Descriptive and injunctive norms related to concurrent sexual partnerships in Malawi: implications for HIV prevention research and programming

Rupali J. Limaye1*, Stella Babalola1, Caitlin E. Kennedy2 and Deanna L. Kerrigan3

1Johns Hopkins Bloomberg School of Public Health, Department of Health, Behavior and Society, Center for Communication Programs, 111 Market Place, Suite 310 Baltimore, MD, USA 21202, 2Johns Hopkins Bloomberg School of Public Health, International Health, 615 North Wolfe St E5033, Baltimore, MD 21205, USA and 3Johns Hopkins Bloomberg School of Public Health, Department of Health, Behavior and Society, 624 N, Broadway, Baltimore, MD 21205

*Correspondence to: Rupali J. Limaye. E-mail: rlimaye@jhsph.edu

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Abstract

Concurrent sexual partnerships are hypothesized to be a contributing factor to Malawi’s HIV epidemic. As social norms influence health behavior and have been found to influence sexual behavior, the purpose of this study was to explore two types of norms, descriptive and injunctive norms, toward concurrent sexual partnerships in Malawi. Data from 40 focus group discussions and 20 in-depth interviews conducted in five districts in Malawi, which included 318 participants aged 18–55 years, were analyzed. Participants perceived that concurrent sexual partnerships were extremely common, and believed that very few individuals in their communities were not in concurrent sexual partnerships. However, participants perceived that others in their communities heavily disapproved of concurrent sexual partnerships outside of polygamy, as polygamy was viewed as an acceptable type of partnership because it was conducted in the open. Participants asserted that there were no traditional practices that promoted concurrent sexual partnerships, and perceived that those that engaged in the behavior were for the most part stigmatized by community members. Further research is needed to obtain a thorough understanding of the way in which the perceived actions and beliefs of peers influence the beliefs, feelings and actions of individuals to strengthen HIV programming efforts in the region.

Introduction

The HIV epidemic in sub-Saharan Africa is the most severe epidemic globally [1]. In Malawi, ~11% of adults aged 15–49 years are infected with HIV [2], with the majority of infections (90%) transmitted through heterosexual contact [3]. HIV disproportionately affects Malawian women [4], as HIV prevalence is higher in sexually active female adults aged 15–49 years (~13%) compared with men (~10%) [4].

Various behavioral factors can increase the risk of exposure to HIV [5]. These include: early sexual debut [2], low condom use across the general population in regular sexual encounters and higher risk sexual encounters such as non-marital sex or sex with a non-cohabitating partner [2], high levels of transactional sex without the use of condoms [2], multiple partnerships [6] and concurrent sexual partnerships [7].

Empirical studies indicate that concurrent sexual partnerships are important in facilitating HIV transmission [8–10]. Defined as a partnership in which sexual intercourse with one partner occurs between two acts of intercourse with a different partner [11], concurrent sexual partnerships may pose a
potentially greater risk of HIV exposure compared with serial monogamous partnerships because they increase the number of potential transmissions [12] and can expand a sexual network, which increases HIV transmission efficiency [13–17]. Concurrent partnerships are distinguished from multiple partnerships, which may be either sequential (serial monogamy) or concurrent (overlapping).

A few qualitative studies have examined multiple partnerships (either non-concurrent or concurrent) in rural Malawi; findings from these studies imply that multiple partnerships may be common [18–20]. However, in the most recent Malawi Demographic and Health Survey (DHS), a population-based, representative survey conducted nationally across the country, ~9% of men (ages 15–54 years) and <1% of women (ages 15–49 years) reported having more than one partner in the previous 12 months [2]. Regarding concurrent partnerships, ~7% of men and <1% of women reported having concurrent partnerships in the previous 12 months in the DHS [2].

The studies described above present a complex picture regarding the ubiquity of multiple partnerships; a more nuanced approach to understanding and thereby addressing concurrent sexual partnerships could be through an understanding of perceptions toward the behavior, through a qualitative exploration of normative influences. The idea that social norms influence health behavior has been incorporated into a number of health behavior theories [21–23]. Norms provide guidelines for behavior [24] and are believed to be important determinants of socially acceptable behavior [25]. Research suggests that normative influence is based on what we perceive others’ actions to be, called the descriptive norm [26]. Normative influence is also based on the injunctive norm, which refers to the perceived approval of a behavior and assists an individual in determining what is acceptable and unacceptable social behavior [27].

