally, I just go there to socialize with women. Sometimes I buy [drinks] for them, but I am not working. … I expect good company from them.*"

Marcus is not a heavy drinker because he likes to be in control and explained, "*I drink to socialize but not to get drunk. … If you are drunk, you might have unprotected sex with a girl, and you do not know about it because you are drunk.*"

Since moving to Katutura, Marcus has twice had sex with women he met in the bars. He admitted: "*It happened on two occasions, actually. We decided to go with them with my brother to my brother's place and we slept there for the night. … We slept in the same room and things got intense. I [had sex] but I don't know about my brother because he was sleeping in another room. … We just met that night. … We just had sex for that night. We are calling each other, but we only had sex for that night.*"

In addition to the two women Marcus picked up in bars, he had several sexual partners before moving to Katutura and admitted, "*There were a lot, let me call them sexual partners. We used to meet and talk and have sex. There was not a relationship involved.*" However, Marcus knows that having sex with several partners puts him at risk for HIV, a fact he learned in school. He explained that he always uses condoms and said:

> *I am a member of "My Future is My Choice," but I do not attend it that much. I always use a condom when I am sleeping with a stranger because you never know who has AIDS these days. Regardless of clubbing, we have the rule of using the condom. … [With the first woman from the bar] we both agreed on using condoms. When we were kissing before we became naked, she asked me if I have a condom and I told her that, do not worry about it, I have a condom.*

People not involved in risky sexual behavior are most often in steady relationships, do not drink heavily and tend to be younger. For example, Brenda (Babylon household) said no matter how drunk she gets, she will not cheat on her long-term partner because she's afraid of HIV and worries about what would happen to her children. Although Brenda does not use condoms with her partners, she said she waits at least six months between relationships (thinking this protects her from infection) and has her partner and herself tested before having unprotected sex.

5.9 Summary of Alcohol Consumption Patterns

This chapter examined alcohol consumption patterns in the four research sites. After describing the types of drinking establishments commonly found in Namibia, the types of drinks and demographics of patrons, this chapter examined the social interactions in the various contexts where drinking occurs.

Drinking places dot the landscape and are found throughout all four research areas. The type of alcohol available varies by the type of drinking establishment and the type of occasion

for private parties. In poor homes most people drink *tombo*, locally distilled liquor and some commercially produced beer, while for celebrations such as birthday parties and weddings even the poorest of households will serve commercially produced beer and distilled liquor. Upscale bars have no *tombo*, but patrons drink a combination of commercial products. Bars are neighborhood places to hang out with friends, dance, socialize and play pool, the juke-box or gambling machines, in addition to drinking alcohol. Some people, who socialize with friends at the bars, drink non-alcoholic beverages rather than alcohol.

Interviews indicate that people drink, get drunk, and make trouble. Thus, many people described a "good bar" as a place where there is no fighting and people can meet friends, drink and dance. Many informants, who live in one-room dilapidated shacks, frequent bars as attractive alternatives to sitting at home. Although not always the primary reason for going to bars, people also frequently mentioned becoming happy after drinking, regardless of where they drink. It seems these people translate getting drunk and forgetting their problems into "getting happy." The data also contain numerous accounts of excessive alcohol consumption at parties and family events: weddings, funerals, baptisms and similar occasions. Some informants occasionally identified such events as being sites for sexual risk-taking, but they most often talked about the drinking that occurs.

Observations for this research found toddlers (three-four year olds) drinking *tombo* with their mothers at Babylon *tombo* houses and teenage boys (13 to 17 years old) drinking alcohol in Dolam's formal bars. In both research sites, underage sex workers drifted from bar to bar looking for work; and, as previously mentioned, teenage girls looked for men to buy them drinks. Of particular concern are younger girls, some as young as 14 or 15 years old, who go to the bars with other schoolgirls and let older men buy them drinks.

When people buy each other drinks, the participants become part of a reciprocal relationship. The person with money buys the drinks on one occasion, and then the next time someone else does the same. However, the exchange of alcohol for sex is also a well known reciprocal relationship in Namibia. Some young women know what is expected of them and simply accept it, while others try to figure ways out of the exchange, but can become victims of violence if they do not comply with the men's demands. Many girls get caught in the web of accepting drinks from men; if they have not already done so, they will eventually be expected to have sex with these older men.

Drinking to excess has negatively impacted several informants' relationships. Usually problems arise when one partner drinks alcohol and the other partner does not. Other informants indicated that drinking has kept them from forming steady partnerships. Judging from informants' comments, when people are drunk, casual sex is far more likely. Men in bars are the most likely to have casual sex when drunk, as they lose their inhibitions. For a person who occasionally goes to bars and gets drunk, the risks are not as great as for people who frequent bars regularly and tend to binge drink. Whether or not they engage in such risky activities, almost all informants associate being drunk with casual sex and not using condoms. Whether people were discussing bars or private parties, the interviews have many descriptions of people who get drunk and fight, insult others, and sometimes having unprotected sex.

