Extramarital sexual practices and perceived association with HIV infection among the Borana pastoral community

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Abstract

Background: Evidence has shown that in sub-Saharan Africa, HIV spreads mainly through heterosexual relationships. It is documented that, among others, the problem is more pronounced in connection to prevailing multiple sexual relations and marital infidelity. Despite evident association between such practice and spread in HIV infection, to date multiple sexual partnerships is a common practice. Among the Borana pastoral community, where awareness about HIV and AIDS is documented to be limited, engagement in extramarital sexual practice is believed to be the norm rather than exception. However, it remains unclear as to why the practice continues and if the community feels its consequences.

Objectives: To explore if and why extramarital sexual practice is maintained and sustained and perceived vulnerability to HIV infection among the Borana pastoral community.

Methods: An ethnographic study design was employed to responds to the objectives of this study. Such questions: whether extramarital sex is still practiced, if so why? Who practices it, whether the community is aware of the consequence of such practice vis-a-vis HIV infection, were set to be answered. A total of nine FGDs with sixty-eight participants and sixty in-depth interviews with men and women participated in the study. Information so generated was coded, categorized and summarized with an application of MAXQDA version 10 qualitative data analysis software, and interpretation of the results was carried out based on the objectives of the study.

Results: Sex before marriage is considered as a taboo and those involved are out-casted (cabana) from the normal life processes of the community. While young men may engage in sexual activity with married women even before marriage and continues to maintain extramarital partner (jaalto) after marriage, women's engagement in the practice follows marriage. Participants agreed that although local culture 'disproves' it and the community recognizes the fact that it would facilitate HIV infection, extramarital sexual practice remains common in the community. Its persistence is attributed to multiple factors including personal interest to prove that one is wanted by the opposite sex given fulfillment of socially prescribed gender roles, and economic transactions between families of those involved. Despite consistent denial of the cultural approval of such practice and the growing concern over its consequences to the spread of HIV infection, extramarital sexual activity remains to be valued and cherished in the community.

Conclusion: Despite the widespread recognition of the consequences of extramarital sex on the spread of HIV infection, there is vested interest among the community numbers to maintain the practice. This calls for urgent action to launch culturally sound HIV interventions to mitigate further spread of HIV infection in Borana. [Ethiop. J. Health Dev. 2013;27(1):25-32]

Introduction

Sexual values and practices involve the desires, beliefs, values, practices and roles that may not always be experienced or expressed in the same way in every community. In every community, the experiences of sexual desires and practices; and when and how to satisfy them are influenced by the interaction of individual biological desire and socio-cultural constructs within the community (1-4). This means, sexual desires and practices are beyond individuals' interest and biological drive. As a result, consequences, such as STIs and HIV infections, may this find their roots in broader social and cultural contexts (5, 6).

The available literature on HIV prevention interventions have been guided by behavioral models where sexual behavior and its associated risks (such as STIs and HIV) are the outcomes of limited awareness, lack of knowledge and negative attitudes towards interventions.

Studies have documented that heterosexual practices, and specifically individual sexual behavior, are the drivers for the spread of HIV infection. However, such conclusions and subsequent interventions have not warranted corresponding successful responses (7-9).

Fueling further the spread of the problems are extensive sexual relations and networks. There are few studies that applied mathematical models to track sexual networks (10-12) and the associated spread of sexually transmitted infections including HIV. There are, however, studies that suggest concurrent sexual partnerships and the situation in which such partnerships exist are drivers for the relatively high prevalence of HIV infection in Eastern and Southern Africa (13-16). While these studies have provided evidence on the level of threat posed by multiple sexual partnerships, none have addressed why people continue to engage in such concurrent relationships.