How individuals see the world, or their perceptions, shapes how they interact and engage with others. Perception is important because people’s behaviors are based on their perception of what reality is [28]. Understanding norms may prove helpful in strengthening prevention programs, because norms are perceptions of others, and if norms influence behavior as posited by behavior change theories [21–23] then changing normative beliefs should lead to behavior change [29]. In fact, previous studies examining sexual behavior have found that norms influence individual attitudes and behavior in Southern Africa [30–32].

To our knowledge, there has not been a study explicitly examining social norms regarding concurrent sexual partnerships in Malawi, which would contribute to tailoring future HIV programming and research. We utilized a qualitative approach to examine the perspectives of community and peer leaders about both descriptive and injunctive community norms regarding concurrent sexual partnerships. We attempted to limit the bias inherent in self-reporting by asking individuals about behaviors of peers in their communities, to gain a sense of descriptive norms, as well as asking individuals how peers expect others should behave, to gain a sense of injunctive norms.

Method

Design

This qualitative study was cross-sectional and exploratory in nature, using focus group discussions (FGDs) and in-depth interviews (IDIs) to examine perceptions of and attitudes toward concurrent sexual partnerships.

Study sample and recruitment

This study was conducted in five districts spanning across the three regions of Malawi: Blantyre, Kasungu, Machinga, Mchinji and Mzimba. Both urban and rural areas were sampled from each district. A total of 40 FGDs and 20 IDIs were conducted across districts using a stratified purposeful sampling approach [33]: first, districts were randomly selected spanning the three regions of Malawi; second, an urban and rural community within each district was randomly chosen; third, participants were then selected for FGDs based on age and sex. Participants included men and women of reproductive age, grouped according to broad age categories.
and urban/rural residence. FGDs were stratified by age and gender of the participants to facilitate more comfortable group dynamics and open discussion. Thus, in each of the five study districts, two FGDs were conducted with each of the following four age and gender categories: (1) men aged 18–29 years, (2) men aged 30–55 years, (3) women aged 18–29 years and (4) women aged 30–55 years. The number of participants per FGD ranged from 7 to 9. For IDIs, one interview was conducted for each age and gender category in each district, for a total of 20 IDIs. In total, 318 total people participated in the study, with approximately half females and half males.

This study aimed to solicit attitudinal and normative perceptions of concurrency among community and peer leaders to inform and enhance HIV prevention programs. To recruit participants, the study staff obtained a list of active community-based organizations in the study areas. Community-based organizations, specifically organizations involved in HIV awareness, women’s rights and human rights, nominated participants for FGDs. These organizations provided an entry point into the communities; the final choice of participants was made by the research team based on the desired socio-demographic characteristics (age and sex). Chiefs and ward leaders nominated participants for FGDs and IDIs. The study supervisor visited all nominated participants and explained the purpose of the study. Participants were screened to ensure that they met age and gender eligibility criteria. Eligible individuals were then invited by the study supervisor to join a focus group or be interviewed individually. Informed consent was obtained from all participants.

Data collection
Data were collected by staff and graduate students from the University of Malawi, Chancellor College, and were selected for their prior experience in qualitative methods. Data collectors were trained during a 3-day training by the second author prior to fieldwork and were not involved in any of the community-based organizations that were involved in recruiting participants.

The pre-tested guides included open-ended questions addressing a variety of topics, including questions in the following domains: definitions and forms of concurrent sexual partnerships; motivations and justifications for engaging or not engaging in concurrency; cultural factors that foster concurrent partnerships; how gender and socialization relate to concurrency and local resources for addressing concurrent partnerships. Questions were framed to elicit participant perceptions about how others in their communities behaved and their approval of concurrency. All interactions with human subjects occurred in private locations, without the presence of third parties. The facilitators and interviewers also ensured that the FGDs and IDIs were held in locations so that no one outside the group or interview could hear the discussion. FGDs and IDIs lasted between 60 and 90 min and were conducted in Chichewa. All FGDs and IDIs were tape recorded and transcribed verbatim. Short field notes were taken. The recordings were translated from Chichewa into English. Translations were reviewed for language accuracy by project staff members who were fluent in both languages.

