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Fertility, sexuality and HIV/AIDS prevention campaigns in Mafalala barrio, Maputo, Mozambique

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A minor dissertation submitted in partial fulfillment of the requirements of the Degree of Master in Social Anthropology

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This work has not been previously submitted in whole or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature

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Dedication

In memory of my parents Ana Maria Munauela Paulo who passed away twenty three days before I submitted this dissertation; and my father Domingos Paulo who passed away four years ago. They remain a source of great inspiration to my life.
List of acronyms used

Aids  Acquired Immune Deficiency Syndrome
APIE  Administração do Parque Imobiliário do Estado
FRELIMO Mozambique Liberation Front
HIV   Human Immunodeficiency Virus
INE   Instituto Nacional de Estatísticas
Misau Ministério da Saúde
NGO's Non-governmental Organizations
NPA/HIV National Program Against HIV
PSI   Population Services International
KAPB  Knowledge Attitude Practices and Behaviour
RENAMO Mozambique National Resistance
STDs  Sexually Transmitted Diseases
STI's Sexually Transmitted Infections
TV    Television
TVM  Televisão de Moçambique
UEM   Universidade Eduardo Mondlane
UN    United Nations
WHO   World Health Organization
List of maps

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Fig. 1 Map of Mozambique (the above map illustrates migration from the provinces to Maputo.)

Abstract

This paper attempts to understand perceptions of fertility and sexuality in relation to HIV/AIDS prevention campaigns in Mafalala barrio, Maputo, Mozambique. The work explores ways in which people create or re-create meanings for fertility in order to fulfil kinship expectations. The notion of individual choice highlighted in the condom campaigns is contrasted with people's ideas about 'protection'. This suggests that socio-cultural factors should be taken into account when developing HIV/AIDS prevention programs. The study concludes with a discussion of some lessons for the HIV/AIDS educational programs in Mafalala and other areas similar to the barrio.
Chapter One

Introduction

This study aims to understand perceptions of fertility and sexuality in an African city, and the complex ways in which these perceptions influence the receptivity of people to HIV/AIDS education programmes. The initial research (fieldwork) was conducted among residents of Mafalala barrio, a densely populated area on the outskirts of Maputo, Mozambique. This peri-urban space is characterized by diversity, poverty, and a high rate of HIV-AIDS. Mafalala is significant for researchers investigating the effectiveness of HIV-AIDS education programmes in Mozambique. More than four languages are spoken in the barrio and residents draw on both matrilineal and patrilineal kinship systems. Perspectives from these different systems and other aspects of culture are useful in understanding the ways in which such core constructs of HIV/AIDS education as 'safe sex', 'protection' and 'prevention' may be understood by ordinary people, many of whom have little formal education.

In attempting to understand perceptions of fertility and sexuality among residents of Mafalala barrio, an approach based on social meanings with local relevance is much more constructive than the commonly adopted demographic and reproductive health approaches that emphasize personal choice and lifestyle.

Research Questions

This study asks the following research questions:

- How do men and women perceive fertility?
- How do young people understand sexuality?
- How do social and kinship networks in Mafalala contribute to shaping people's behaviour in relation to sexual relationships?
These questions arise because in the past (prior to the advent of the HIV/AIDS pandemic), fertility control was a central issue for public health and policy makers. Yet they failed significantly to reduce birth rates (INE 1997, 1998, Juaia 1998). It seems reasonable to assume that these change-resistant attitudes towards fertility also have serious implications for addressing HIV/AIDS.

This section presented the subject of this study and raised research questions. The next section will review HIV/AIDS prevention campaigns in Mozambique considering first the HIV/AIDS research in Mozambique.

1.1 Rethinking HIV/AIDS prevention campaigns in Mozambique: A critique of project assumptions and strategies, 1988-2002

From 1988 to 2002 a total of 86 awareness programs were created, targeting health issues in Mozambique. Of these, 58 focused on HIV/AIDS. Nineteen were managed by national non-governmental organizations (NGOs) and nine were managed by international NGOs. Yet despite these programs, in the same period the number of HIV infections increased from 38,244 in 1998 to 101,317 in 2003 (INE 2003, Misau 2000-2002).