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For women in Africa, concurrent sexual practices are the reflections of several interrelated factors including, but not limited to, biological drive, economic gains, social expectations and peer pressures (17-18). When sexual practice is prompted by the need to access food, shelter, or safety, it becomes difficult to advocate and invest in programs that promote abstinence and faithfulness (8, 9). Commercial sex work is the most well-known means to exchange sex for money, but there are other types of 'transactional' sexual partnerships prompted by survival needs. There are evidences where, in their struggle to meet the multiple demands of family and economic survival, single mothers often engage in a series of sexual relationships to get access to food and housing for themselves and for their children. Such engagement obviously increases their vulnerability to HIV infections (19-20).

A study by Emmanuel and colleagues (2001) on concurrent sexual activity in five urban settings in sub-Saharan Africa has documented that the spread of HIV is not necessarily associated with concurrent sexual partnerships. It was reported that those involved in concurrent sexual partnerships may take protective actions (21). Yet, it is evident that in areas where resistance to accept condoms and/or not being persistent in using them, concurrent sexual partnerships will undoubtedly exposes those involved to HIV infection (22, 23).

In Ethiopia, sexual health problems were widely studied from the stance of individuals' awareness and practices as this relates to sexually transmitted infections (STIs), unwanted pregnancy, family planning and now HIV infection (24, 25). The studies, however, failed to pay sufficient attention to the fact that sexuality is sanctioned by social, economic and cultural attitudes and values. Methodologically too, the studies have focused on 'objectifying and quantifying a sensitive issue' that may not be understood in quantitative terms (26). Outcomes from such studies could not draw satisfactory answers to such questions as why individuals engage in extramarital sexual relations and how the practice is reinforced and maintained by the social, economic and cultural conditions of the society.

Among the Borana, where anecdotal evidences suggest established extramarital sexual practices, there is lack of information as to whether such practices are still prevalent, why they continue, and the community's perceptions of the associated vulnerability to HIV infection. This study, therefore, explores if and why such practices prevail among the Borana and their perceived consequences.

Methods

Study Area:

The Borana pastoral community is considered as a senior Oromo clan, best known for maintaining the Gada system, that was once the core socio-cultural and political system of traditional Oromo society. The Borana's oral history suggests that the Gada system of polity has been in practice since the early 13th century (27-29) and it is still in effect among them (30, 31).

The Borana occupy mainly the Borana Zone of Southern Oromia (a relatively arid area along Ethiopian's borders with Somalia and Northern Kenya). The Zone borders with the Gujii and Bale Zones of Oromia in the north and northeast, the Somali Zone in the east, Kenya in the south and the Konso District of the Southern Nations, Nationalities and Peoples Region (SNNPR) in the west. The total population of Borana is estimated at one million (32). The community's economic life depends on livestock.

The Zone had 10 *woredas* during the time of data collection which have expanded to 14 since then. While the community still cherishes the *Gada* system, influencing their socio-economic and political life, formal governance is also operating in parallel to that traditional system.

Data Collection and Analysis:

Data for this study was collected between October 2008 and April 2009. Participants were married men and women of the community that were identified using snow-ball techniques based on their knowledge of the culture and social life especially related to extramarital sexual practices. Teltele, Arero, Yabello and Liben *Woredas* were chosen randomly for the study.

In-depth interviews and focus group discussions (FGD) were employed to generate the required information to answer research questions. Accordingly, a total of 69 indepth interviews and nine FGD sessions with a total of 68 participants were carried out. These were carried out separately for men and women. Women made up 40% of the in-depth interviewees and 56% percent of the FGD sessions. Number of participants was determined on the basis of saturation of information for this particular study as well as subsequent manuscripts.

During the data collection, the principal investigator (PI) stayed in the community and took part in the social and cultural activities. This helped not only to generate additional information on the community's sexual values and practices but also to better understand the community's social, economic and political way of life in general.

The study protocol included structured and semistructured interview tools on extra marital sexual practices, why extramarital sexual practices continue to be sustained, how long partners stay together, and the perceived vulnerability to HIV infection.