In general, it seems that young people in Namibia are not socialized to drink in moderation, and thus they simply drink to get drunk. Many people may not understand the difference between abstention and responsible drinking. However, some informants explained that their parents or religious leaders have taught them values which have led them to drink responsibly and not participate in sexual risk behaviors. In general, people who do not drink alcohol gave religious reasons for not drinking, or said they were afraid of what could happen while they were under the influence of alcohol. Several people said they do not participate in risky sexual behavior because they do not drink to excess.

VI. CONCLUSIONS AND RECOMMENDATIONS

The overall objective of this study was to provide information to plan effective interventions to reduce HIV transmission in Namibia by examining two likely drivers in the HIV/AIDS pandemic: alcohol consumption and concurrent sexual partnering.

The informants selected for this study were not chosen to be representative of the population of Namibia. Rather, they were chosen to provide examples of a wide range of sexual partnerships and drinking practices in varied venues. The informants were encouraged to describe their own personal experiences with sex and with alcohol.

In both formal and informal interviews, the topic of sexual partnerships and alcohol consumption easily arose. Observations in both Oshakati and Katutura show frequent sexual liaisons in bars. Sometimes people have longer-term concurrent relationships while others have short-term sexual liaisons that last anywhere from one night with someone they may or may not know (one-night stand) to a few days.

One of the most striking findings of this research is finding how common it is for informants to have one main sexual partner (either married or in steady boyfriend/girlfriend relationships) who lives far away, while having one or more local partners at the same time (concurrent sexual relationships). The findings clearly show a relationship between open, unprotected sexual networks (including concurrent sexual partnerships and one-night stands) and alcohol consumption in that people who drink are more likely to have casual sexual relationships and not use condoms. Thus, based on the findings of this research, concurrency and alcohol consumption are likely drivers in the HIV pandemic in Namibia and are common enough to warrant serious investment in intervention programs.

The following suggested intervention programs, based on the research findings that excessive alcohol consumption can lead to sexual risk behavior, are aimed at lowering the incidence of excessive alcohol consumption and concurrent sexual partnerships. The primary focus of these programs are education about and intervention for: 1) *sexual risk behavior* such as the increased risk of HIV transmission for individuals who have concurrent partners or high partner turnover; 2) *contextual risk* such as the increased risk to people who consume excessive amounts of alcohol in bars or girls who allow men to buy them drinks; and 3) *social change* such as altering the notion that having multiple concurrent sexual partners is acceptable.

The suggested interventions utilize existing programs that are operational in informal or impoverished communities. In general, the suggested programs' involvement includes:

- The Coalition on Responsible Drinking's (CORD) "Alcohol aids HIV" campaign, which is specifically designed to raise awareness on the links between alcohol abuse and HIV vulnerability by encouraging responsible drinking patterns, could provide outreach intervention programs in bars.

- The "Take Control" campaign, which currently focuses on promoting "loving and caring relationships over non-committal relationships, exploitative relationships and

relationships for material gain," could focus efforts on reducing levels of concurrency and limiting partner turnover.

- The Social Marketing Association (SMA) already has offices in most regions of Namibia and is a major distributor of condoms in many of the bars visited. Given their access, SMA should step up their condom distribution efforts to bars that do not carry "Smile," make recommendations to bar tenders/owners to increase patrons' access to condoms, and sponsor competitions in bars to support owners who encourage patrons to access Smile condoms.

- Based on the number of informants who mentioned obtaining their information from the popular in-school "My Future, My Choice" program, we can determine that it has been hugely successful in changing sexual awareness among the youth, and thus could also be used as a vehicle to educate youth about the link between excessive alcohol consumption and HIV risk behavior. In addition, once these young people have left school they become an untapped reservoir of HIV/AIDS related knowledge. Previous program participants can be utilized as volunteer educators for their communities and could also participate in community level condom distribution.

- Faith-based organizations (FBOs) (such as churches and church choirs) are some of the few organizations that operate in informal settlements to which inhabitants have access and have said they are willing to go to for advice and help. FBOs are in a position to increase counseling for informal settlement populations who abuse alcohol and to provide support for children whose parents take them to *tombo* houses and *shebeens*.

6.1 Reducing Concurrent Sexual Partnering and Partner Turnover

One of the most striking findings of this research is the large proportion of informants who have one main sexual partner who lives far away, and one or more local partners at the same time. The need to move to other regions for employment separates sexual partners and facilitates having concurrent sexual relationships, thus greatly increasing HIV transmission. Concurrent sexual partnering and greater sexual risk behavior are also enhanced by individuals who are sexually active without a main sexual partner because they have a number of partners in a short period of time. Therefore, people find it easy to have more than one sexual partner if they so choose. In addition, the social acceptance of men having multiple sexual partners also facilitates concurrency.

- The "Take Control" campaign should specifically target partners in long-distance relationships to reduce levels of concurrency with local partners through messages of commitment for their long-distance relationship and condom use within all sexual partnerships.