This study was approved by the National Research Council and the Health Services Research Committee in the Ministry of Health and Population Services in Malawi, and by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

Data analysis
The analysis process was an iterative one. English-language transcripts were analyzed independently by the lead author. Data were analyzed thematically in a multi-step process using the constant comparative method that is central to grounded theory. First, several transcripts were read for content comprehension, and two transcripts were chosen for open coding by the analyst. Open coding involves categorizing data in terms of properties; data are examined for code generation and are then reviewed to gain a holistic view of the data. During the open coding process, memos were written to help develop themes that were emerging from the data. The
themes were then discussed with the project team, and other team members reviewed selected transcripts to verify the codes and finalize the code list. The resulting code list was then used to code the next two transcripts; this step was conducted to assess the similarity as well as the differences among the transcripts, and to compare data across the groups. The lead author then coded the remaining transcripts. As new themes emerged, the code list was again refined and previously coded FGDs and IDIs were recoded as necessary. After coding was completed, the second author reviewed a selected sample of transcripts to verify themes. The project team then verified the interpretations and conclusions before the manuscript was drafted. Data were managed and coded utilizing Atlas-ti software, version 6.0. There were no major differences in findings from interviews and focus groups, so we did not distinguish between these methods in the analysis. There were also no major differences in findings by community, so we did not distinguish between locations in the analysis.

**Results**

The broad themes that emerged included perceptions of the prevalence and approval of concurrency in the community, perceptions of polygamy in light of concurrency and reasons that community members had concurrent relationships. The overriding themes were related to norms: participants perceived that the prevalence of concurrent sexual partnerships, the descriptive norm, was extremely high. Although perceived prevalence was high, participants did not describe concurrent sexual partnerships as an acceptable type of sexual partnership. Attitudes toward individuals who engaged in concurrent sexual partnerships were negative and, at times, stigmatizing, suggesting that the prevalent injunctive norm was against engagement in concurrent sexual partnerships.

**Perceived prevalence of concurrent sexual partnerships**

Participants described concurrent sexual partnerships as a behavior that was ubiquitous among both men and women. Concurrent sexual partnerships were viewed as a relatively new form of sexual relationship in their communities, but nonetheless quite common.

These days things have changed. You may find that a woman has four of five boyfriends. (Female, 30–55, Blantyre)

Respondents seemed to perceive concurrent sexual partnerships as so widespread that the interviewers asked participants to provide examples of men and women they knew who did not have concurrent partners.

... there are just few. To say the truth there are few. Many are the ones who come to women and lie to them that they do not have a wife while deep down in their hearts they know that they have (a wife). (Female, 18–29, Blantyre)

Others believed that everyone in their communities had concurrent sexual partnerships.

There are no men that do not have concurrent partnerships, in our area men have problems... phones have made things go bad...it happens that you are with your husband having happy moments, then the bar girl phones him...every man has multiple partners. (Male, 18–29, Mzimba)

Participants suggested that church leaders were the only ones that did not engage in concurrent sexual partnerships.

With the way men talk about their issues, there are very few (that do not engage in concurrent partnerships)...maybe a pastor. (Female, 30–55, Blantyre)

Others suggested that even church leaders engaged in such behavior.

So we can’t say there are men in the area who don’t engage themselves with multiple partners...even the religious people can’t resist. (Male, 30–55, Mzimba)
In sum, participants believed that a very large number of Malawians engaged in concurrent sexual partnerships, even religious leaders.

In addition to describing the pervasiveness of concurrent sexual partnerships, participants provided local terms to describe the behavior. Numerous local terms were provided, suggesting that the behavior is commonly discussed. Some of these terms included ‘women who move about selling bodies’, ‘24 hours service’, ‘a person who sleeps around but it is not known to people’ and ‘something that is happening behind the scenes’.

Acceptability of concurrent sexual partnerships

Given that participants believed that engagement in concurrent sexual partnerships was almost ubiquitous, acceptability of the practice was an important discussion during the focus groups and interviews.

Because of the history of polygamy in Malawi, participants were asked to elucidate the differences between concurrency and polygamy, including their differential levels of acceptability. Polygamy was generally seen as much more acceptable than concurrency, and there was no difference in responses by participants’ gender or religion. Additionally, polygamy was seen as conducted openly, compared with concurrent sexual partnerships that are usually secretive.

