

# Understanding polyamory as a form of concurrency to enhance HIV programmes in South Africa: The need to re-conceptualise the partner reduction policy

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**Abstract:** This paper discusses the sexual experiences of people involved in polyamorous relationships to determine the relation between polyamory and HIV/AIDS. The study was guided by social cognitive theory, constructivism, the meaning-making model and interpretative phenomenological analysis. Four emerging themes are discussed: sex practices in polyamorous relationships; the construction of sexual rules and agreements; the value of trust and honesty; and psychosocial support and services for polyamorists. The study concludes that polyamory does not pose risk to HIV. The paper suggests a reconceptualization of the partner reduction policy which was influenced by Morris and Kretzchmar's (1997) mathematical model. Further, the findings are crucial to social work practice in the area of HIV/AIDS and social work education, particularly in regards to anti-discrimination. Therefore, social work is called upon to be aware and sensitive to polyamorous relationships.

**Keywords:** polyamory; HIV/AIDS; sexual practices; partner reduction policy; social work

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## Introduction and background

The epidemic of the Human Immuno-deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) continues to devastate lives. The Joint United Nations Programme on HIV/AIDS provided data on the statistics of HIV/AIDS showing that, in 2020 there were 3.8 million of people living with HIV globally (UNAIDS, 2020). Nine countries in sub-Saharan Africa, namely, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe, have an estimated HIV infection rate among the adult population of 10 per cent (UNAIDS, 2020). South Africa is reported amongst those with the highest prevalence of HIV in the world (UNAIDS, 2020). These HIV figures illustrate the ever pressing need to place great emphasis on sexual practices in sub-Saharan Africa in order to address the negative impact this epidemic has had in the region (Tsapelas, Fisher and Aron, 2010).

The HIV partner reduction policy is a dominant ideology in the sub-Saharan region. The 2006 meeting of the Southern African Development Community (SADC) countries and UNAIDS was a major event that provided impetus to the promulgation of HIV partner reduction policies (Spina, 2009). The conclusion reached at this meeting was that ‘high levels of multiple and concurrent sexual partnerships by men and women, with inconsistent, incorrect condom use, combined with low levels of male circumcision, are the key drivers of the epidemic in the sub-Saharan region’ (SADC, 2006: 5). Morris and Kretzschmar’s (1997) mathematical modelling of concurrency was arguably of influence in the promulgation of these policies. The mathematical model is based on microsimulation, from which the authors determined that, as opposed to a sexual network where most relationships are locked into serial monogamy, in a context where sexual relationships are characterised by high degree of concurrency—the spread of HIV is more likely to be rapid (Morris and Kretzschmar, 1997). The term ‘concurrency’ which denotes multiple computations occurring at the same time is used as shorthand to mean concurrent relationships. The fundamental variables that characterise this model are as follows:

1. the frequency of sexual contact in concurrent partnerships;
2. the concurrency rates of men compared with women;
3. the per-act transmission rate of HIV; and
4. the level of concurrency.

The frequency of sexual contact in concurrent partnerships is one of the central tenets of Morris and Kretzschmar's mathematical model. In simple terms, it addresses the assumption of per-act of transmission rate, which mean daily sex sexual intercourse that needs to occur within a short window of about three weeks (the high infectivity period following infection) (Sawers and Stillwaggon, 2010). The concurrency rates of men compared with women refers to the gender symmetry of involvement in these relationships between these two sexes (Sawers and Stillwaggon, 2010). This assumption had huge ramifications for the support of the thesis of exponential rates of HIV in sub-Saharan Africa. Halperin and Epstein (2004:20) acknowledged the importance of gender symmetry when they stated that large-scale heterosexual networks can only emerge when a 'significant proportion of women are engaging in multiple longer-term partnerships'. Gender in Africa is, however, an important social construct because it is interwoven with power relations and this influence how and with whom a person gets to establish sexual relationships (Potgieter, 2006). Furthermore, Africa is a continent where strong beliefs in traditional practices of masculinities are normative and for women who have sex with multiple partners, societal stigmatization and chastisement are a lived reality (Potgieter, 2006). In fact, in broader contexts, women find it difficult to express their sexuality in many parts of Africa for fear of being harmed or even killed (Mkhize, 2011). The level of concurrency variable in this mathematical model suggests that multiple partnerships in sub-Saharan Africa are generally higher than in other geographical locations. This assumption has been criticised for lack of comparative data (Sawers and Stillwaggon, 2010). Accordingly, the broader concurrency hypothesis suggest that concurrency leads to more rapid spread of HIV than other forms of heterosexual partnering.

Policies such as the partner reduction policy link all forms of sexual concurrent partnerships to the prevalence of HIV in sub-Saharan Africa. Hodto HIV. This is critical for social work practice in the area of HIV/AIDS in South Africa and social work education broadly, particularly in regards to anti-discrimination.

## **Polyamory and HIV/AIDS**

Polyamory, commonly abbreviated as poly, can be defined as a relationship where someone has sexual and/or romantic partnerships with multiple

partners simultaneously with the consent of everyone who is involved (Sheff, 2005). Unfortunately, in South Africa, official statistics relating to polyamorous relationships do not exist, therefore it is not easy to estimate the number of people in polyamorous relationships. Nevertheless, the domain of this partnering is rich in philosophies that are particularly helpful in eradicating many of the risk factors linked to HIV. These include, but are not limited to, pro-gender equality norms, re-working of patriarchal systems, promotion of sexual rules and agreements, and providing psychosocial support to those who are involved in polyamorous relationships (Sheff, 2005).

It is important to note that there is limited data available regarding the prevalence of HIV/AIDS among people who practice polyamory. Therefore, it is not known whether the prevalence of HIV/AIDS is high or low within the community of polyamorous individuals. However, there are some studies conducted to determine the correlation between concurrent relationships in general and HIV/AIDS. Mah and Halperin (2010) did a systematic review and found modelling and empirical evidence which suggest that concurrent partnerships, compared to serial partnerships, can increase the size of an HIV epidemic, the speed at which it infects a population, and its persistence within a population. A study by Johnson et al. (2009), estimated the extent to which different types of sexual risk behaviours are promoting the spread of HIV in South Africa, using a deterministic HIV/AIDS model. The study estimated that concurrency, including multiple partnerships, accounted for 74 per cent of HIV infections in South Africa between 1990 and 2000. Some of the literature related to concurrent relationships show that the relationships are largely conducted in secrecy (Balzarini et al., 2017; Epstein and Morris, 2011; Maher, Waswa and Karabarinde, 2011). It is the concealment of concurrency that has been identified as a key factor in the prevalence of HIV/AIDS. Lurie and Rosenthal (2010) and Allais and Venter (2012) acknowledged that some forms of concurrency, do spread the epidemic of HIV/AIDS. However, these authors also recognise that other forms of concurrent partnerships do not pose the same risk.