- Information, education, and communication (IEC) efforts should aim to limit sexual networks by reducing levels of concurrency and limiting partner turnover by increasing people's knowledge about the risks of concurrency and encourage them to delay beginning a new sexual relationship for at least two month (given the increased

risk of HIV transmission after new infections) after the breakup of a sexual relationship; encourage people to get HIV testing at the end of a relationship and again before the next sexual relationship begins; and consistently use condoms throughout all relationships.

6.2 Reducing Alcohol Consumption to Reduce Sexual Risk Behavior while Drinking

Data from this study show that people who refrain from sexual risk behavior are usually in steady relationships (married or co-habiting), those who do not drink to excess or frequent bars, and tend to be younger. Most informants explained that they do not want to contract STDs or HIV, while other people said they love their partners or respect themselves too much to have sex with a stranger. Fear of disease and moral conviction (including religion) are two main reasons for abstaining from one-night stands and other short-term relationships.

- IEC should include raising awareness about sexual risk behaviors that occur after the consumption of alcohol (such as casual sexual encounters and not using condoms). This campaign should focus on people limiting or eliminating one-night stands and other short-term sexual partnerships by emphasizing getting to know a person *while sober* before having a sexual relationship with him or her.

- FBOs should encourage parishioners, especially young adults, to refrain from excessive alcohol consumption and should be sources of information on the link between excessive alcohol consumption and sexual risk behavior. Such information could include the message of love and respect for oneself and one's partner.

6.3 Changing Alcohol Consumption Patterns

The availability of alcohol at bars and private parties in Katutura and Oshakati makes it easy for people to get drunk and participate in sexual risk behavior. Interview and observational data suggest that the concept of drinking in moderation is uncommon in Namibia, and many people may not understand the difference between abstention and responsible drinking. Most informants who drink alcohol do so to get drunk, while several informants describe "drinking to get happy," often times confusing the temporary release from their dire circumstances as happiness.

- Given that no informants mentioned the Coalition on Responsible Drinking (CORD) or the "Alcohol aids HIV" campaign, CORD needs to expand their awareness-raising activities and promotional events to include bars, *shebeens* and *tombo* houses, especially in informal areas where access to information and support services were found to be lacking.

- CORD should initiate a dialogue with bar owners/tenders to encourage them to recognize when patrons are at risk of drinking to excess and teach them how to slow down such patrons' alcohol consumption. Incentives for bar owners could include marketing and business management training to offset lost revenue and encouraging business by having a safe bar.

- Information pamphlets produced by CORD on how to drink in moderation could be distributed to bar patrons, while new pamphlets could be developed for bar owners/tenders.

From observations in bars and conversations with bar patrons, it seems many people began drinking (particularly *tombo*) when they were very young and became addicted to alcohol at a very early age. The data also indicate that many alcoholics are impoverished, unemployed, live in dreary conditions and have a fatalistic attitude about life. Thus, these informants are unconcerned about the effects of alcohol on their bodies and the risk of contracting HIV. Currently there are few places in Namibia that offer counseling to impoverished people who drink alcohol to excess. Data from a different population in Namibia a more privileged one may point to somewhat different motivations for excessive alcohol consumption. The more wealthy drinkers could likely afford assistance if they chose to seek it.

- The MoHSS as well as NGOs and FBO should step up counseling efforts to reach impoverished community members (particularly in the informal settlements) who can be found drinking at *shebeens* and *tombo* houses. Outreach programs should identify and make appointments with individuals in the bars who would benefit from counseling, but one-on-one counseling should be done when people are sober and away from their families and the bars.

- Given that many informants said they go to bars to socialize and for amenities not available at home (such as television), bar owners should be encouraged to carry reduced price non-alcoholic drinks (such as Oros) and low-alcohol-content drinks (such as light beer). Social marketing would need to encourage consumption of these low price/low alcohol products as one way for people to moderate their alcohol consumption.

6.4 Addressing the Exchange of Sex for Alcohol or Gifts

The exchange of alcohol for sex is a well known reciprocal relationship in Namibia. Of particular concern are girls, some as young as 14 or 15 years old, who go to the bars with other schoolgirls and let older men buy them drinks. This behavior puts the girls in risky situations such as being left alone with strange men. Some young women know what is expected of them and simply accept it, while others try to figure ways out of the exchange, but can become victims of violence if they do not comply with the men's demands. Many girls get caught in the web of accepting drinks from men; if they have not already done so, they will eventually be expected to have sex with these older men who hang out in bars.

IEC through "Take Control" and "My Future, My Choice" should include:

- educating young people about the risks of exchanging alcohol for sex in bars to reduce HIV vulnerability;

- encouraging girls who drink at bars to bring their own money or to drink with friends who have money, and educating girls to realize that if they accept drinks from men, that these men will expect sex in exchange;

- educating young people through the "My Future, My Choice" program about drinking in bars and sexual risk behavior before they become trapped into reciprocal exchanges of sex for gifts (including alcohol). The program should target girls to encourage them not to take money, gifts or alcohol from men, while teaching boys to respect girls by not expecting sex from them when they give gifts.