This chapter offers a review of 21 campaigns, arguing that the failure of the campaigns has not been due to a lack of understanding of the messages of the campaigns concerning ways in which the virus is spread. Rather, I argue, the messages themselves have been framed in ways that do not resonate well in the context of contemporary Mozambique. The problems include the following:

- The conceptual and methodological limitations of HIV/AIDS research in Mozambique
- The context of post-civil war Mozambique and the consequent fragmentation of family structure has been inadequately accounted for
- The notion of individualism has been central to messages
The problem of ineffective approaches and inappropriate paradigms is compounded by a number of systemic factors. A first concern is the macro-dynamic of funding. Annually, major funders such as the World Bank and UN-Aids declare themes around which most NGOs shape their project proposals in order to obtain funding. However, these themes such as ‘youth’, ‘military’, ‘displaced people’ etc may have little to do with the complexity of everyday life.

A second concern is methodological. Researchers on HIV/AIDS used the Knowledge, Attitude, Practices and Behaviour (KAPB) approach to provide the research basis for projects. The KAPB relies on questionnaires to draw statistics about people’s life. This methodology fails to explore practices and values in everyday life, effectively restricting the debate to terms that have already been identified. Ethnography, as this research hopefully demonstrates, offers a methodology that better describes complexity.

A third concern is that a lack of coordination among NGOs, and between NGOs and government, has caused an overlapping of activities. Several organizations have worked with the same or similar target groups with no sharing or monitoring of their programs.

1.2 A brief history of HIV/Aids research in Mozambique

HIV/AIDS research has tended to rely on surveys to assess individuals’ sexual behaviour. The search for the origin and causes (maintaining factors) of the HIV/AIDS pandemic has occupied the biomedical discourse. However, social science studies have shown the link between health promotion perspectives and societal responses to health issues (Falmer 1993, Sontag 1977, 1989, Stadler 2002, Weiss 1997). The beginning of HIV/AIDS research in Mozambique is not different from other countries of the world, in that this research has been based on the biomedical approach and has sought to discover the causes and cure/prevention of HIV infection.

In 1986 the first diagnosis of HIV in Mozambique was made in the Cabo Delgado province. HIV was not regarded as a social problem because of the lack of knowledge
about it. In any case, at the time of the first HIV diagnosis in the 1980s, Mozambique was a country in a civil war. The central focus of governmental and non-governmental organizations was to mobilize resources to help settle displaced people, and to provide food.

The Department of Epidemiology in the Ministry of Health (MH) took responsibility for investigating the origin and spread of the disease in the country. Thus, in 1987 the Ministry of Health invited experts from the World Health Organization (WHO) to elaborate a plan to deal with HIV. The WHO’s team conducted research that revealed six HIV infections. However they predicted that the HIV virus would spread in Mozambique due to increased incidence in neighboring countries where the rates of infection were high. HIV was spreading through sexual intercourse (including heterosexual intercourse), blood transfusion, and materials exposed to infected blood - including traditional healers’ use of unsterile cutting objects such as needles and razors.

At this stage, the spread of the HIV virus had two explanations. Firstly, there was the idea that promiscuity among prisoners during the civil war resulted in high rates of HIV infections. This meant rebel soldiers sleeping with women prisoners. This view produced a stigma around captured people, masking other routes of HIV infection, for example drug use. However, it was difficult to validate the idea of heterosexual promiscuity in camps because of the lack of documented records in the war-affected areas.

A less simplistic rationale holds that HIV increased because of the breakdown of family structures. People who lost (or were separated from) their families in the war, particularly children and youth, found it difficult to maintain family ties and values.

Secondly, the HIV/AIDS prevalence in the neighbouring countries and its spread to Mozambique motivated the MH together with the WHO to draw up the National Program Against HIV (1988-1990). It was from this perspective that a program was developed to train the first HIV educators in the country. The HIV educators were initially selected
from health professionals employed by the Ministry of Health, although later on, community volunteers and members of NGO's were trained as educators (WHO 1969).

The MH believes that information combined with knowledge about HIV infection and prevention could encourage individuals to change their sexual behaviour. This kind of intervention may have helped to keep HIV infections under control in some settings where individualism is a dominant social principle but it did not produce effective results in Mozambique, where the origin and spread of the HIV has been explained without special attention to socio-cultural factors (Christoph 2002: 12).

When the earlier HIV prevention campaigns were promoted in the country the Ministry of Health team did not believe that HIV infections would stop. A major factor standing against hope at that time was the inability to access rebel-occupied areas. Furthermore notions about health and illness between the MH and ordinary people differed. Having already ignored the ways people understand health and illness in their explanations of HIV infections in Mozambique, the WHO and the Ministry of Health teams went on to build their HIV/AIDS awareness campaigns on the principle of individualism. Based on this principle, the Aids campaigns appealed to individuals to change their behaviour by reducing the number of sexual partners and using condoms with occasional sexual partners. The targets of these messages were, in particular, commercial sex workers, truck drivers and displaced people.