In a study conducted by Reniers and Watkins (2010), it was found that the association between polygyny and HIV prevalence is not positively correlated. The study explored country-level associations between HIV prevalence and polygyny using secondary data sources. In the same study, it was indicated that the HIV prevalence is lower in countries where polygyny is common. Western and central African countries have generally higher levels of polygyny and lower HIV prevalence than populations of eastern

and southern Africa, and vice versa (Reniers and Watkins, 2010). A study conducted by Tanser et al. (2011) found no evidence to suggest that concurrent partnerships are an important driver of HIV incidence in a typical high-prevalence rural African population. A moving-window approach was used to construct estimates of the geographical variation in reported concurrent and lifetime partners in sexually active men aged 15-55 years ( $n=2153$ ) across the study area. The study followed up 7284 HIV-negative women ( $\geq 15$  years of age) in the population and quantified the effect of the sexual behaviour profiles of men in the surrounding local community on a woman's hazard of HIV acquisition. The findings of the study showed that during 5 years' follow-up, 693 new female HIV infections occurred (incidence 3.60 cases per 100 person-years). A substantial intercommunity heterogeneity in the estimated point-prevalence of partnership concurrency (range 4.0-76.3%; mean 31.5%) and mean number of lifetime sexual partners (3.4-12.9; mean 6.3) in sexually active men in this population was identified. After adjustment for individual-level sexual behaviour and demographic, socioeconomic, and environmental factors associated with HIV acquisition, mean lifetime number of partners of men in the immediate local community was predictive of hazard of HIV acquisition in women (adjusted hazard ratio [HR] 1.08, 95% CI 1.03-1.14,  $p=0.004$ ), whereas a high prevalence of partnership concurrency in the same local community was not associated with any increase in risk of HIV acquisition (adjusted HR 1.02, 95% CI 0.95-1.09,  $p=0.556$ ) (Tanser et al., 2011).

To this end, the studies cited above refer to concurrency in particular polygyny without specifying polyamory relationships. This paper seeks to cover the gap in literature by contextualising upon the practice of polyamory arguing that even though other types of concurrency pose the risk to HIV, others such as polyamory do not. This is so because polyamory is a form of concurrency which espouses the desire for intimate relationships involving more than two people, with the knowledge and consent of everyone involved. It has been described as a consensual, ethical and responsible way of doing concurrent partnerships (Haritawon et al., 2006). Further, the domain of this partnering is rich in philosophies that are particularly helpful in eradicating many of the risk factors linked to HIV. These include, but are not limited to, pro-gender equality norms, re-working of patriarchal systems, promotion of sexual rules and agreements, and providing psychosocial support to those who are involved in polyamorous relationships (Sheff, 2005).

## **The role of social work in the area of HIV/AIDS in South Africa**

The HIV/AIDS epidemic has impacted all levels of society from the micro to the macro levels. The enduring spread of HIV infections means that traditional methods of care and support are put under extreme pressure and many families lose their capacity to cope (Hall, 2007). The role of social workers becomes crucial in providing care, counselling and support to those affected, and in developing programmes and other interventions to prevent the spread of the disease (Department of Social Development, 2006; Surface, 2007). Social workers therefore bring the unique skill of working with people within the context of their environment and advocating change that best meets the needs of clients (Schulz, n.d). It can be noted that social workers help clients cope with HIV/AIDS in a wide variety of settings, including home, health agencies, hospitals, and HIV/AIDS service organizations. With regards to HIV/AIDS particularly in South Africa, prevention and behaviour change are mostly important to curb the spread of this epidemic and access to treatment (AVERT, 2019).

The roles of social workers in South Africa are mandated by the White Paper (RSA, 1997). Social workers are expected to be knowledgeable and skilful in a variety of roles (Patel, 2016). Despite consistent progress in training social workers to be more aware and culturally competent in dealing with diverse issues, there remain some important gaps particularly concerning diverse sexual identities, that warrant more education among social workers (Williams and Prior, 2015). Consequently, this paper considers how social workers can work with individuals involved in polyamory relationships to end stigma and discrimination which could be caused by the belief that individuals involved in concurrent relationships pose risk to HIV.

## **Conceptual framework**

The conceptual framework used to explore the topic is threefold, namely: social cognitive theory, constructive theory, and the meaning-making model. Bandura's (1986) social cognitive theory, derived from social learning theory, emphasises the critical role of self-beliefs in human cognition, motivation, and behaviour. Social cognitive theory gives prominence to a self-system that enables individuals to exercise a measure

of control over their thoughts, feelings, and actions (James, 2011). Social cognitive theory is used in this study as part of the theoretical framework because this model suggest that the function of the individual's cognitive processes is premised upon three interconnected components (the individual, the individual's behaviour, and the environment) that influence one another (Bandura, 1986). This theory is applied within the context of this study by illustrating that the establishment of sexual relationships, particularly monogamous partnering is heavily mediated by external factors such as culture, religion, and social norms (James, 2011). However, these cited societal rules are not deterministic. On the contrary the person's internal personal factors in the form of cognitive, affective, and biological events play a crucial role in how the individual reacts to these external factors (Bandura, 1986). This, suggest a recursive relationship between the person and environment – a bidirectional structure from which the person exercises his/her individual agency (Guy-Evans, 2020). This means that although culture, religion and social norms play a key role in how people form sexual relationships; however, the person's personal beliefs of self-efficacy and goal expectations from their behaviour influences how they interpret their sexuality. This is the case for the people who practice polyamorous relationships.

