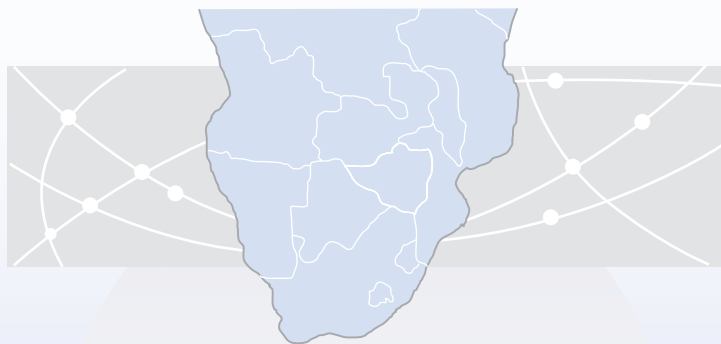


Knowledge about HIV and AIDS

Respondents directly linked HIV and other sexually transmitted infections (STIs) with MCPs and inconsistent use of condoms, but despite this knowledge, most people have more than one partner at a time. Lack of condom use was strongly linked to 'trust' that develops in a sexual relationship over time.

Why a regional OneLove campaign?

The formative research pointed to common issues and concerns across the region. A workshop to discuss participating countries' research findings held in November 2007 in Johannesburg South Africa, drew together researchers and project managers from partner countries and representatives of local and international stakeholders. Based on common issues revealed by research, the workshop agreed to conduct a regional campaign simultaneously with local interventions aimed at reducing MCP across all countries in the Soul City Regional Programme.



Advantages of a regional approach

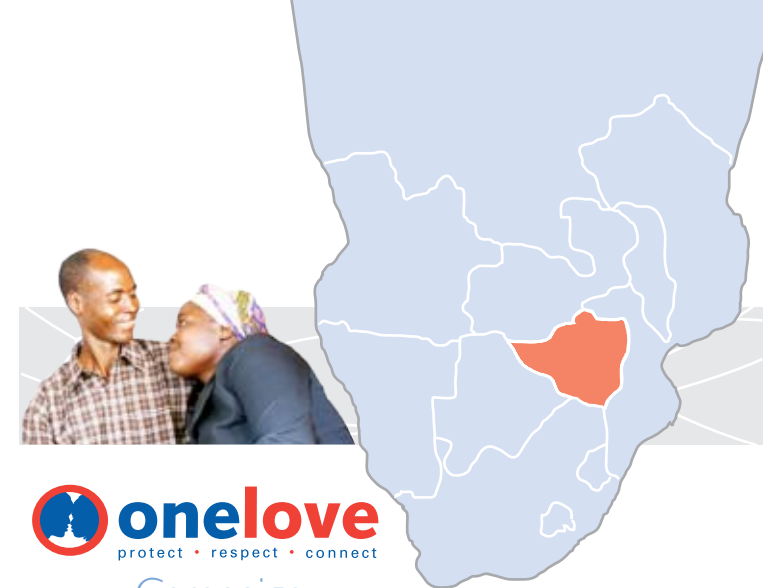
A combined effort ensures region-wide message consistency and cross-border maintenance of campaign intensity. Population mobility in this region could result in a simultaneous region-wide culture change if messages are focused with one aim. A regional campaign is also cost effective. Several countries share similar languages and cultures, enabling great opportunities to pool resources and combine media campaigns. In all 10 countries, the campaign combines mass media with social mobilisation. These mutually reinforcing interventions effectively impart knowledge and shift attitudes and social norms. Supported by advocacy initiatives aimed to promote healthy public policy, an environment which nurtures social and behavioural change can be created.

One Love logo and campaign name development process

In December 2007 a regional meeting was held in Johannesburg in South Africa. It was agreed that giving the regional MCP campaign one catchy, appropriate name to use in all countries would increase both impact and intensity. In February 2008 an MCP Steering Committee with representatives from all 10 countries was established to discuss proposed campaign names and examine proposed logo designs. Names shortlisted were pre-tested in all countries were: "One love: protect, respect, connect" and "One for one: protect, respect, connect". A selected design company devised some logo designs which were likewise pre-tested in all countries. Research across all countries established "One Love" as the preferred name and that the colour red, symbolising love, should be included in the logo.

Partners participating in the OneLove Campaign in Zimbabwe are:

- Action
- Christian Development Agency
- Ministry of Health and Child Welfare
- National AIDS Council
- Southern Africa HIV and AIDS Information Dissemination
- UNICEF United Nations Children's Education Fund
- United Nations Population Fund
- Venus Promotions
- Zimbabwe Aids Prevention Services Organisation
- Zimbabwe Community Health Intervention Research Project
- Zimbabwe AIDS Network
- Zimbabwe National Family Planning Council



What is "One Love"?