The difference is that polygamy is acceptable. All the people know. It’s possible for all the wives to be in one house. (Male, 18–29, Blantyre)

(In concurrent partnerships) he will be just wasting resources without gaining anything and at the end he will be told that the children are not his but in polygamy, he will be spending on his own children. (Female, 30–55, Blantyre)

Outside of polygamy, participants overwhelmingly asserted that concurrent sexual partnerships were not acceptable for either men or women, and that community members would not encourage concurrent sexual partnerships.

No, it is not acceptable. What is acceptable is that a man should have one woman only and the woman should have one man. (Female, 18–29, Blantyre)

Besides perceiving that community members would consider concurrency as unacceptable, concurrency was described as leading to other negative effects such as disease and death.

Infidelity (is not acceptable). Relationships and those relationships that involve sex with different partners (are not acceptable) because they easily transmit diseases from one person to another thereby causing illnesses which later result in death. (Woman, 30–55, Machinga)

There was no evidence that traditional Malawian practice promoted concurrent sexual partnerships.

There are no cultural or traditional practices that encourage people to have multiple partners, it is only that we misbehave... if there is cooperation in the marriage, there is no problem, you will not encounter problems, only that we are human, that’s why we have concurrent partnerships, otherwise multiple partners are not accepted. (Female, 18–29, Mzimba)

In fact, participants believed that others in their community discouraged concurrency because of the potential negative ramifications.

No, (culture) does not encourage because if people do this they can get the disease because they will be sleeping with other sexual partners without knowing their status. If it is the wife doing this, that means the man will also be infected and this means your future is gone. (Female, 18–29, Mchinji)

Attitudes toward individuals who engage in concurrent sexual partnerships

Given the pervasive view that concurrent sexual partnerships were unacceptable, participants were asked about their attitudes toward those who engaged in concurrent sexual partnerships. Women
who engaged in such behavior were reportedly highly stigmatized.

We call them prostitutes, bitches, whores and many other names to portray infidelity. (Male, 30–55, Machinga)

Women who had concurrent sexual partnerships were also seen as carriers of sexual disease.

We feel sad because she is likely to finish us (through AIDS). (Male, 18–29, Blantyre)

Men, on the other hand, were both stigmatized and admired at the same time.

...people call that man a hero (shasha) but those who are respectable will condemn the behavior. (Male, 18–29, Mchinji)
People feel pity...but he is labeled Casanova... (Male, 18–29, Mchinji)

Participants’ attitudes were heavily influenced by the impact concurrent sexual partnerships were perceived to have on Malawian families.

It is very pitiful as he leaves his wife and children behind, involving himself with a person whom he is not familiar with. It is bad because it brings shame and ridicule to the family. (Female, 18–29, Machinga)

Participants believed those that engaged in concurrency brought hardship to the family.

I really feel sorry for these people. They go out there to enjoy and get diseases. After the men get the disease, they usually leave their mistresses and come home to be a burden to their struggling wives. This makes the already struggling woman to even fail to go to her small business in order to attend to him so I feel that it’s not right. (Female, 30–55, Machinga)

Those engaging in concurrency were seen as bringing hardship to the larger community as well.

They are seen as people who ruin the village and spoil other people’s marriage. (Female, 30–55, Mzimba)

Discussion

Findings from this qualitative study of concurrent sexual partnerships in Malawi suggest that concurrent sexual partnerships are generally viewed as unacceptable outside the context of polygamy and that those who engage in concurrent sexual partnerships are looked down upon. These findings are similar to results from a recent study in Botswana that also found stigmatizing attitudes toward those engaging in concurrent sexual partnerships [30]. Despite the finding that concurrent sexual partnerships were unacceptable and the perception that others disapprove of them, study participants reported that their perception was that many people in their communities were engaging in concurrent sexual partnerships. Our study participants in particular had a difficult time imagining a Malawian adult ‘not’ having more than one sexual partner at the same time, suggesting that perceived prevalence of the practice was very high. Other quantitative studies from the region have similarly found that perceived prevalence of concurrent sexual partnerships is high. The majority of adults in a study conducted in rural Zimbabwe believed that a majority of individuals living in their village had more than one sexual partner [34], and a study among sexually active adults in Botswana found that two-fifths of the respondents believed that their current partner had other partners at the same time [30]. Our study was unique in the sense that our participants believed that nearly everyone in their community had concurrent sexual partnerships.