6.5 Eliminating Minors in Bars

Data from interviews and observations found underage drinking in both Katutura and Oshakati. Observations found toddlers drinking *tombo* with their mothers at Babylon *tombo* houses and teenage boys (13 to 17 years old) drinking alcohol in Dolam's formal bars. In both research sites, underage sex workers drifted from bar to bar looking for work, and teenage girls looked for men to buy them drinks.

- In addition to operationalizing the national alcohol policy, there is a need for increased enforcement of existing laws that prohibit selling (or giving) alcohol to minors.

- Given that children who grow up drinking *tombo* become addicted and know no other way of life; churches and/or NGOs could strategically place daycares for children of women who spend their time at the bars and *tombo* houses. The children will be cared for, educated and possibly feed. These "safe houses" could help break the cycle of children growing up at *tombo* houses only to raise their own children there as well.

6.6 Increasing Availability and Use of Condoms

Another important finding from this research is the acceptance of condoms at both the social and individual levels. Free, government provided "Smile" condoms were found at health facilities, post offices, bars and even in public toilets, but they were absent in informal settlements. Important for this research is the fact that most bars have condoms available either for sale or the free government condoms. However, some bar owners do not want Smile condoms in their bars because they want to earn extra money by selling condoms. Based on the number of community members, bar patrons and bar tenders/owners who asked for condoms during the course of the research, it appears there is a need for greater distribution efforts in informal settlements.

Almost all informants, regardless of gender or site, said positive things about the use of condoms, with most reporting regular condom use. Nearly everyone in a boyfriend/girlfriend relationship uses condoms regularly or all the time, but many people often do not consistently use condoms after drinking. In addition, some married men claimed to always use condoms outside of marriage, while others only occasionally or never use condoms outside marriage.

A social marketing initiative should ensure that free condoms are available and accessible at all times in drinking establishments. This includes:

- making sure that bar patrons have access to condoms without asking (such as when condoms are kept behind the counter and out of reach of the patrons). Condoms could

be placed on top of gambling machines and juke boxes (where patrons use the machines), on tables and in front of the iron bars surrounding the bartender;

- offering incentives for bar owners to carry free condoms for distribution to offset any money they would have earned from the sale of condoms. Such incentives could include competitions between bars in the same areas with a prize for the bar that distributes the most condoms within a given time period. SMA staff could initiate, monitor and present prizes to bar owners involved in the competition. Competition between bar patrons about responsible drinking and sexual risk reduction could also include prizes such as t-shirts and playing cards from the SMA (which carry condom use messages) and CORD (which carry responsible drinking messages); and

- increasing access to condoms in the informal settlements through volunteers (church members, student nurses, previous "My Future, My Choice" participants, etc.) who could be given cases of condoms to keep at home and simply walk around their neighborhoods handing out condoms to community members and at bars.

ENDNOTES

[i] Christine is a 40-year-old unmarried domestic worker with five children who has a Grade 2 (functionally illiterate) education and lives with her partner of 11 years. She does not have concurrent partners or one-night stands. Christine admitted that she and her partner are heavy drinkers, but they primarily go to bars together.

[ii] Nangula is a 39-year-old unemployed, unmarried mother of two children who lives with her partner of six years. Both Nangula and her partner, who infected her, are HIV positive. She spends much of her time drinking with friends at the bars so she does not think about her abusive partner.

[iii] Aina is a 22-year-old single mother of one child with a Grade 12 education. She lives with her mother, siblings and a cousin. Her boyfriend of four years, who is the father of her child, stays in Windhoek. Her boyfriend is the only sexual partner she has ever been with. She goes to clubs to drink, dance and socialize with her friends, but does not date men from the bars.

[iv] Rebekka is a 33-year-old employed single woman with no children and a Grade 10 education who lives with her mother and siblings. Her boyfriend of five years stays in Windhoek. He is the only man she has ever had sexual relations with. Rebekka goes to bars to meet her friends, but they do not drink alcohol and she has never had sex with a man from the bars.

[v] Hitieke is a 20-year-old unemployed single woman with no children and a Grade 10 education who lives with her mother and siblings. She has never had sex, although she once dated a man with a serious drinking problem which ended the relationship. Hitieke goes to the bars with friends but does not drink alcohol or date men from the bars.

[vi] Zola is a 22-year-old unemployed single man with no children and a Grade 12 education who stays with his three male cousins and a brother. He has one main girlfriend (a schoolgirl) of five years who lives far away from him. He has sex with other girls even though he claimed to love his girlfriend. Zola drinks at the bars, but said he has never had sex with a woman from the bars or had a one-night stand.

[vii] Marcus is a 25-year-old unemployed single man with a Grade 12 education who lives with his brother. Marcus has no children and no steady girlfriend. He goes to the bars with his brother and friends to drink, play pool, dance and meet women. He has been in a series of one-night stands and short-term concurrent relationships. However, Marcus attended the "My Future, My Choice" program and thus claimed to always use condoms.