Constructivism contends that interaction is a space where social activities are shared (Vasterling, 2007). The nature of such interaction cannot only be grounded in social relations without being constituted in meaning (Vasterling, 2007). Constructivism holds that categories such as sexual relationships are historical processes that are created and therefore, can be changed (Barillaro et al., 2009). In this paper we have incorporated constructivism as part of a conceptual framework to understand how even though socially constructed rules and norms play a major influence in how people establish sexual relationships; however, people still retain a clear sense of their ability to construct their own sexuality. Constructivist theory assists us in exploring how sexual relationships such as polyamory reveal how the conception of sexual relationships is fragile, fluid, and dynamic. Furthermore, using constructivism we are able to understand how polyamorists are able to navigate their concurrency against the contours of heteronormative constructs of monogamous relationships.

In the meaning-making model the understanding is that there are two levels of meaning, namely: global and situational (Park, 2013). The former describes the individual's general orienting systems and understanding of many situations (Park, 2013). On the other hand, situational meaning

refers to a construction of meaning specific to a particular situation (Park, 2013). Situational meaning includes processes such as ‘initial appraisals of the situation, revision of global and appraised meanings and the outcomes of these processes’ (Park, 2013). The meaning-making model focuses on the discrepancy between the global and situational meaning. In other words, particular attention is paid to a person’s cognitive perception of discrepancies between their appraised meaning of a particular situation and their global meaning (what they believe and desire) (Park, 2013). The meaning making model has been added to explore the ‘how and why’ polyamory mean so much to the people who are practicing this type of sexual relationship. The meaning making model, along with the Interpretative Phenomenon Analysis (IPA) are frameworks that guided the authors in exploring sense making on the information gained and how this is processed to bear subjective understanding of sexuality. Being involved in a romantic relationship with multiple partners at the same time may be challenging and often frowned upon in the community. Therefore, meaning making model as part of an interpretative tool is suitable in offering insights into how a given person, in a given context, makes sense of a given phenomenon.

The three theories are used together because social cognitive theory explains much about how the self-interacts with the environment and constructivism picks up this theorization by showing how such interaction is imbued with meaning. What this explanation lacks are how people cope when there is a discrepancy in meaning between the self and environment. In view of this, the meaning-making model is vital in helping to analyse how the participants who are involved in polyamory put meaning to their relationships and elaborate on how in practice people come up with ways to cope with the processes that are at odds with the meaning of their sexual patterning.

## **Research methods**

### **Study design**

The study used a qualitative approach to research. According to Power (2002), qualitative methods have made a significant contribution to sexuality studies, particularly to research on sexually transmitted

infections and HIV. The topic of sexuality is personal and highly sensitive. Therefore, the qualitative research approach allowed the authors to discuss such private experiences with the participants.

### **Recruitment and sampling strategy**

Purposive sampling method was used to select participants for the study. The participants were recruited through a website created for individuals who practice polyamory in South Africa. To gain access to potential participants, a request was sent to the moderators of the website informing them about the study and asked them to circulate, on the website, an online recruitment pamphlet which explained what the study entailed. Therefore, only the participants who responded to the study pamphlet and met the inclusion criteria were included in the study.

This study adopted the following inclusion criteria based on what Keener (2014) suggested that the complexity of being involved in polyamorous relationships are such that many people opt out of this partnering in the first six months.

- Participants who self-identified themselves as polyamorists and were in a polyamorous relationship for the period of one year before participating in this study. This particular criterion ensured that the participants were moderately familiar with polyamory.
- Participants had to be 25 years of age and above. It was not ideal to select participants younger than 25 years because that is an age bracket that is close to adolescence. This preceding phase is regarded as a human development period which is associated with fluidity in identity development. Therefore, choosing the participants who were in their mid-20s ensured that identity formation had been established.
- Participants who lived in any province and also belonged to the South African polyamory group. Although, the population of South Africa are culturally diverse, selecting participants from the South African polyamory group meant that this sample were more likely to have shared similar experiences.
- Furthermore, the participants were selected for allowing heterogeneity of factors such as social class, gender, sexual orientation, ethnicity and religious or spiritual orientation. The criterion of heterogeneity of participants was important because it was likely to tease out issues

such as the privilege or lack thereof related to race and social class, and so forth.

The participants who responded to the study pamphlet were 15. Of these participants, eight individuals did not meet the inclusion criteria stated above. This is because three of these individuals were involved in polyamorous relationships for less than a year. The other five individuals were in the phase of experimenting with their sexual relationships and thus not sure if they could identify themselves as polyamorous individuals.

## Sample

The sample size for the study was seven from an estimated total population on the website of 260. Therefore, the qualitative data collected from this small sample was not statistically representative of the population. The use of a small sample is in accordance with the recommendations by Turpin et al. (1997) who stated that in an IPA study 'six to eight participants is appropriate as this size sample gives an opportunity to examine similarities and differences between individuals'.

The participants comprised of six white and one Indian participants. Among these they were three males (1 Indian and 2 Caucasians) and four females (all Caucasians) who were between the ages of 25 and 50. It is crucial to mention that, the polyamory group where we sourced the participants, majority of the members, at the time of data collection, were white. There was only one black person whom the lead author approached to be part of this study who rejected to participate. The participants resided across three South African provinces namely Gauteng, Cape Town and Northern Cape. All the participants self-identified themselves as in polyamorist relationships. Table 1 below gives the demographic information for these participants.

Table 1  
Summary of the participants in this study

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Pseudo-nym	Age	Gender	Ethnicity	Home Language	Education	Employment status	Sexual orientation
Jay	51	Male	Indian	English	Tertiary	Trainer	Cisgender
Kobus	45	Male	White	Afrikaans	Tertiary	Mechanic	Heterosexual
Martha	40	Female	White	Afrikaans	Tertiary	Nurse	Pan-sexual
Peter	35	Male	White	English	Tertiary	Consultant	Heterosexual
Michelle	27	Female	White	Afrikaans	Tertiary	Lab Assistant	Not disclose
Benita	28	Female	White	English	Tertiary	Student	Bisexual
Marlene	38	Female	White	English	Tertiary	Administrator	Heterosexual

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## Data collection

Semi structured interviews were used to collect data among the participants. Two participants who resided in the Northern Cape Province were interviewed by skype and two participants who lived in Western cape province were interviewed telephonically. The other three participants who lived in the Gauteng province where the lead author resides were interviewed face-to-face. The different modes of conducting the interviews did not compromise the quality of the conversations between the participants and the lead author. The interviews lasted between one hour and two hours each. A digital recorder was used (with the permission from the participant) to record the interview.