Findings from this study suggest that there appears to be a discrepancy between perceived prevalence of concurrent sexual partnerships, the descriptive norm, and what individuals perceive other people approve or disapprove of in relation to concurrent sexual partnerships, the injunctive norm. Additionally, the descriptive norm from our study is not corroborated by self-reported data from the DHS: ~7% of men and <1% of women reported having concurrent partnerships in the previous 12 months [2]. However, it must be acknowledged that these prevalence estimates are
likely under-reported due to social desirability bias [35–37].

The results from our study, when taken into account with self-reported estimates of sexual concurrent partnerships, paint an unclear picture regarding the commonality of the behavior. Bringing in the injunctive norm results from our study, it appears that individuals believe that others in their communities do not condone the behavior and would appear to align with self-reported data that indicate that the practice is not commonplace. We suggest a number of potential explanations for these seemingly conflicting findings.

First, various studies have described how social desirability bias results in the under-reporting of sexual behaviors [35–37]. HIV programming and messaging could further influence this under-reporting. The dominant discourse of HIV programs in Southern Africa, including Malawi, centers on the ‘ABC’ approach: abstinence, faithfulness and condom use [38], and churches are incorporating HIV messaging, including faithfulness, into their teachings [39]. As Malawians have been urged to reduce their sexual partners through various sources in their communities, self-reporting of number of sexual partners may be even more under-reported, as social desirability bias may be more problematic for behaviors that are targeted by prevention programs [20]. Inconsistent and inaccurate measurements of concurrent sexual partnerships may also affect prevalence estimates [40].

Second, concurrent sexual partnerships have been a major focus of HIV programs for the last several years in Malawi [38]. This focus on concurrent sexual partnerships may influence perceptions of the prevalence of the practice, as perhaps because concurrent sexual partnerships are being discussed, Malawians believe that such partnerships are common. This type of influence has been found in other settings; for example, in examining the effects of the US national youth anti-drug media campaign (1999–2004), researchers found that campaign exposure was associated with higher drug-related intentions and drug use among youth; researchers suggested that the anti-drug campaign conveyed an implicit message that drug use was commonplace [41]. This could also be present in our study, as study participants may interpret concurrency programming and messaging to mean that concurrent sexual partnerships are pervasive, and this interpretation could be influencing descriptive norms about the practice.

If the prevalence of concurrent sexual partnerships is closer to what was reported in the DHS, our study participants may be misperceiving the level of concurrency among their peers, based upon what they believe is the descriptive norm. The gap between descriptive and actual norms is referred to as a misperception [29]. This misperception can have a significant influence on actual behavior itself, not just perceived prevalence. For example, in a seminal social norms study on student alcohol use, students who misperceived (overestimated) the level of drinking of their peers were more likely to consume more alcohol, in order to conform to the perceived norm [29]. With regards to our study, Malawians who misperceive (overestimate) the level of concurrency engagement of their peers may be more likely to engage in concurrent sexual partnerships. Regardless of what the ‘true’ prevalence is, population-based surveys should consider including questions about perceived prevalence of concurrent sexual partnerships. Understanding perceptions among key members of participants in social networks may be influential in shaping views and behaviors; a recent study in rural Malawi found that men’s extra-marital sexual behavior was correlated with their perceptions of their friends’ engagement in extra-marital sexual behavior [42], and perceptions of behaviors (e.g. condom use) of key network members outside of Malawi has also been found to influence individual behavior [43–45].

A finding of particular interest from our study was the difference in expectations about concurrency engagement, and therefore injunctive norms, by gender. Participants were negative toward women engaging in such partnerships but had mixed feelings about men engaging in such partnerships, as men were both revered and demonized simultaneously. Our findings are similar to other studies regarding extramarital partnerships and gender roles; for example, in a large population-based survey in South Africa, it was acceptable for men to have
extramarital affairs but for women the practice was considered taboo [46]. We hypothesize that this difference in normative gender expectations also has the potential to affect the self-reporting of and attitude toward concurrent partnerships.