[viii] Stefanus is a 30-year-old unemployed single man who lives with his brother and sister-in-law. He has only been in one sexual relationship with the same woman for seven years. He does not have concurrent partners or one-night stands. Stefanus drinks at bars occasionally, but does not like to go there because people get drunk and cause problems.

[ix] John is a 28-year-old unemployed man with a Grade 9 education. He has been married for 10 years and has two children. John no longer drinks alcohol and has sexual relations with many women. He is a church preacher and said he repented when he married. John still goes to bars to watch the behavior of people who have been drinking. He observed that alcohol *"makes people do crazy things"* and men expect sex from women for whom they buy drinks.

[x] Sanna is a 48-year-old unemployed married mother of one child who has a Grade 6 education and lives with her husband of five years. She had her first sexual experience when she was still a schoolgirl. Although it lasted for two years, her boyfriend left her for another girl. Sanna is religious and does not participate in sexual risk-taking. Sanna confessed that she has a drinking problem and goes to the bars alone. Although her husband does not approve of her behavior, he does not stop her.

[xi] Lydia is a 31-year-old married mother of four children who sells *kapana*. She lives with her husband of 12 years, one of their children and three other people. Lydia was betrothed by her parents to her husband whom she had never met; however, she is happy in the relationship. She does not drink alcohol, although she indicated her husband does. Lydia has never been with another man, but said she suspects her husband has women outside of the marriage.

[xii] Iita is a 40-year-old married man who has a Masters degree and works as an educator. He has four children by four different women. He lives with his wife, their child and several other relatives. Iita goes to bars to drink with his friends and meet young women with whom he has short-term sexual relationships.

[xiii] Witbooi is a 37-year-old mechanic who is married (to Maria who sells sweets along the roadside) with two children. He has a Grade 10 education and met Maria when they were 13 years old. Although Witbooi drinks in the bars, he said it is in moderation and he does not look for other women at the bars.

[xiv] Fillip is a 28-year-old unmarried unemployed man with a Grade 10 education. He has two children with his long-term partner of five years. Fillip lives with his aunt, his partner and their children. He is a religious person and said he has never had sex with anyone other than his partner. Fillip watches television and plays pool at the bars but does not look for women there. Fillip spoke about drinking responsibly and said people should go home when they have had too much to drink.

[xv] Nelao is a 28-year-old unmarried employed woman with a Grade 12 education. She lives with her partner of two years in town where they work. However, her child from a previous relationship lives with her parents, thus she considers that her home. Nelao drinks with her partner at the bars but has never had sex with men she meets there.

[xvi] Asser is a 20-year-old unemployed man with a Grade 10 education who lives with his mother and siblings. He has a long-distance girlfriend who is 19 years old. Asser is faithful to his girlfriend and also does not drink alcohol; although he plays pool at the bars.

[xvii] Kaha is an older single mother of two children (17 and 19 years old). Kaha is prosperous for her neighborhood: she has a bachelor's degree, works as an executive assistant and has her own house. Kaha has a long-distance relationship with her boyfriend but admitted to a concurrent sexual relationship with a married man and a one-night stand with a younger man. Kaha goes to the bars to "vent steam" and enjoy herself, which is where she meets some of her sexual partners.

[xviii] Maria is a 20-year-old single mother with one child. She sells *tombo* and has a Grade 8 education. Maria lives with her mother, her child and her siblings. Maria has a sexual relationship with her boyfriend of two and a half years, but he is not the father of her child. Maria goes drinking with her friends but does not have one-night stands. However, Maria admitted she met her current boyfriend in a bar.

[xix] Rosemary is a 17-year-old unemployed single mother with a baby. She has a Grade 6 education. She lives with her unemployed father and younger brother. Rosemary's boyfriend (an older married man) left her with no means of supporting their baby. Rosemary no longer goes to bars; however, before she got pregnant, she used get drunk in the bars with her friends by letting men buy them drinks.

[xx] Petrus is a 26-year-old single man with a Grade 10 education. Petrus lives with his mother and brothers as well as his cousins and his child, while his girlfriend of six years lives nearby. Petrus drinks at the bars with his friends. He picks women up at the bars and admitted to having several sexual partners in addition to his girlfriend.

[xxi] Willem is a 22-year-old student who is currently unemployed and lives with his sister. Willem is single and has no children. Willem has a long-term girlfriend who lives far away from him, but they are faithful

to each other. Willem drinks in moderation and described the potentially harmful behavior of people who drink too much at traditional parties.

[xxii] Leandra is a 15-year-old secondary school girl who has no children. She lives with her grandmother and three uncles. Leandra goes to the bars with other schoolgirls looking for men to buy them drinks. She has an extensive sexual network which she claimed can include ten or more men at any given time. Leandra is at high risk of HIV infection because of her excessive alcohol consumption and simultaneous promiscuous sexual behavior.