## Ethical considerations

The study received ethical clearance from the University of Pretoria Faculty of Humanities Research ethics committee. The ethical considerations that were observed in the study included voluntary participation, informed consent, privacy and confidentiality, anonymity and avoidance of harm.

The first goal is to ensure that potential participants are given information and secondly, they must understand the information and finally use the knowledge acquired to either give consent to participate in the study or reject the offer (Creswell and Creswell, 2018). Therefore, the participants in the study gave written consent to participate in the study. This was done

after the lead author had provided information about the study and the participants had understood what the research was about and how they were expected to participate. It was also emphasised that participation was voluntary (De Vos, Strydom, Fouché, & Delport, 2011) and taking part in this study would not benefit them directly and that there would be no monetary incentives. The participants were informed that they could withdraw from the study at any time if they wished to do so.

In terms of privacy and confidentiality, identifying information, which include participants' full names and forwarding addresses, were not used in reporting the findings of this study. To this end, pseudonyms are used in reporting findings to maintain anonymity. Babbie (2017, p. 67) defines anonymity as an act whereby researchers identify with the participants during the time of data collection, but however, refrain from doing so when the findings are published. Further, the recorded interviews were stored in a safe environment.

Given the nature of the topic and potential emotional distress due to disclosure of information related to the experiences of being involved in polyamorous relationships, the researchers had to avoid any harm on the participants. This principle is regarded as the keystone of ethical considerations because for the participants to be able start responding to the study's inquiry or to continue, their well-being should not be harmed in any way (Lichtman, 2017, p. 5). The participants were afforded opportunity to take breaks in between discussions when needed. Furthermore, participants were informed of their rights, some of which included choosing not to respond to questions that made them uncomfortable or discontinuing their involvement in the research process altogether. There was provision of contact details of counsellors that participants could reach should they experience any emotional distress. However, debriefing was provided by the lead author after every interview and no participant needed any further counselling.

## **Data Analysis**

The data that was collected was analysed using the Interpretative Phenomenological Approach (IPA). IPA allows for an in-depth exploration of how participants make sense of their subjective experiences and social world (Smith & Osborn, 2008). This focus on subjective lived experience is particularly crucial given the complexity of the topic of this study, which

is also ambiguous and highly emotive. Therefore, with IPA's emphasis on how the participants continually construct meaning and knowledge in social relations – a philosophical thinking that is also embedded in constructivism – assisted in analysing the themes that emerged from the narratives of the participants. Thus, the analysis centered on what the participants were saying about polyamorous relationships. Overall, the data analysis phase was a cyclical process which the researchers followed these iterative stages, namely; identifying of themes, grouping themes together into clusters, and sorting these into units of meaning (Smith, Flower, & Larkin, 2009). This type of analysis, according to the IPA's theoretical underpinnings is interpretative and hermeneutic in nature. Four themes that emerged are discussed in this paper. These include:

- Theme 1: Sex practices in polyamorous relationships
- Theme 2: The construction of sexual rules and agreements in polyamory relationships
- Theme 3: The value of trust and honesty in polyamory relationships
- Theme 4: Psychosocial support services available for polyamorists.

## **Findings**

### **Theme 1: Sex practices in polyamorous relationships**

Participants indicated that they were taught about practicing safer sex. For example, the polyamory group organised a range of activities to highlight the importance of practicing polyamory safely and also using the group website to disseminate information on safer sex practices.

*Ok, well we had a whole meeting once at Billie's house where one of the women from some clinic in Pretoria came and we all had name badges on that she gave us and then we were talking to people and then later on she says okay, turn your name badges around, who've you infected with what? Which was a very interesting experience; she was like imagine you weren't talking [unclear] and then she showed us all different kinds of [unclear] like the condoms ... which I've never seen before. (Marlene)*

*It's encouraged, in the poly community, there's lots of resources talking about safer sex. It's available on the website and so safe sex is one of the biggest topics when*

*you talk about polyamory. Cause it's responsible and you don't do relationship' as if you[re] not responsible, that's in general anyway. (Jay)*

Further the participants indicated that they were practicing safe sex and, in some instances, providing tangible proof of HIV test results was insisted upon.

*It was, you're always going to use a condom and that's just an agreement that I have with everyone from my primary partner, we've been seeing each other for almost two years now and we've had four screening done. (Marlene)*

*Well absolutely upfront, because you should be having these intimate conversations with your partner. And very often you will be going to physical intimacy. You could say upfront, non-negotiable, HIV test and show me your results; because that's [a] life threatening. All other diseases are not life threatening, manageable, but obviously should be looked at as well. So, with this current relationship with Joy, I said do the test and show me the results and I did my test and I gave her my results. We both tested negative on that one. (Jay)*

*Because he is about seven thousand times more paranoid about STDs, STIs than I am. So, he had, they went for massages with happy endings, him and Alex as a sort of couple thing right, and then he got the flu. So, then he read on the Internet that it's probably syphilis, we all had to go get tested again even though the doctor was like, you can't get syphilis like that. Cause he told the doctor, she was like you can't get syphilis from a hand job and also your symptoms don't actually match it, but he was like no, we have to get tested anyway so we all had to get tested anyway. So, given that experience I have absolutely no doubt that if he does get to the casual sex thing, he will be wearing a condom. (Marlene)*

Another finding that emerged from the study was that some of the participants were also aware of the dichotomy of the responsible versus irresponsible non-monogamy.

*There's a difference between polyamory and polyfuckery [sic] because doing the swinging thing or just going oh I'm polyamorous just for fun, it's just not there. It's not how it works, unless that is what you've discussed, what you've agreed upon and one of your partners is following a consensual, uhm, solo, I don't know whatever where he can hook up with anyone once unless he is doing it according to the agreements that has been discussed in the relationship. That to bring everything together, so safe*

*sexual agreements, using condoms, being safe; doing regular tests, that type of stuff. Sharing that with your future partners, or possible partners, telling them that; listen here man I'm a good stud, I'm not bringing anything down onto you and that's being honest to you about it and the same back to your partners. (Martha)*

The above findings demonstrate that polyamory is a form of non-monogamy which places a strong focus on safer sex practices. However, the issue of not practicing safer sex cannot be ruled out completely. The findings of the study also show that some of the participants had unsafe sex practices. Three participants mentioned incidences where they got infections. This is, indeed, a crucial finding, primarily because it revealed the fallibility of these relationships.