It must be noted that these possible explanations behind these discrepancies are just that, potential explanations. A variety of factors can influence the perception of others’ behaviors and attitudes, and we chose to focus on reasons that have the potential to be corrected through programming and research. Another viable explanation that should be acknowledged is the practice of polygamy in the country. Although marriage is nearly universal, polygamy has a long history in Malawi [47], and there are claims that because of the legacy of polygamy, those living in the region are generally accepting of married men having multiple, and often concurrent, sexual partners [48]. Perhaps this tension between traditional polygamy and monogamy is another cause for the discrepancies observed.

Previous research has indicated that normative expectations generally, including gender expectations, may play a strong role in self-reporting of and attitudes toward concurrent sexual partnerships, and therefore the influence of such factors should be considered when attempting to understand concurrent sexual partnerships in Malawi. Greater efforts must be made to conduct further research to obtain a full and complete understanding of the way in which the perceived actions and beliefs of peers influence the beliefs, feelings and actions of individuals.

There are a number of steps programmers and researchers can take to improve HIV/AIDS education programs based on the results of our study. First, there is an ongoing and compelling need to improve the validity of self-reported behavior. Additional observational research could be used to identify reasons for inaccurate self-reported behavior, and multiple assessments may also improve data quality [49]. Without accurate estimates, including profiles of those who engage in such behaviors, it becomes increasingly difficult to target populations that may be engaging in higher risk behavior.

Second, current HIV programming should be closely examined to gain a clear idea of how messaging is being interpreted. There is a paucity of research examining message interpretation within the context of HIV in sub-Saharan Africa, and because messaging can affect perceptions of prevalence, understanding how Malawians are interpreting concurrency programming could provide valuable insight that could then inform future programming. Specifically, understanding whether current messages are giving Malawians false impressions regarding the prevalence of the practice deserves examination. If Malawians are indeed interpreting messaging to imply that concurrent partnerships are commonplace, programmers should test various alternative messages that are more accurate in depicting the reality of concurrency engagement.

Third, if the assumption is made that the DHS estimates are accurate, a social norms approach could be used in programming efforts [29], which would correct the misperception between the perceived norm (high rates of concurrency engagement) and prevalence of the behavior (low rates of concurrency engagement). Developed as a strategy for alcohol use, presenting correct information about peer group drinking has shown some reduction in effects of perceived peer pressure about level of drinking [50, 51] as well as tobacco and other drugs [52], and violence against women [53]. Such an approach could be tested to examine its effectiveness within an HIV context.

Finally, there is a need to further understand perceptions among key members of participants within an individual’s social network. As individual sexual behavior is correlated to perceptions of friends’ sexual behavior in Malawi [43], the identification of leaders in social networks to promote HIV prevention behaviors among the network has shown promise in other settings (for example, see [55, 56]). Peer educators may be effective in promoting risk reduction by highlighting the salience of the social norm of not engaging in concurrent partnerships, for example.

This study has several limitations. The cross-sectional nature of the study design provides only a snapshot of the current situation in relation to individual attitudes and group norms toward concurrent partnerships. The study was conducted in districts.
that have had HIV awareness intervention programs, so results may not be generalizable to districts with less exposure to such programs. In addition, although our study may shed light on challenges related to social desirability bias in self-reporting of concurrent sexual partnerships, our study may also have been affected by social desirability bias if participants provided responses that they thought the research team wanted to hear, or that they thought would portray them in the best light, as participants were nominated by HIV/AIDS community-based organizations. We attempted to ascertain injunctive norms by asking about others’ approval toward concurrent sexual partnerships. However, there is a possibility that participants articulated their own attitudes, rather than the attitudes of others.

Despite these limitations, our study findings have important implications for HIV programming and research, a great deal of which is currently focused on addressing and challenging the practice of concurrent sexual partnerships, particularly in southern Africa. It is clear that further research is needed regarding perceived norms and their effects on sexual behavior. The field must continue to enhance education efforts around concurrent sexual partnerships. To do so, there is a need to identify factors that may influence self-reported variables, so that researchers may mitigate the effects of such factors on ascertaining the most accurate account of prevalence and attitudes toward concurrent sexual partnerships.

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Conflict of interest statement

None declared.

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