[xxiii] Jackson is a 44-year old unemployed construction worker with a Grade 10 education. He has been traditionally married for five years. He has eight children, only two of which are from his wife. Jackson goes to tombo houses where he meets women and admitted having extra-marital affairs and not always using condoms.

[xxiv] Shoopala is a 35-year-old married man with two children. He has a diploma in teaching, but is currently working for a community development project. Although Shoopala enjoys going to the bars for beer with his friends, he does not have extra-marital partners or one-night stands because he is committed to his family and is a religious man.

[xxv] Hambelela is a 21-year-old single woman. She is a student, and has been with her boyfriend for seven months. Although her family lives in a town nearby, she is currently renting with friends. Hambelela drinks at the bars with her friends, but said she has never been drunk enough to have a one-night stand and thinks having more than one boyfriend would simply be too complicated.

[xxvi] Brenda is a 24-year-old unemployed, unmarried mother of two children who has a Grade 10 education and lives with her partner of six years. She has only had two sexual partners in her life and does not have concurrent partners because she worries about the future of her children. Brenda drinks heavily, which has interfered with her relationship because her partner has told her he would marry her if she stopped drinking. She continues to drink although she said she does not know why.

[xxvii] Katrina is a 50-year-old unmarried mother of eight children who lives with her partner of 19 years. Katrina does not drink alcohol, but her partner sometimes drinks too much. It was during one of her partner's heavy drinking spells that Katrina had sexual relations with other men. She has since tested HIV negative but insists that her partner use condoms because she does not know if he is faithful.

[xxviii] Inge is a 35-year-old unemployed single mother of two children with a Grade 9 education who lives with a friend she met in a bar. Indeed, all of Inge's support system can be found at the bars. Inge has tried sex work, but felt it was not for her. Inge is a heavy drinker and spends most of her time with her friends at the bars.

[xxix] Trudie is a 29-year-old unemployed, unmarried pregnant mother of one child. She has a Grade 12 education and lives with her partner of six years. She has only had one partner, the person with whom she currently lives. Trudie is very religious and thus does not drink alcohol or participate in sexual risk-taking.

[xxx] Christel is a 48-year-old unemployed mother of four children. She is separated from her husband and lives with her sister. Her first relationship was with the father of her first two children, but she married the father of her last children. Christel is very religious and does not participate in sexual risk-taking, although she admitted to drinking heavily since she left school over 25 years ago. Christel's husband eventually left her because she goes drinking at the bars with her friends.

[xxxi] Sister is a 34-year-old unmarried mother of six children and sells small food items on the street corner. She has a Grade 6 education and lives with her partner of 19 years. Although Sister's first sexual experience was with her current partner, she admitted that she had "relationships in between" and said

that currently she and her partner do not sleep together. Sister attributes her excessive alcohol consumption to her husband's abusive behavior, although she also drinks heavily at bars.

[xxxii] Martha is a 26-year-old unemployed single woman with a Grade 12 education and no children. She has been dating her boyfriend for five years but lives with her aunt. He is the only man she has ever had sex with and they always use a condom. Martha and her friends let men buy them drinks at the bars, but she said she has never had sex with any of these men, although she has seen friends "disappear" with some of them.

[xxxiii] Giovani is a 20-year-old single woman who is pregnant with her first child. She failed Grade 10 last year and does not work. She lives with her parents and younger sister. She likes to drink at the bars with her friends, but her boyfriend (who does not drink) gets angry at her when she does.

[xxxiv] Hileni is a 20-year-old single woman with no children and a Grade 12 education. She lives by herself in a rented room. Hileni and her boyfriend of seven years grew up in the same village. She moved to Oshakati for work, so now she lives far away from him. Although he was her first boyfriend, Hileni admits to having had an affair where she now lives. Hileni goes to the bars to drink with friends but has never slept with men from the bars or had a one-night stand.

[xxxv] Tox is a 22-year-old unemployed single man with a Grade 12 education. He lives with his parents and siblings. He has a girlfriend but has never had sex, but he has several thoughts on marriage. Tox does not drink alcohol, but goes to the bars to act as a security person.

[xxxvi] Jessica is a 16-year-old unemployed single schoolgirl with no children who is currently in Grade 10. She lives with her father and siblings. She has a boyfriend of seven months who lives nearby. She has yet to have sex with him, although she suspects he is having sexual relations with other girls. Jessica and her school friends let older men buy them drinks at the bars.

[xxxvii] Mary is a 26-year-old single mother of one child. She is a casual laborer with a Grade 10 education. Mary lives with her parents and siblings. She has a boyfriend whom she has been having a sexual relationship with for about six months. Mary goes out drinking at bars with her friends. She realizes that men who buy her drinks will expect to have sex with her, so she and her friends take turns buy each other drinks.