In-depth interviews and FGDs were facilitated and conducted by trained research assistants. In-depth interviews were held at the residences of selected

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participants in order to observe evidences of the practice, duration and number of partners, reasons for the practice and the perceived consequences. The FGDs were held at communal sites (often under the tree (gaadisa)) to find out whether the Borana culture prescribes the practices and why? Information was collected using the local language (Afaan Oromo). Audio-recordings during the interviews were not consistent due to expressed discomfort by the study participants. Instead, research assistants took quick notes during interviews that were later elaborated into field notes. Field notes were translated into English and back translated into Oromiffa to ensure the validity of translations. The notes were saved as rich text format (rtf) file and were entered into MAXQDA version 10 software.

The notes were read and re-read to generate common themes and sub-themes in connection to the research questions. Following the development of themes and themes relevant statements, words, and expressions were put under the respective themes and sub-themes for analysis. After completion of this process, the themes and sub-themes were printed and re-read to check consistency of the findings from the different sources. Interpretations of the findings were made by way of answering the research questions without affecting the original meaning of the findings. Statements of specific research participants were captured verbatim without mentioning names to ensure anonymity, while sex and age of respondents, how data were collected and the research settings were shown in parenthesis for easy reference.

Ethical Considerations:

The study protocol was reviewed and approved by the ethical review boards of the Swiss Tropical and Public Health Institute and the school of Public Health at Addis Ababa University.

At operational level, explanations were provided to the local authorities about the objectives of the study and the expected purpose of the result in improving HIV and AIDS interventions in Borana.

Following permission obtained from the local administration, explanations were given to the research participants about the objectives of the study, and its purposes. There were no problems in getting consent during the data collection and there were no drop outs.

Results

Characteristics of Respondents:

The average age of FGD participants was 40 years among women and 36 years among men. Of the 38 women and 31 men selected for the in-depth interviews, the average age was 49 and 50 years, respectively. All of the participants were of Oromo ethnicity and more than 75% of them follow the indigenous religion *Waaqeffannaa* (belief in *Waqa* – the Almighty). Research participants were found to have seven children on

average. The number of children was found to increase with age.

Practice of Extramarital Sex among the Borana: Among the Borana, sexual engagement is governed by socially accepted and agreed on traditions (*seera* Borana) like everything else in life (*seera*). *Seera* Borana determines who could have sex with whom, when and under what conditions. Spontaneous initiation of sexual relations between couples, who are strangers to one another, is found to be a rare occurrence among the Borana. Initiation of sexual relation is a process that follows knowing each other, belonging to two different clans (Sebbo and Goona)¹ and appreciation of potential partners. Although men were found to initiate sexual relations (by expressing interest to a woman), the latter maintains the right to accept or reject the relationship.

Sexual violence and coercion such as rape, forced marriage, and abduction were found to be taboo among the Borana and discouraged in the community. Breaking such taboo would lead to the application of punitive measure by local $Gada^2$ leaders. For women and girls, sexual practice before marriage is considered a serious violation of accepted norm and is referred to as cabana (being an outcast) where both individuals involved are isolated from the community's social, economic and cultural life. If the girl gets pregnant, she will be sent away by dropping her across the border of Borana with Konso or Guji where she will be rescued by those who live across the border. To date however, if a girl gets pregnant, she would run away to towns.

Girls in Borana are expected to remain chaste until marriage, with marriage itself being a prerequisite for women's participation in extramarital sexual practice. Boys however have the freedom to practice sex even before marriage³. Extramarital sexual activity, locally known as *jaala-jaalto*,⁴ is found to be a common practice in Borana and marital fidelity is not enforced by both men and women. Yet, it has been argued by both men and women research participants that local culture does not prescribe such a practice. "This is personal interest

¹Borana belongs to two major clans Sebbo and Goona. Marriage in Borana is exogamous where marriage within the clan is not allowed. So, engagement in extramarital sexual relation is determined on who belongs to which clan.

²Gada is a very old socio-political organization of governance among the Oromo which has survived and is active among the Borana pastoral community.