*In terms of the health risk... I had bacterial vaginitis... which is a form of an STD... I ignored it because I was busy at work and started getting abdominal pains and one day at work I just completely collapsed... and the pain was so sore... and I was hospitalised and it turns out I had a miscarriage because of the infection... which means there were mistakes in the relationships of not using condoms... and this was the scariest realization that we all experienced in the relationship. (Michelle)*

*After a long time in the relationship ... after about four months... but I can say 99% of the time we used protection... With my secondary it has been almost all the time that we didn't use a condom and that's partly because the first time when it happened we were both drunk.'(Benita)*

*When Sarah was dating someone more seriously at the beginning of this year, she did have unprotected sex with him after a few months of dating and basically she and I talked about that. And we agreed that he had been tested, between the two of them they agreed about safe sex practices with other partners outside of that'. (Peter)*

The findings presented in this theme demonstrates that the participants were aware of and practised safe sex. However, there were some instances where unsafe sex was practiced and they contracted STIs. What the participants of this study have demonstrated is that when those instances of unsafe sexual practices occurred, they were able to self-correct and undergo HIV tests. In a context such as South Africa where the epidemiological rates of HIV are higher than in other countries, the fact that participants would open up to their partners when they have fallen short of practicing safer sex is compelling. This shows a group of people who are concerned

about their well-being and the welfare of others. It also means discussing issues, especially those that relate to safer sex practices is the hallmark of ethical non-monogamy. Furthermore, testing for HIV ensures that should the outcomes of the result become positive, the affected individuals would receive treatment. Disclosure, as evident in the narratives of the participants is a key factor that has been reported to be crucial against partner HIV infection. In fact, a study by Simbayi et al. (2007) with a sample of 903 HIV-positive men and women in Cape Town indicated that HIV non-disclosure positively associated with HIV transmission.

## **Theme 2: The construction of sexual rules and agreements**

All the participants stated that they devised rules and agreements in their relationships regarding sexual acts. This is shown below:

*The most important one for me is the safer sex agreement which is where you very explicitly delineate what your boundaries are regarding sex and if you are somebody who is you know sow your wild oats without a condom kind of person, this needs to be declared upfront to whatever partner you have so they can responsibly respond to that in their own way. Likewise, if you have limits that you feel are non-negotiable, so I do not do oral sex without protection, those things are negotiated in the sex agreement and you all agree to this. (Martha)*

*We did [have rules], but about when we were going home separately with different people, but not when we are in the same space with different people... and my live-in partner saw me when I was going through all of those emotions... I didn't try and hide it. (Michelle)*

However, two participants stated that there were some instances when they did not adhere to the established sexual rules and agreements. One participant cited long distance as the main reason of deviating from the rules.

*That time when he was away he did not stick to the rules. So, he did not have sex with me for three months. That is the ultimate punishment for cheating in a polyamorous relationship. If you sow your wild oats without permission. (Marlene)*

The other participant mentioned stronger connection with the secondary

partner and that she had not been completely honest with her primary partner about using protection with her secondary partner.

*I haven't been completely honest ... I told him that most of the time we do, but that's not true... So, the rule is obviously using protection and no oral sex rule... until we know the new part enough to ask him to get tested we are not doing an oral thing or non-protection... and I know it's not justifiable and I am under no impression that what I am doing is right... um... the connection with my secondary is something that I cannot explain to this day ... (Michelle)*

The findings from this theme show that all the participants had constructed sexual rules and agreements to use protection and majority of the participants adhered to the rules. However, a few participants had deviated from the rules.

### **Theme 3: The value of trust and honesty in polyamory relationships**

The findings of the study indicate that sexual relationships that are formed on the basis of polyamory, particularly in localities such as South Africa where the epidemic of HIV has infected and killed so many people, reveal high levels of trust among the partners.

*Trust is a big thing but if you know your partner and yeah, that's where the love and everything comes in; to know them so well that you know you can trust them a 100%. So, you know he or she will be safe every time, there will be no exceptions at all because you love them so much, you value them so much that you don't want to hurt them. (Peter)*

*Well, I think I've got about two classes of comments about that. First class of comments is you shouldn't be sticking your dick you wouldn't stick in your mouth [laugh] really, if you don't trust someone with your life, don't have sex with them. Secondly don't get into an open relationship with them, I mean, trust is essential in a polyamorous relationship. (Benita)*

*Trust is a big thing, if you know your partner and yeah, that's where the love and everything comes in; to know them so well that you know you can trust them a hundred percent. So, you know he or she will be safe every time, there will be no exceptions at all because you love them so much, you value them so much that you*

*don't want to hurt them. (Kobus)*

*I mean, trust is essential in a polyamorous relationship. If there's any kind of hint of lack of faith then that thing is going to fly apart like shit in a storm. You really don't want to go there. (Michelle)*

The experiences of honesty in polyamorous relationships were an important marker that revealed why the participants chose to practice polyamory. Much like trust, honest discussions about sexual desires and fantasies seemed to be an important factor in decisions regarding sexual health. This is highlighted below:

*So, I'll be making friends, not intentionally to build a relationship, but I'm more honest, telling my wife, listen here, I'm going out to this and this person, I've told you about them, they've invited me for this and this party. I don't have to, to be, how do you call it? Hide my actions, I don't have to do stuff in secret. I can tell her; listen here I'm going to this and this party, I'm taking condoms for safety, I don't know what[s] going to happen and that's that. Telling her [unclear] maybe I'll be getting drunk, maybe there'll be something [unclear] against me, maybe... well it's being open. I'm not hunting or anything, but it's just that secureness of being honest about yourself; I know myself, I know how I conduct myself when I'm out with my friends. I won't have hidden agendas or anything because I don't have to. If I feel the need to do anything weird or strange, I will discuss it with my partners and I have their take on it because maybe they would like to join me in the adventure. (Kobus)*