[xxxviii] Miina is a 22-year-old single student who lives by herself and has no children. Miina has been with her current boyfriend for four years. Although he was her first sexual partner, she had another sexual partner during a time in which they had broken up. Miina and her boyfriend have since been for HIV testing. Although Miina and her friends drink at the bars, they do not have sex with the men who buy them drinks.

[xxxix] Goat is a 19-year-old unemployed single man who failed Grade 10. He lives with and is supported by his aunt and her family. He has only had one girlfriend of about one year, but broke up with her because she had other boyfriends. Goat plays the juke box and pool at the bars and only drinks in moderation. Goat has never had a one-night stand or concurrent partners.

[xl] Gerson is a 23-year-old unemployed single man with two children by two different women. Gerson stays with his father and cousins. He is currently in a long-distance relationship with his girlfriend of six years and has a one-year-old child with her. Gerson admitted to having other girlfriends and a one-night stand; however, he said he uses condoms and has been three times for HIV testing. Gerson does not drink alcohol but plays pool, watches DVDs and socializes at the bars.

[xli] Shivute is a 25-year-old employed single man with a Grade 12 education. He drinks heavily and then has unprotected sex with his many concurrent partners. He also claimed to have had over one-hundred one-night stands, and said he does not use a condom if he thinks the woman is "beautiful."

[xlii] Mendo is 20-year-old single man. He is an unemployed university student who lives with his mother and other relatives. Mendo's girlfriend of a year does not always live near him and thus Mendo has other girlfriends "just for fun." He admits to having concurrent sexual partners, one-night stands and even having been with a sex worker, but not always using condoms especially when he is drunk.

[xliii] Natasha is an 18-year-old unemployed single woman who has no children and no current boyfriend. She has a grade 7 education and lives with her parents. Her mother is the only one working in the household. Natasha used to drink alcohol but stopped, because she has seen the "bad things people do when drunk." She still goes to the bars with her friends, some of whom are still in school, to dance and listening to music.

[xliv] Shipo is a 30-year-old married man with two children and two daughters outside of marriage. He is a long distance truck driver. He admits to having extramarital relations with women he meets in the bars, especially while he is traveling, and that he chooses bars that are known for having many women. However, Shipo also admits he does not use condoms consistently. He claims that when he gets drunk he forgets to use a condom and it is only later that he thinks of the consequences.

[xlv] Tommy is a 42-year-old laborer who has a child from a previous relationship. He has a Grade 8 education and owns a *shebeen* which generates extra money for his family. Tommy currently has a girlfriend with whom he uses condoms. However, Tommy spoke mostly of his previous relationship that ended in 2006. Tommy and his ex-girlfriend of three years both drank, but Tommy stopped drinking and she did not. His ex-girlfriend drank excessively and he suspects she had several outside relationships. He started using condoms with her because he did not trust her and eventually left her due to her drinking.

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APPENDIX I: CONVERSATION GUIDELINES

(After greetings and introductions)

I. Personal history and attributes

Please tell me about your life here at home: where you live, with whom, your family, your work, your education, and your children.

(Conversation check points)
- AMECO: Age, marital status, education, children, occupation
- Who lives with you in your household?
- Work you do to support yourself and your family (If respondent does not work, ask: What does the household do to earn an income?)
- Where you grew up? How did you come to live here?

II. Family and friends

Please tell me about the friends and family you spend time with outside of your work.

(Conversation check points)
- Friends you spend time with, and doing what?
- Family members you spend time with, and doing what?
- Membership in group and associations? How do you participate? What benefits do you get?
- Who do you talk with if you have a problem?

III. Drinking last night in the bar (only for those recruited in bars)

Please tell be about the bar/*shebeen*/club where you were last night. Tell me the story of the evening.

(Conversation check points)
- Why come to the bar?
- What happened last evening
- Drinking partners
- Drinks you were drinking
- Buying drinks for others
- Ending the evening at the bar?
- What do you like about this place?
- Tell me about the other people in the bar? What do you see about the other people in the bar (men and women)?

IV. Drinking in general

Please tell me about the places where you went to drink alcohol over the past few months?

If respondent does not drink alcohol: Can you tell me of the places that you have been to meet with people and drink other drinks over the past few months?

(Conversation check points - where, when, with whom, what, why)
- Where and when
- With whom and on what occasions
- Who pays for drinks? What do they expect from you in return?
- The kind of alcohol consumed.

V. Sexual relations

Now we would like to talk about your sexual relations. What is your main sexual relation now?
If respondent does not have a sexual relationship at the moment: Please tell me about your most recent sexual relationship.
If respondent has never had a sexual relationship: Please tell me about your boyfriend or girlfriend with whom you have a romantic relationship.
If respondent does not have a girlfriend or boyfriend: Please tell me about your expectations of future sexual relationships.

(Conversation check points)
- How did the relationship start?
- How long has the relationship lasted?
- How long do you think the relationship will last?
- What do you get out of it? (benefits and responsibilities)
- What does your partner get out of it? (benefits and responsibilities)
- Are you living together now or in the past?
- Condom use with this partner (either now or in the past)
- Any other partners at the same time? What are they like?