³According to the *Gada* system (local socio-political organization) that governs Borana's social, economic and cultural state of life, sons are expected to go through rituals to qualify for local leadership, which keeps them bachelor much longer than girls. However, they are only allowed to have sex with married women.

⁴Although I was told that gaarayu is the local term for extramarital sexual partner, since recently jaala and jaalto has become widely used. Jaala is how women refer to a male sex partner while Jaalto is how men refer to a female sex partner.

and it has nothing to do with the Borana culture" as one of the elderly man remarked (M58, II Teltele). It was further argued that if an extramarital sexual partner (man) is caught red handed, he would plead "lubunabaasi" (save my life). Findings show that this is the only circumstance where a Borana man would plead for life and would always be taken to a local Gada leader for punishment⁵. On the other hand, if a wife finds her husband with another woman, she would threaten her husband that she will do the same with another man irrespective of her current engagement with such a partner.

Why Doe Extramarital Sex continue in Borana?

The findings from both men and women research participants revealed that engagement in extramarital sexual relationships is determined by different but interrelated factors such as personal interest, fulfillment of gender roles, exchange of valuables and social expectation of proving oneself as wanted.

Three out of five men and some of the women study participants favored extramarital sexual relations and were also engaged in the practice during data collection for this research. One of the in-depth interview participants explained: We are quite worried about HIV infection since we heard the disease is contracted through sexual activity. Yet, we do not seem to stop practicing it due to expectations from peers as well as from the community" (W40, II-El-waye).

Furthermore, a man argued: "Even if we want to stop, we cannot. It is like addiction and there are also expectations from colleagues and the public at large. Because local leaders are also practicing it, we feel that it is still acceptable" (M50, FGD-Arero).

The group's opinion regarding extramarital was explained by one of the FGD participants as follows: "Although jaala-jaalto is feared to exposes us to HIV infection, it remains an important means to prove ourselves as wanted by the opposite sex and equal to our peers. One who is not wanted is undermined not only by the peer and community members but also by the spouse. As a result, we are in continuous search and engagement with an extramarital sexual partner" (M35, FGD Arero).

Data from both in-depth interview and FGD participants showed that even spouses would frown upon their husband or wife if she or he gave up on having an extramarital sex partners. Not having an extramarital sex partner is considered as an indication of being unwanted. This was captured in the statement from one of the indepth interview participants; "...if your wife is not with any man at one particular moment, friends tease you for having a wife who is unwanted by other men. This is considered to be a disgrace by the community" (M53, II-

⁵ Decisions depend on the interest of the husband who often ask the man to clean kraals, water livestock, pay heads of cattle etc.

Liban). Similarly, another research participant pointed out that: if my wife fails to attract other men, I get worried since this is a sign of her failure to fulfill the roles expected of her both at family and community level or that she is not as attractive as other women" (M47, II-Teltale).

In order to ensure being wanted, keeping one self attractive remains critical as explained by both men and women respondents. Women's physical beauty is determined by her hair dressing style (*cibrachu*) and her fragrance (enhanced by taking an herbal smoke bath - *qayya*) as well as her attire. Men's physical attractiveness depends on wearing a neat cloth, having combed hair and clean teeth.

It was also stated that *jaala-jaalto* is a way of breaking family routines and getting sexual satisfaction that may not be obtained from the spouse. One in three of the male and one in four of the female study participants believed that extramarital sex is necessary to make sexual life enjoyable. "Often sexual engagement with my husband is not joyful as he does not pay attention to my sexual interest. So for sexual satisfaction, I need to have someone else with whom I have sex leisurely. I think the same is true for men too" (W46, II-Didara). Similarly, another in depth interview participant explained that, "routine life and a consistent relation with just one woman is boring. It is good to have someone else with whom one could enjoy sex. This is not only for men, women also have similar feelings although they pretend as if they do not recognize and know them" (M72, II-Dubluk).