*Integrity and honesty are very important to me...the moment you [unclear] or the moment you lie to me you discrediting who I am as a person and you don't deserve respect in my mind... and so... I like ... I personally don't cheat and is something that I am very... very religious if you like and whatever. (Benita)*

*Because the poly concept allows you to be totally honest with your partner, it allows for total honesty. If I'm feeling attractions for that person there, and I'm in a relationship with you, I don't see why I shouldn't say to you, listen, that person, I find something attractive with them, about them. Then we can discuss, so what should we do about that? Ok, should I pursue it or what? What should [I] do about it? Monogamy doesn't allow you that, in general. Certain people that are very mature, might be able to discuss that, but it's not generally in the monogamy mindset that you can do that. (Jay)*

The findings in this theme show that participants had high levels of

trust and honesty with their partners despite the gravity of HIV/AIDS in the South African context being high. This means that trust and honesty in polyamory partnerships signify one of the key factors that may be crucial in protection against HIV infection. Although, the risk factors to HIV are complex and multifaceted, part of the problem is the secrecy that goes with one of partners having other sexual partners (Simbayi et al., 2007).

#### **Theme 4: Psychosocial support and services**

Participants in the study highlighted some challenges they faced with polyamorous relationships which required psychosocial support and services. Firstly, the participants revealed a challenge with disclosure of this sexual lifestyle to loved ones. The issue of disclosure is an important, but the most stressful, experience for individuals who are involved in alternative sexual relationships. All of the participants explained that they told their parents about their involvement in polyamory. Some of the feedback was positive, with majority indicating that it was negative as they were rejected by their parents.

*So, uhm... When I started seeing, like, my third person and well, being intimate with a whole bunch of people, I told my mum about it, she doesn't agree with it at all. (Michelle)*

*My dad and I pretty much don't speak. Yeah, this is definitely a big factor, unfortunately my parents divorced when I was in my late teens and the relationship between him and my mother was volatile and quite violent. So, there are other issues involved that extend well beyond just my relationship orientation, but I could promise you, my relationship orientation would probably be the nail on the coffin. (Benita)*

*I've told my family now for the last maybe couple of years, that's when they knew, I explained the whole poly thing, this is me, I'm poly and this is why I'm poly...The first time when I told them, they went crazy.'(Jay)*

The weight of parental rejection regarding the participants' non-monogamous romance has to be understood against the backdrop of societal stigma that pervades concurrency. Unfortunately, the lead author did not probe this issue more deeply and enquired about the possible psychological harm this familial rejection may have had on the participants.

But it is certain that rejection is usually associated with psychological, emotional and physical effects.

Nevertheless, the South African polyamory group, from which the participants of this study were obtained, provided psychosocial support services. The experiences of some of the participants indicated that the available support network, in many instances, fell short of meeting their needs, as described in the verbatims below:

*Because, it's really far... Yeah, sixty kilometres from here and it always feels like the same stuff is being said over and over and you can't really get to issues that bother you because they're new people that have their poly questions and they want answers. Although I do have a lot of friends, I've attended a couple of times, I've made friends with people and I have my quite close emotional support group from that. (Benita)*

*And they are really doing a big service for the community and the only thing that I've got against, not the members, is not interactive enough and they don't do their homework as the one moderator would say. (Martha)*

Further, the findings of the study highlight that the needs of those individuals who practice concurrency can be met at a professional level.

*They advised me that I should see a marital counsellor before I do anything drastic. My husband and I both went and saw a counsellor. At this stage we were very much working in non-hetero-normative, but definitely monogamous paradigm. And the counsellors walked us through it and we kind of understood that what had been tearing apart our relationship was really personal unhappiness and it didn't really have anything fundamentally to do with our relationship to each other. (Martha)*

*The first relationship between my wife and her ex; what I tell her is that one bad relationship can give you so much mileage in learning like we do say, yeah, we fucked up. It was a time that derailed and crashed and burned and you know, it was a bad thing because we weren't entire [unclear] in certain things to make that relationship work. For instance, the both of them ended up in, what do you call it? Going into a little holiday place, what's the word? They went for counselling, they went for, you know, my wife had a psychiatrist, psychologist and she was on treatment and that relationship just escalated everything and she ended up there again; three weeks, it put a lot of trauma on our relationship but I stood strong. I used that to drive me to analyse what had happened and to grow forth from that experience. I would say now, it was, there's so much I can point out which went wrong at this stage now that*

*I've covered which makes me more comfortable to be able to say, yeah man, I'm polyamorous and I love it. It's hard work but I love it. (Kobus)*

The findings in this theme show that individuals in polyamorous relationships have challenges that require professional services. These include discovering that they are polyamorous, disclosing to families, and within their marriages. Even though the participants received psychosocial support services, some of their needs were not met due to lack of access to appropriate services. This means that professionals like social workers need to understand polyamorous relationships so that they can provide psychosocial support and help people discover, negotiate polyamorous relationships as well as with disclosure.

## **Discussion**

The biographic information of the participants in this study indicates a group of people who are mostly White and one Indian who come from middle class background and have obtained education from higher learning institutions in South Africa. It should be noted that in the South African context, race, high levels of education and higher socio-economic status are some of the protective factors against HIV/AIDS (Simbayi et al., 2007). Nevertheless, this does not mean the experiences of these individuals are isolated accounts. Furthermore, this does not suggest that concurrent partnering is the exclusive purview of those from middle social class. In fact, some of the literature in South Africa suggest that attainment of higher education and high income are not necessarily good indicators of involvement in concurrent partnering. For example, in a longitudinal study by Kenyon et al. (2010) which utilised the Cape Area Panel Survey to explore concurrency among adolescents between the ages of 14 and 25 in Cape Town, found that concurrent partnering was practiced irrespective of educational background.