'One Love' is the name of a regional HIV prevention campaign running in 10 Southern African countries including Zimbabwe. Its main objective is to reduce multiple and concurrent partnerships in Southern Africa. The campaign promotes positive behaviour without blaming people for engaging in risky sexual behaviours, challenges existing gender stereotypes and promotes happy, fulfilling relationships with one partner.

What does "One Love" mean?

'One Love's message is that it is possible to have one loving, happy relationship that is fulfilling and satisfying both emotionally and sexually, regardless of previous societal attitudes to the contrary.

The tag line for Zimbabwe is "protect-respect-connect", translated into Shona as "dziviriranai-remekedzanai-nzwananai" and Ndebele as "vikelanani-hloniphanani-bambanani". This tag line captures for the audience some key components that help create and sustain happy, healthy relationships.



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One Love Campaign Core Messages

- Men and women have a right to a safe, fulfilling relationship;
- Having multiple sexual relationships puts you and your partners at higher risk of HIV infection;
- Reducing multiple and concurrent partnerships (MCP) protects you and your loved ones from HIV/AIDS.

Key messages for Zimbabwe



- Good communication is essential for safe and fulfilling relationships for both men and women, especially about sexual dissatisfaction;
- Women need to be empowered, to correct cultural and gender disparities and a tradition of male domination;
- Men and women must respect each other, accepting and understanding that they share equal rights;
- Society as a whole must support and encourage safe relationships;
- Multiple partnerships put one at higher risk of HIV through 'sexual networks'.

What is MCP?

A concurrent partnership is a situation where sexual relationships overlap in time. A sexual partnership is considered to be concurrent in surveys if a person reports having two or more sexual partners in the past month. A concurrent sexual partnership is different from having multiple sexual partners over long periods of time such as having two or more sexual partners over a year.

Different forms of Multiple and Concurrent Partners

Respondents in the survey described several forms of multiple sexual relationships; Relationships where a person has a 'steady' partner and 'other' partners who satisfy sexual and/or material needs and are kept secret from the main "steady" partner; intergenerational sexual relationships; transactional relationships; and polygamy.

Why is MCP so risky?



When individuals engage in sexual relationships with multiple partners they become part of a sexual network. Once someone within this is infected with HIV, the likelihood of it spreading to everyone increases.

Why an MCP Campaign?

Why now?

The first HIV and AIDS case was identified in 1981. Since then the pandemic has grown at an alarming rate with Southern Africa carrying most of the burden. The SADC region is the most affected by HIV globally. According to UNAIDS, 37% of those living with HIV globally reside in the SADC region. In 2005, 1.6 million or 37% of the 4.3 million new HIV infections occurred in the SADC region. The HIV prevalence rate in this region is estimated at almost 11%, compared with the global average of just 1%, confirming that this region remains worst affected.

Why now?

Despite intensive efforts to address the pandemic there has been a steady increase in HIV prevalence in Southern Africa over the past 20 years. In May 2006 a SADC Think Tank meeting in Maseru, Lesotho identified multiple and concurrent partnerships (MCPs) amongst men and women combined with low consistent condom use and low levels of male circumcision as key drivers of the HIV and AIDS pandemic in Southern Africa. At the SADC Regional Consultation on Social Change Communication for HIV Prevention held soon after in Swaziland in October 2006, it was recommended that MCP reduction be a key focus of social change communication interventions in Southern Africa over the next 5 years.

Action, as part of a regional initiative in partnership with Soul City, is working towards seeing a decline in the number of people who engage in Multiple and Concurrent Relationships in Zimbabwe and in Southern Africa as a whole.

MCP Formative research

Action, with Soul City's other regional partners, conducted formative research to establish what the intended target audience understands about MCP and to examine attitudes towards cultural and social norms and practices which fuel the spread of HIV infection. The process included consultation with key stakeholders and a literature review to understand the context of MCP in each country. A meta analysis of the 10 country research reports revealed common forms of MCPs as well as similar reasons for engaging in MCPs.

Some of the main causes of MCP found were:

Sexual Dissatisfaction

One reason was that men considered they needed variety to be satisfied, saying sex with the main partner had become monotonous and routine.

Emotional and physical dissatisfaction

Neglect and physical abuse were some reasons identified for emotional and physical dissatisfaction in the primary relationship.

Cultural and Social Norms Influence MCPs

Existing traditional cultures in the region allow men to have more than one partner and do not allow for women to speak openly to their partners about their sexual needs. Aspects of existing cultural practices fuel MCP, such as polygamy.

Desire for money and material possessions

People with less material possessions often enter into relationships with those with more, for material gain. The wealthier parties then take advantage of their partners in these relationships.

Alcohol and MCP

Alcohol was a major contributor to MCPs, impairing judgement and increasing the drive to seek sex. Women go into bars without money, expect to get drinks, and the men paying for these often do get sex in return. Alcohol was also linked to having unprotected sex.