Fulfillment of gender roles at family and community levels is another factor that determines ones being wanted. Women's demonstrated ability to prepare delicious food, to bear and nurture children and to keep the homestead clean are important factors ensuring women's desirability. Rich men, marked by the size of herds they own⁶ and those known for being public speakers, hunters and fighters draw the attention of women. A participant in one of the FGDs noted that: "... competition among both men and women to win the attention of the opposite sex and secure an extramarital sexual partner remains a continuous endeavor since one, who fails to meet expectations, rarely get attention and a sexual partner" (M40, FGD-Liben).

Three out of five men and two of three women research participants argued that exchanging gifts of economic value is a natural component of engagement in extramarital sex. They also contended that there are various reasons on why both men and women engage in extramarital sexual activities. It was argued that men: "expect women to prepare and feed their extramarital

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⁶Wealth level of a household in Borana depends on the size of livestock owned. The size is not counted by heads of cattle but by the number of corrals (*yaasa*) one owns.

sexual partners with porridge, milk and delicious foods that are usually much better than what wives prepare for their husbands and this is a common practice" (M69, II-Yaballo). In addition it was argued by men: "we [men] love to eat something different, prepared by our jaalto and something that do not normally get from our regular wives. Men without extramarital sexual partners would not have such an opportunity" (M47 II Teltale). Women, on the other hand, are invited drinks by their jaala during market days. Besides, women are given money (cash) to buy perfume, and clothes, live animals (cattle, goat) once in a while, especially if the woman's marital family suffers economically.

Most participants mentioned that staying together with an extramarital sex partner for at least one year warrants a live animal as a gift to the woman. This was further elaborated: "... currently, getting a live animal is not as common as early days since the size of herds one owns has declined due to drought so that many men cannot do so and we [women] do not complain since we understand the situation" (W37, II-Didara).

Men and women research participants invariably disagreed on the association between economic interest and engagement in extramarital sexual partnerships. One of the research participants pointed out: "Women's engagement in extramarital sexual partnerships is associated with a continued effort to prove her attractiveness by other men with their desire for sexual satisfaction than with interest for economic benefits" (W37, II Arero). Men also argued: "...in as much as I would love to eat from my jaalto, its absence does not make any difference and if I cannot invite her or give her gifts she understands and that does not affect our relations" (M57, II-Arero).

One in three of the women and two in three of the men research participants indicated market places as places for sexual negotiations and for exchange of gifts. Furthermore, market places are considered as settings where husbands often encounter 'other women' who are not their regular sexual partners. A research participant pointed out that: "...our men go to market places to sell livestock. There they meet and invite their jaalto. At market places men could also meet those who sell sex and who we feel have HIV" (W40, II-El-waye). This is a commonly shared view among the majority of the research participants.

Number of Extramarital Sexual Partners:

Neither male nor female participants believed that there is a rule that determines the number of extramarital sexual partners one could have or how long such partners stay together. This depends on the interest and decision of the two individuals involved. However, those who shared their experiences pointed out that the number of extramarital sexual partners' ranged from one to ten partners in their l life time. While women blame men for having several women, men blame women for keeping

more men in secret. Two in three women reported to keep just one additional extramarital sexual for life time, while as few as one in seven men reported to have had up to 10 extramarital sexual partners in their life of twenty to thirty years.

One out of three women participants accused men for under reporting the number of extramarital sexual partners. This was further underscored as: "When asked, men claim to have only one or two extramarital sexual partners – which is far from the truth as they always have more extramarital sexual partners in secret" (W42, II-Liben). Another research participants pointed out that: "...for the men, I would say they always have many more women than what they report since they usually boast by the number of extramarital sexual partners (W56, II-Arero).