The findings of the study indicate that participants were taught about safer practices and they also practiced safe sex. This may reinforce the concern for the well-being of all sexual partners and thus efforts associated with the prevention of HIV might be prioritised as indicated by some of the participants in this study. The findings confirm the results of a study that found that there is a greater awareness of, and commitment to

safe sexual health practices in openly non-exclusive sexual relationships (Conley et al., 2012). Further the participants indicated sexual rules and agreements. These findings underline one of the critical aspects of sexual behaviour, which is that of ownership. By constructing boundaries when commencing a new sexual relationship, this constitutes a clear sign of not only recognizing the need to assume ownership of one's behaviour, but also the responsibility that goes with partaking in sexual practices. Such rhetoric reflects self-efficacy, a process that is described in Cognitive Behavioural Theory, which is described as a person's belief in their capacity to successfully exercise control over their own motivation, thought processes, emotional states and patterns of behaviour (Bandura, 1986). Furthermore, these narratives debunk the myth and common stereotype of non-monogamous relationships as being tantamount to promiscuity and carelessness. A demonstration of sexual health behaviour (in the context of potential transmission to HIV) that is considerate of other's wellbeing, underscore the ethical principles that underpin this partnering. Indeed, these findings show that infecting others with STIs is a behaviour which is neither acceptable nor appropriate in these relationships. In fact, many instances the participants in this study demonstrated a high degree of HIV testing and counselling. This raises a question of whether some of these individuals would consider using other HIV preventative strategies such as Pre-Exposure Prophylaxis.

Polyamory is a practice that espouses openness towards the validity of loving more than one partner at the same time (Haritawon et al., 2006). It is a relationship that foregrounds discussions related to safer sex practices because of the openness towards plural love (Haritawon et al., 2006). This ethic of responsible and ethical non-monogamy characterises polyamory as a concurrent partnering which discourages secrets and lies regarding extra-dyadic sexual relationships (Haritawon et al., 2006). These philosophies are widely considered as orientations which encourage psychological attributes such as trust, honesty and transparency in these relationships (Haritawon et al., 2006). To a large extent these qualities may be protective factors against the HIV virus. The experiences of the participants validate and legitimise ethical involvement in non-monogamous relationships. In order to achieve this objective many of the participants were honest with one another, strove to have their partner(s) trust them by communicating their deepest thoughts and feelings. These qualities show individuals who are committed to their ideas about involvement in polyamorous relationships.

In general, the issue of support for individuals engaged in polyamory

is greatly advocated for (Johnson, 2013; Grunt-Mejer and Chańska, 2020; Kaur, 2020). This is because of the complicated nature of these relationships as well as the psychological, emotional and physical strain which emanates from societal stigma about concurrency. In a geographical setting such as that of sub-Saharan Africa, where polyamory is stigmatised the need for a support network is even more acute. The experiences of some of the participants in the study indicate that there is a need to start a conversation around the sorts of support structures that is required in this regard. In addition, people who are involved in polyamorous relationships often establish psycho-social support to like-minded individuals (Sheff, 2010). Usually the purpose of these support networks is to meet and discuss issues that are important around involvement in this form of concurrent partnering (Sheff, 2010). Furthermore, polyamorous individuals have access to literature, including books on polyamory published in many countries, which provide guidelines for the safe and ethical engagement with this type of concurrency (Sheff, 2010). Indeed, access to such resources and support networks can have emotional, psychological and physical benefits, and might help individuals who practice non-monogamy by giving them a sense of belonging (Sheff, 2010). Furthermore, such an environment can serve as a coping strategy that is used by these individuals to contest the meaning of the partner reduction policy against the personal meaning of their own partnering (Sheff, 2010).

The experiences of the participants as presented in the findings section prompt a question such as: How do the policy makers who used the textual production of Kretzschmar and Morris' concurrency mathematical model to formulate the partner reduction policy, respond to the experiences of the participants in this paper? In many societies, including South Africa, there are institutions whose agenda is often to promote monogamy as the dominant framework of establishing sexual relationships. However, theories such as social cognitive theory and constructivism indicate that people are not passive agents to environmental stimuli. In fact, people are said to be co-producers pertaining to the socio-bi-directional relations that occur between them and the environment (Bandura, 1980). Their stories also showed that the meaning of sexuality cannot be conferred upon the individual. The construct of sexuality is laden with subjective meaning. The personal accounts of participants here are powerful stories that illustrate how the agentic self is productive in the interaction with its environment.

In partner reduction policy, the heterogeneity of sexual relationships is not considered and, in this context, all forms of concurrency are situated

from a health deficit model. These discourses suggest that all these relationships pose the same risk to HIV. The findings in this paper show that, to a large extent, this is not necessarily the case; in fact, all of the participants in the study were conscious of, and made concerted efforts to limit, their exposure to STDs and HIV. This behaviour was reinforced by the establishment of sexual rules in all of the polyamorous relationships of the participants. The cautionary measure of this nature points to forethought, appraisal of the situation, and judgement of a threat that can impact negatively on one's life. This is particularly crucial to explore especially when the participants of this study have shown that sexual exclusivity is also possible in romances that constitute plural love. On the whole, the narratives of the participants argue strongly for formulations of HIV initiatives that are less stigmatizing and demonizing. In an effort to achieve this, policy practitioners, as well as sexuality researchers, would have to think carefully about re-constructing HIV prevention programmes which accommodate the meaning of sexual minorities. The extent of the revised initiatives should also reflect the reality, and most importantly, the needs of people who are in concurrent partnerships.

The knowledge gap that emerged from the stories of the participants in this study is that concurrent partnerships, especially polyamory, are poorly understood, and this lack of insight exposes how the construction of partner reduction policy signifies sexual prejudice. This is because: (a) this policy is instructive and coercive, telling the general population of South Africa and the entire region of sub-Saharan Africa how to establish their sexual relationships; (b) the distinction between risk and difference is a key piece of information that is evident from the participants' experiences.

The significance of the promulgation of the Negotiated Safely campaign is the way this policy supports the findings of this study in which the participants illustrated that in polyamory, as is the case with other forms of sexual relationships, there is a difference between risky behaviour and good health practices. Therefore, placing the individual subjective experience and meaning of polyamory into greater focus, as in the Negotiated Safely campaign, and also demonstrated by the participants of this study, underscored a pertinent issue, specifically, the distinction between risk and difference. Although it is generally accepted that irresponsible non-monogamy poses elevated risk to HIV transmission, the subjective experiences of those who practice non-monogamy with the conditions of sexual rules and agreements, such as the participants in this study, underlie this crucial distinction (Kippax and Race, 2003). To this

end, the Negotiated Safely approach is the sort of reflexive strategy that is orientated towards having a conversation about how sexual relationships, on the whole, can be established without the risk of contracting HIV being elevated (Kippax and Race, 2003). In this respect, the individuals who practice polyamory are considered subjects who assume an active role in creating meanings about their sexual lifestyle around the modalities of sexual rules and agreements. The agenda here is that it is only through obtaining deeper knowledge of how these sexual rules and agreements are created and modified, that safer sex practices can be enacted. Significantly, the Negotiated Safely campaign charts pathways that permit insight related to how a change in policy can translate into a possible shift in sexual behaviour, so that the desired outcomes are achieved.