Please tell me the story about your very first sexual relation?
If respondent has had only one sexual relationship and this is the relationship that you have just discussed above, do not ask this question.
If respondent has never had sex, do not ask this question.

(Conversation check points)
- How did the relationship start?
- How long did the relationship last?
- How did the relationship end?
- What did you get out of it? (benefits and responsibilities)
- What did your partner get out of it? (benefits and responsibilities)
- Condom use with this partner

If respondent had never had sex, do not ask these questions.
Please tell me a story about a time when you had more than one partner at the same time?
Please tell me a story about a time when you had sex with a person only once and never again?

VI. We are nearly finished with our conversation. We want to end with talking about marriage in Namibia now. How do people get married these days in Namibia?

(Conversation check points)

- Benefits of marriage
- Negative things (aspects) marriage
- How has it changed over time?

We want to thank you very much for your participation.
Is there anything else you would to add or tell me about what we have talked about?
Do you have any questions for me?

APPENDIX II: SELECTION OF INDIVIDUALS

Individuals available for an interview will first be screened for: 1) being 15-49 years; and 2) being in a category below not yet completed. Each category will have five (5) individuals. Of individuals within the households who match the selection criteria, the researcher will select a person from the interview schedule below to obtain a demographically representative sample.

Individual Stratification Criteria

Age	Men Bar	Men Household	Women Bar	Women Household
15-24 years old	5	5	5	4
25-34 years old	5	5	5	7
35-49 years old	5	5	5	4

APPENDIX III: KEY INFORMANT GUIDELINES

1.1 Neighborhood leaders

- Community (traditional) leaders
- Teachers or principals of schools
- Pastors and ministers
- Nurses
- Business owners

1.2 Alcohol-related knowledge

- Bartenders, owners or waitresses (people working in identified places)
- Sex workers
- People (both women & men) in drinking establishments
- People working or living next to a drinking establishment
- Formal and informal alcohol treatments programs or methods

1.3 HIV/AIDS-related knowledge

- SMA and others working in the HIV/AIDS sector
- Community educators, peer educators, etc.
- NGOs, CBOs and donors
- HIV/AIDS counselors
- Health care workers (doctors, nurses, community health workers, etc.)
- Traditional healers (spirit mediums, TBAs, herbalist, etc.)

2. Interview Guidelines

The following are not meant to be specific questions, but guiding questions for the site. This data can be collected through observations, key informant interviews or informal interviews.

2.1 Overview

- Describe this site's unique cultural and social attributes (forms of livelihood, ethnicity, family living arrangements, etc.)
- What are the most important social problems that local community members face here? Explain why you identify these. (such as poverty, unemployment, AIDS, orphans, etc.)

2.2 General Food for Thought Alcohol & Sex

- How would you summarize alcohol use and sexual risk factors in this area?
- Which groups have the most sexual partners when drinking?
- What sexual relationships have the most STI/HIV risk?

- What factors make alcohol use and sexual behavior in this site different to alcohol use and sexual behavior in other sites?
- What are the top priority HIV alcohol prevention activities and why?
- Which kinds of alcohol use and sexual activity are most common in bars?
- Which kinds of alcohol use and sexual activity are the most risky and why?
- What different kinds of sex workers are there? Who are the sex workers and where do they work? Who are the patrons and where do they work?
- Are there categories of men who are known to have many sexual partners? What categories are there? Are some categories of men riskier than others and why?
- Are young people drinking and having sexual relations? At what age? Who are their partners? Are some kinds of sexual partnerships riskier for young people and why?
- What do people do to protect themselves from STI/HIV infection when drinking? Why is it that people might sometimes protect themselves, but not always?

2.3 General Food for Thought—Protection/Help

- Where do people get condoms? If so, where do they get them? How much do they pay for them? Where would be the best places for people to get condoms? What can we do to make condoms easier to get and to use?
- Do people use condoms with different categories of sexual partners?
- Do people use condoms when drinking alcohol?
- What do people know about AIDS? How serious a problem do they think it is? Why do they think it is/isn't such a serious problem?
- To what extent have their lives been affected by of AIDS? How?
- Is there HIV testing at this site? How far away is it? What are people's knowledge and attitudes about HIV testing?

2.4 General Sexual Behavior

- What groups appear to have the highest alcohol and sexual risk-taking behavior? Explain why you think this.
- Which sexual practices appear to contribute most to the spread of HIV? Explain why you think this.
- Which groups have the greatest number of sexual concurrent partners? Explain what you have heard or observed to lead you to this conclusion.
- Who are the most sexually active groups with alcohol and sexual risk-taking behavior? Explain what you have heard or observed to lead you to this conclusion.
- Where do people find new sexual partners? Why do they choose these places?
- What are the socio-economic and cultural factors that are unique to this site that might lead to alcohol and sexual risk-taking behavior? What makes local community members especially vulnerable?
- Are there places people can go for alcohol abuse treatment?