Findings from both men and women showed that unlike men, women usually stay with few extramarital sexual partners. One of the women argued: "Most women would not have more than one extramarital sexual partner other than their spouse. Very few may, however, keep more than one extramarital sexual partner and those are blamed as 'hinsharmuxee' (sex worker) (W37, II-Didara). As few as one in five men, however, accused women for having more extramarital sexual partners. Men who blame women for keeping more extramarital sexual partners argue that "It is difficult to accept women's claim of staying with one sexual partner as they are always busy competing for more gifts from extramarital partners" (M69, FGD-Liben).

Perceived Consequences of Extramarital Sexual Practices:

The study explored the social constructs associated with extramarital sexual activity in the community. Findings showed that extramarital sexual activity is unanimously believed to expose both men and women to HIV infection. Yet, it was reported that often men accused women for having more extramarital sexual partners than the men which makes them more vulnerable to HIV infection. According to one of the participants, extramarital sex is a common practice among both men and women members of Borana community. The same participant argued: "...keeping a man and woman faithful to each other is as difficult as keeping an ox or cow from licking their tails" (M65, II-Liben).

There appears to be confusions on what to do about associated consequences of extramarital sexual practices. One of the participants pointed out that: "Nowadays the Borana community is confused on the threat posed by extramarital sexual practices and what to do about it since it is associated with the way we live" (W57, II-Dillo). There, however, is recognition of the consequences: "We know HIV can be transmitted by extramarital sexual relationships but we do not know what to do about this – we are all puzzled" (W, II-Arero). Failure of local Gada leaders to come out and do

something was stressed: "Gada leaders, who are influential leaders and models in the community, they nevertheless, are continuing to keep jaaltos for themselves and this sends a wrong message to the community" (M47, II-Teltale). One in three male and two in three female research participants felt that there has not been much change in people's sexual activities, despite understanding the implications of the practice in increasing exposure to HIV infection.

Despite the consistent expression of confusions on what to do about this established practice, it was gathered that at least half of the research participants have interest to know more about condoms. It was commonly argued that condoms are potential ways to reconcile extramarital sex practice and vulnerability to HIV infection. It was argued that: "... the condom may be a solution for the problem, but what we know is limited to hearsays and we should be educated about it" (W38, FGD-Arero). Another participant contended that: "...condoms are not known in this community but nowadays we are hearing about then as the only solution to prevent HIV infection in our community 'falabirraamalqabna' ...what other option do we have except condoms?" (M42, FGD Liben). On the other hand, one in three of the research participants also argued that: "...condoms may prevent conception, or may remain in women's bodies and create problems. These are our suspicions and we want to know more about it" (W57, FGD-Harobake).

Discussion

Most available literature on sexual health problems have shown association of such problems with sexual behavior of individuals related to knowledge, attitude and practices (7, 8). Over the last few years, however, there has been a growing recognition that sexual behavior is more complex and goes beyond individual behavior (2-4). The steady spread of HIV has prompted attention to social and cultural contexts of communities in this connection. The practice of sex with someone other than ones spouse, the values and norms developed around these and their implications could thus be defined by taking all contextual and cultural factors in to considerations (2-4).

Emerging evidences show that extramarital sexual partnership as being a driver of HIV epidemic in eastern and southern Africa (17, 18). There are also studies that have elaborated the fact that the duration of overlapping sexual acts and not using protective methods as increasing the spread of HIV infections (13, 15, 16). Similarly, extramarital sexual partnership is common in Borana and there is also relative tolerance to the practice by spouses. Each individual person goes to great lengths to make oneself attractive to have additional partner(s) and ensure being wanted. However, such practices are not subscribed by the culture as it is considered an act of theft. That explains why Borana men plead for life (lubunabaasi) when caught red handed, although the plea is always responded favorably. Had culture allowed it,

the men would have practiced it without restraint and it would not be necessary to apologize for it. This implies that the Borana tend to protect their culture and blame individuals for sustaining the practice.