The second phase of the NPA/HIV took place from 1990 to 1991. In this phase, the campaigns focused on education and communication. In addition, the MH invited Population Services International, PSI, an American Agency, to market condoms in Mozambique. PSI attempted to use the media, such as radio, television, newspapers and pamphlets (within and outside of the MH), to change individuals' 'high risk sexual behaviour'. During this second phase, HIV/AIDS prevention campaigns' main targets were youth, the military and people already living with HIV/AIDS. In order to respond to

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1 The Population Services International is presently a national non-governmental organization.
social problems related to these target groups, the NPA/HIV started two research programs namely the biomedical and the social studies.

The biomedical studies focused on the identification of more accurate technical interventions, laboratory diagnosis of HIV infections, transmission routes of the virus, and criteria for clinical diagnosis of HIV infections. These studies contributed toward the strengthening of the epidemiological understanding of the HIV epidemic, as well as identification of risk factors and co-factors for HIV 1 and HIV 2 infection; and the evaluation of treatment schemes for AIDS and opportunistic infections associated with it.

On the other hand, the social studies sought data regarding attitudes, sexual behaviour, knowledge and practices of individuals in different groups. The researchers looked at the receptiveness and interpretation of educational messages for the target groups. Research was also done on people’s receptiveness to the NPA/HIV and its integration into the National Health Service system. Evaluation of counseling services for HIV positive people and their families was another aspect of the social research done at that time.

The culmination of the NPA/HIV was the production of the National Strategic Plan to Combat STDs, HIV and Aids (2000-2002). The National Strategic Plan (NSP) was formed to monitor HIV/Aids activities in the country. This plan has three main objectives. The first objective was to assess the extent of the HIV/Aids epidemic. The second objective is looking at the HIV/Aids national response. This meant to evaluate if health institutions and organizations working on the HIV/Aids programs are on track to achieve the government’s goals. The third objective of the NSP was releasing the NSP for three years. The current focus of the NSP was preventing HIV/Aids infections among youth, especially girls, and sex workers. This goal rests on the assumption that girls and women were more vulnerable to HIV infection than boys or men. Simply because of the biology of sex, infected fluid remains in the vagina after the penis was withdrawn; and the female genital tract was lined with membranes which provide less natural protection than the skin that covers the male penis.
This study aims to explore ideas about sexuality in one barrio of Maputo, called Mafalala, and relates these to the HIV prevention campaigns in Mozambique. Accordingly, the next section will present the history of Mafalala barrio, its people, and their coping strategies in the context of the diversity and complexity of everyday life.

1.3 Mafalala barrio

Geographically, the Mafalala barrio is located in the Urban District Number Three of Maputo City. The barrio is 250 km² in size. Its total population at the time of study was 21,189 inhabitants; of these 10,375 were men and 10,814 were women (INE 1998b). The barrio itself is bounded by the market Adelina to the North; Mariah Ngoabi Avenue to the South; Acordos de Lusaka Avenue to the West; and Angola Avenue to the East. There is a local perception that the barrio is composed of three Cells – A, B and C; and is subdivided into fifty-seven blocks.

Although residents of Mafalala live in separate Cells, they meet for different purposes in the churches, at the markets, and in the mosques. The South-eastern area of the barrio is well served by infrastructure: there is easy access to the city, including the downtown areas, the commercial centre services and the industrial areas. The barrio is supplied with piped water, electricity and a telephone network. However, these services are not available to all residents of Mafalala.

The Mafalala barrio was once known as Munhuana, meaning ‘salt water’ in the Ronga and Changana languages of Southern Mozambique. Because of salt water the Mafalala land is not good for agriculture. The name changed to Mafalala around the time that seamen from Mozambique Island (Nampula Province, in northern Mozambique) settled in this region: residents hold that the name Mafalala emerged from songs sung by these seamen on the weekends and during rituals of circumcision. Ritual tattooing and many sacrifices were regarded as feats of courage. Residents also said that the ritual was known as nifalala or afalala, meaning ‘music and dance’ in the Emakua language.
According to Tivane (2002:16), three groups originally settled in Mafalala. The first of these groups are the Laurentinos: people born in Lourenço Marques, now known as Maputo. These were followed by traders from Mozambique Island and the Comoro Islands (the later passing through Mafalala on their way to India to trade). The Comoro Islanders settled in the barrio were also involved in slave trade to the Americas. The third group, the Madjodojos, consisted of health professionals and musicians. Some people from the Madjodojos group lived in houses built with zinc and wood which differentiated them from others in the barrio (Tivane 2002: 15). This description is significant because it provides a picture of the diversity and complexity of the people living in the barrio.