### **Implications for social work: Call for awareness and sensitivity**

From the findings presented in this paper, it can be safely said that polyamorous relationships in the South African context do exist and the people involved may need professionals' services such as those rendered by social workers. Israela, Katz and Graham (2020:188) argue that social work has neglected to engage with certain groups including individuals who practice polyamory. Further, Williams and Prior (2015) indicate that social work is lagging behind in recognizing and researching on polyamory. Given this fact, it is time that social work acknowledges this type of relationship. Despite consistent progress in training social workers to be more aware and culturally competent in dealing with diverse issues, there remain some important gaps particularly concerning diverse sexual identities, that warrant more education among social workers (Williams and Prior, 2015).

It is notable that people who are involved in polyamorous relationships deal with challenges common to all other forms of minority sexual identities such as discrimination and stigma. Just as indicated in this study, that the participants were rejected by their parents, a study conducted by Moors et al. (2012) documented robust stigma toward consensual non-monogamous relationships and a halo surrounding monogamous relationships. The weight of parental rejection regarding the participants' non-monogamous romance has to be understood against the backdrop of societal stigma that pervades concurrency. The South African society has

a heightened state of generalised intolerance towards sexual minorities. What became clear from the stories of the participants is the cost that one often pays when such an individual's ideas of sexuality differ from those that are dominant in the societies. In this case, the participants re-counted the negative responses that they had to face when they disclosed to their family members about their involvement in polyamory. For most of these participants, backlash and rejection from parents was the dominant response. The consequences of rejection include suicidal ideation, substance abuse problems, depression, lack of safer sex practices and alienation, as some of the behavioural patterns that even LGBTIQ+ people exhibit when rejected (Balsam & Hughes, 2013; Witherspoon & Theodore, 2021). Although this was not expressed by the participants here, rejection shows how difficult it was for most of the parents to deal with the knowledge of their children's involvement in polyamory.

Fear of rejection might be one of the possible reasons why concurrent partnering in sub-Saharan Africa is (mostly) practiced under the veil of secrecy. However, some scholars have stated that the benefits of disclosure of non-monogamy may decrease stress and improve mental health or satisfaction with partnerships and employment (Beals and Peplau, 2001; Morris, Waldo and Rothblum, 2001). In other settings, however, revealing inclination towards non-monogamy has been found to have no impact on satisfaction with partnerships, and may precipitate verbal or physical abuse and worsen health risk behaviour (Rothman et al., 2012). This situation occurs when there is a conflict between the expectations of a person's family and relatives, and their own.

Further the findings have shown that the participants needed support in discovering their sexual identities and also lacked professional services. In general, in much of the texts on polyamory, the issue of support for individuals engaged in this partnering is greatly advocated for. This is because of the complicated nature of these relationships as well as the psychological, emotional and physical strain which emanates from societal stigma about concurrency. In a geographical setting such as that of South Africa, where HIV is mostly associated with concurrency, the need for a support network is even more acute. The experiences of some of the participants here indicate that there is a need to start a conversation around the social work services that are required in this regard.

Even though social workers are trained to practice with diverse clients from multiple dimensions including sexual orientation, in order to increase the quality, effectiveness, and appropriateness of services, social

workers should become aware of their own biases reflected on messages consistently received about monogamy (Barker, 2011). Social workers also need to create a safe environment for polyamory clients due to widespread stigma (Israella, Katz and Graham, 2020:188). Therefore, it is important for all social workers not to take polyamorous relationships for granted. Authors of this paper are calling for the social work curriculum today to include polyamorous relationships in the understanding of diverse clients. Currently social work textbooks often do not discuss polyamory. As a result, social workers, may have to research on their own. One of the principles of social work is to start where the client is, it seems important for social work practitioners and educators to conduct research and publish work on polyamory to necessitate evidence-based practice.

## **Limitations**

This study involved a small sample of individuals who were engaged in polyamory relationships, therefore, it is not statistically representative of the population of polyamorists in South Africa. Indeed, the focus was on exploring the subjective meaning of polyamorous relationships and not to measure or quantify this partnering, hence the use of IPA. In addition, a national focus on South Africa also highlights ethnicity, particularly the 'Black' ethnic group as a sub-population that is mostly affected by HIV. Therefore, having overwhelmingly 'White' participants as the core sample of this study creates a major limitation. Thus, this reveals the exclusion of the voices of 'Blacks' who are engaged in concurrency and economically disadvantaged and with low levels of educational qualifications. Furthermore, the present study has a strong urban bias, which means there remains a less understanding of the experiences of those people who are involved in polyamory partnerships and reside in the rural parts of the country. Nevertheless, the findings therefore cannot be generalised to the population of individuals in polyamorous relationships but this study lays the foundation for discussions around understanding polyamorous relationships to influence the development of informed policies and HIV prevention programmes.

## Conclusion

This paper has provided key analytical insights into the sexual experiences of individuals involved in polyamorous relationships and concludes that polyamory does not pose risk to HIV. It is therefore concluded that the construction of partner reduction policy in South Africa, and sub-Saharan Africa and other HIV prevention programmes is skewed and only serve particular interests while ignoring the needs of those whose sexualities are in the minority worlds. Thus, when such an initiative as the partner reduction campaign is the prevailing thought, prevention, treatment and care which are the three key aspects to health-care may be difficult to obtain on the basis of one's sexual orientation. At the heart of the arguments in this paper is a call for social justice and sexual rights for those whose sexuality is 'othered' in the society. Even though social workers are trained to practice with diverse clients from multiple dimensions including sexual orientation, in order to increase the quality, effectiveness, and appropriateness of services, social workers should become aware and sensitive to polyamory in both education (teaching and learning) and practice.

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