Findings from the present study challenge previous findings that attribute multiple sexual engagements to women's poverty, weak decision making authority and economic interest (15, 16, 18-20). Among the Borana, extramarital sexual practice is not associated with poverty or weak decision making position of women or economic interest in its strictest sense. Rather, it depends on whether men and women are fulfilling gender expectations, personal desires for sexual satisfaction, social expressions. Exchange of economically valuable things, on the other hand, is not a necessary condition but merely a mark of love and care between the individuals involved. While engaging in extramarital sexual partnership is common in Borana, it remains evident that there is disagreement between men and women on the number of extramarital sexual partners one should keep. Yet, it was gathered that men were found to have relatively more partners as compared to women. This is not different from the findings of other studies where men are relatively more unfaithful to their marriages and boast about the number of sexual partners they keep outside of marriage (16-18).

As shown in the present study, infidelity is not an issue of concern in marital life in Borana since both men and women are free to have sexual partners outside marriage. However, concern over the consequent vulnerability to HIV infection due to continued extramarital and sexual practice was evident, even though stopping the practice did not come out strongly as an option to avoid such vulnerability. On the other hand, the interest to know about condoms and how they work was apparent and this is in line with the findings of studies in similar contexts that showed low condom usage (22, 23).

Conclusions and Recommendations:

This study generated evidence that extramarital sexual practices are common in Borana The practice is tied up not only with personal desire but to the fulfillment of gender roles and social expectations of being wanted and economic exchanges between the individuals involved and which sometimes extends to their families. Yet, the paradox over cultural unacceptability of the practice and evident tolerance remains to be studied.

The present study also found that everyone in Borana is vulnerable to HIV infections connected with the widespread involvement in extramarital sexual practices. Furthermore, stopping extramarital sexual practice did not come out as a strong option for avoiding HIV infection. Instead, the interest to know about condoms and how they work dominated the possible course of action to take. This is, therefore, an important entry point that needs to be further explored. So far interventions to prevent HIV infection in Borana focused on approaches of generic behavior change such as abstinence and

faithfulness, in addition to condom use. However, as is evident from this study, abstinence and faithfulness are not cherished nor practiced. This indicates the need for designing effective interventions that are informed by the local context and the involvement of local leaders.

Limitations of the Study:

Since the present study focused only on married members of the community, current views of the youth population about extramarital sex and their perceptions about its connection to HIV infection were not addressed and that would have provided an opportunity to appreciate changes in people's views relative to age.

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References

- 1. World Health Organization (WHO). Draft working definition of sexuality. Geneva: WHO; 2002.
- 2. Gagnon H, Simon W. Sexual conduct: The source of human sexuality (2nd edition). New Jersey: Aldine Transaction, Rutgers; 2009.
- 3. Corrêa S, Petchesky R, Parker R. Sexuality, health and human rights. London and New York; Routledge, 2008.
- 4. Weeks J, Holland J, Waites M, editors. Sexualities and societies: A Reader. Cambridge: Polity Press; 2003.
- 5. Weeks J. Sexuality. 3rd edition. New York: Routledge; 2010.
- Impett EA, Peplau LA. "His" and "Her" relationships? A review of the empirical evidence. In The Cambridge Handbook of Personal Relationships. Cambridge University Press; 2006:273–91.
- 7. Edberg MC. Essential Readings in Health Behavior. Jones & Bartlett Publishers; 2009.