After Mozambique’s independence in 1975, the zinc and wood houses were nationalized. The Administração do Parque Imobiliário do Estado, APIE, rented out the houses for less than the South African equivalent of two rand per month. During my fieldwork, I heard from residents that they could not change the house structures, because the government was planning to turn the barrio into a living museum. (However, in conversation with officials in Mafalala barrio this information was not confirmed).

With regard to educational infrastructure, the barrio has two public schools, which provide schooling from grade one to grade four. After grade four, pupils go to Escola Primária 25 de Setembro, Escola Primária da Munhuana, Escola Primária Estrela Vermelha and Escola Primária Noroeste 2. These schools are located within two kilometers of the barrio. Furthermore, children from barrios close to Mafalala such as Xipamanine, Micadjuine and Alto Maé also attend Mafalala’s Primary schools.

There is an official market called Adelina, and several garages in Cell A, as well as small services such as shops, hairdressers and repair-shops. There is one police station in the Administrative Post of Mafalala barrio, and a small jail is also attached to the Administrative Post. The jail is for so-called ‘small offences’ such as stealing chickens or pick-pocketing. The barrio has also benefited from its proximity to Urban District Number One, particularly in terms of public services and access to the central hospital of Maputo. Nevertheless, when residents are sick, they seldom go to hospital due to lack of
money to pay for transport and medicines; instead, some go to traditional healers for treatment.

There is a strong religious following in Mafalala. In addition to Catholic churches, other Christian Churches represented include the Methodist Wesleyan Church in Mozambique; the Kingdom Universal of God, and the Twelve Apostles Church. There are also four mosques, each with its own name. The first is Braza, meaning 'the place of entertainment'. Cadria was named after the Maome prophet/disciple, and means 'the way to power'. Chadulia is named after another disciple, Ahmed Chadulia, and lastly, the name of the mosque Camararia means 'stone'. The Camararia mosque was later designated Itifaque which means 'agreement'. Chadulia is the largest mosque in the barrio, originally built by Muslims from Mozambique Island. Meanwhile, Muslims from Zanzibar, Comoro Island and Tanzania created the Braza, Cadria and Camararia mosques (Lemos 1988, and Mussá 2001 discuss identity and Islam in the Mafalala barrio).

Therefore, whilst Mafalala has a significant number of churches, it appears that Islamic religion plays a prominent role in the barrio. It was notable that residents used the mosques for entertainment, to prepare weddings, and to organize funerals. The majority of residents using the mosques' services have moved from different provinces to Mafalala. They cannot afford to visit their family back home, so they have found the mosques useful. In mosques, residents meet with people from their birthplace. They chat about and remember their 'home'. The mosques are also recommended from officials in Mafalala to researchers looking for centres of culture in the area.

After the end of the civil war changes happened in Mafalala. People went looking for their relatives; some informants learned that they had lost their family or members of their family. Others brought their family to live in Mafalala, while some people who had no previous links to the area took advantage of the situation and also moved to Mafalala. As a result the barrio is now overpopulated. The streets have become narrow, and many families accommodate more than eight persons in a house, even though houses are small and some have only two rooms.
The accommodation of new residents (internally displaced people) took place irregularly and spontaneously. For instance, new residents built houses in areas previously used for public space, such as the football field, utilizing whatever free spaces they found without government control. The Mafalala land is not officially plotted, a fact that also allowed for the emergence of new buildings everywhere. New buildings differed in quality from earlier buildings: while some were built of conventional materials such as bricks, cement and zinc, and were painted, others used non-conventional materials such as cardboard, poles and plywood. The new houses were often painted with mixed colours such as pink, purple, orange and yellow, since many residents could not afford to buy larger quantities of paint, but instead acquired leftover paints from informal markets.

As a result of overpopulation and irregular construction, the barrio has many footpaths but few streets wide enough for a car to pass. Paths are poorly lit, not for lack of electricity but because of vandalism.

However the greatest environmental problem is soil impermeability. During the rainy season there are always floods, which cause the overflow of pit toilets, and destruction of wells. Therefore, in the rainy season diseases like malaria and cholera are common in the barrio. The lack of organization among residents to keep drains clear contributes significantly to the problem. With regard to cleaning drainage systems Guimarães (age 32) says: ‘We are not organized to clean the drainage. Some people do not take it seriously... they start to clean the drainage when they see it is going to rain.’