- 8. Gupta GR, Parkhurst JO, Ogden JA, Aggeton P, Ajay Mahal. Structural approaches to HIV prevention. *Lancet* 2008;(272):764-75.
- 9. Padian NS, BuveA, Balkus J, Serwadda D, Cates W. Biomedical interventions to prevent HIV infection: Evidence, challenges, and way forward. *Lancet* 2008:372:585-99.
- 10. Smieszek T, Fiebig L, Scholz RW. Models of epidemics: When contact repetition and clustering should be included. *Theoretical Biology and Medical Modeling* 2009;6(11):1–15.
- 11. Smieszek T. A mechanistic model of infection: Why duration and intensity of contacts should be included in models of disease spread. 2009.
- 12. Goodreau SM. A decade of modeling research yields considerable evidence for the importance of concurrency: A response to Sawers and Stillwaggon. *Journal of the International AIDS Society* 2011;14(12):1-7.
- 13. Epstein H, Morris M. Concurrent partnerships and HIV: An inconvenient truth. *Journal of the International AIDS Society* 2011;14(13):1–8.
- 14. Mah TL, Halperin DT. Concurrent sexual partnerships and HIV Epidemics in Africa: Evidence to Move Forward. *AIDS and Behavior* 2010;14(1):11–6.
- 15. Halperin D, Epestin H. Why is HIV prevalence so severe in Southern Africa? The role of multiple concurrent partnerships and lack of male circumcision: Implications for AIDS prevention. *The South African Journal of HIV Medicine* 2007;19–25.
- 16. Epstein H. The invisible cure: Africa, the west, and the fight against AIDS. New York: Farrar, Straus, and Giroux; 2007.
- 17. Masvawure TB, Terry P, Adlis S, Mhloyi M. When No' Means Yes': The Gender Implications of HIV Programming in a Zimbabwean University. *J Int Assoc Physicians AIDS Care (Chic Ill)* 2009;8(5):291–8.
- 18. Akeroyd AK. Coercion, constraints and cultural entrapments: A further look at gendered and occupational factors pertinent to the transmission of HIV in Africa. In: HIV and AIDS in Africa: Beyond epidemiology. Oxford: Blackwell; 2004;89–103.
- 19. Morris M, Epstein H, Wawer M. Timing is everything: International variations in historical sexual partnership concurrency and HIV prevalence. *Social and behavioral Change* 2010;5(11):1-11.
- Dunkle K, Jewkes R, Brown H, Gray G, McIntryre J, Harlow S. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet* 2004;363:1415–21.
- 21. Lagarde E, Auvert B, Caraël M, Laourou M, Ferry B, Akam E, et al. Concurrent sexual partnerships and HIV prevalence in Five urban communities of sup-Saharan Africa. *AIDS* 2001;(15):877-84.
- 22. Foss AM, Hossain M, Vickerman PT, Watts CH. A systematic review or published evidence on intervention impact on condom used in sub-Saharan

- Africa and Asia. Sexually Transmitted Infections 2007;83:510-6.
- 23. Agnes MC. The condom is an "intruder" in marriage: Evidence from rural Malawi. Soc Sci Med 2007;64:1102–15.
- 24. Kloos H, Haile Mariam D, Lindtjorn B. AIDS epidemic in low income countries: Ethiopia. Human Ecology Review 2007;14(1):38-55.
- 25. Kaba M, Haile Mariam D. The state of HIV prevention in Borana Zone of Oromia Region, Southern Ethiopia. EthiopJHealth 2012;26(1):9-15.
- 26. Tadele G. Surviving on the streets: Sexuality and HIV/AIDS among male street youth in Dessie, Ethiopia. CODESRIA Bulletin 2012; 2(3), 98-106.
- 27. Leus T. A adaa Boraanaa: A dictionary of Borana Culture. Addis Ababa, Ethiopia: Shama books; 2006.

- 28. Legesse A. Gada: Three approaches to the Study of African Societies. New York: Free Press; 1973.
- 29. Hussein JW. The function of African oral arts: The Arsi Oromo oral arts in focus. African Study Monographs 2004;26(1):15–58.
- 30. Kaba M. Gender, sexuality and vulnerability to HIV infection among the Borana pastoral community, Southern Ethiopia, PhD dissertation: Swiss Tropical and Public Health Institute and the University of Basel; September 2011.
- 31. Ame I. HIV/AIDS, gender and reproductive health promotion: The role of traditional institutions among the Borana Oromo, Southern Ethiopia. MPH Thesis: School of Public Health Addis Ababa University; 2006.
- 32. Central Statistical Authority, Ethiopia. Ethiopian national census report, 2007. CSA; Addis Ababa; 2007.