The community centre of Mafalala barrio used to help clean the drainage, but stopped due to lack of cleaning resources such as dustpans, buckets and brooms. The community centre of Mafalala coordinator explained that previously the centre had sponsors, but that they now rely on the residents’ contributions.

Having described the history of Mafalala barrio and changes that have occurred in the barrio, the next section will present my informants.
1.4 The people

The twenty informants that shared their histories in this study are presented under pseudonyms. All of them gave an important contribution to the understanding of fertility and sexuality in Mafalala barrio. I selected these informants from many that I compiled because they provided detailed accounts of the topic of this study. Of these 1,023 were young men and 1,125 were young women (INE 1998b). Initially while planning the fieldwork with young people I was not sure which age group should be the focus of the study. In the end, I followed Wyn and White (1995:11) who explained that 'youth is a relational concept because it exists and has meanings largely in relation to the concept of adulthood.' This statement demonstrates that there is no definition of youth that suits youth in all contexts (Amit-Talai and Wulff 1995, Durham 2000, Herdt 1993:87, Hoppers 2002).

Amélia – is twenty years old, and single. She was born in Gaza, as were her parents. She finished grade five but has not found a job. She is a domestic worker but she was not happy in her work. Amélia stopped studying because her parents could not afford to pay school fees for all their children. Amélia is the last born. She has five brothers and three sisters. Her older brothers and sisters could not help with schools fees because they were concerned to start and build their own families. Amélia understands that life is difficult for everyone.

Bento – is twenty two years old, single and has lived in Mafalala since 1987. Bento’s parents lived in Maxaquene before they moved to Mafalala. He likes Mafalala, he says, because he has many friends. At the time of fieldwork he was doing grade eight in school during the night and running a business during the day. Bento recognises that being a student and a businessman is difficult. He does not have enough time to visit friends and feels he did not do well in that grade because of his age. The education system in Mozambique allows children to start going to school when they are six years old. Some

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2 The school system in Mozambique is organized in three layers: primary school means grade one to five, Secondary school: grade six to 12. After grade 12 students go to university.
start school when they are five. By twelve or thirteen years old pupils are expected to finish grade eight. He had some problems that he did not want to discuss in detail, but they caused him to stop studying for two years before he started again.

Bertina – is twenty years old, single and a student. She was born in Nampula. Her parents were born in Sofala. She moved to Mafalala in 1988 because her parents wanted to provide better education for their children. They stayed in Mafalala because it was a cheaper place to live. Bertina is in grade nine because she was sick. Her parents took her to hospitals but she was not cured. Then her mother’s friend took them to a sangoma in Catembe to get treatment. She is now feeling much better.

Carolina – is thirty years old, and divorced. She was born in Mafalala and has a son. Her father was born in Inhambane and her mother was born in Gaza. They moved to Mafalala because her father was transferred to work in Maputo. Carolina is a basic accountant and has business in the barrio. Before she started the business she was working at a guesthouse in town (Polana Cimento). As a teenager she travelled with friends to Swaziland to look for work. Carolina stayed in Swaziland for two years but did not find the work she wanted. She worked as a domestic worker to survive in Swaziland. When she returned to Mafalala she rented a house. Carolina said that the barrio changed a lot. There are a lot of small shops. The streets are crowded and there is little space for walking.

Catija – is twenty eight years old, and married. She was born in Quelimane. She has three children. Her father was born in Quelimane and her mother was born in Maputo. Catija is unemployed. Her husband is a nurse. Her parents have lived in Mafalala since 1982. Catija said that before (n.d) Mafalala barrio had many people from northern Mozambique. There was no crime in the barrio. But now that there are people from different parts of the country, the barrio has many problems. She cannot hang clothes and go back inside the house because of thieves. When Catija washes her clothes she stays outside until they dry.
César – is twenty three years old, and single. He was born in Inhambane. His father was born in Maxixe and his mother was born in Manhiça. César’s parents live in Inhambane. He thinks that they will not move from Inhambane because they have business. César moved to Mafalala to join his uncle and continue studying. He was doing grade ten and wishes to go to University. He would like to be a lawyer. César likes to live in Mafalala because he can do many things. Also there are many interesting people. In Mafalala if he is not studying he has a variety of entertainment. He also likes chatting to people.

Eva – is twenty two years old and single. She was born in Inhambane as were her parents. She finished grade seven but did not continue studying because she has a son. Eva decided to work after she had her son. She wants to provide a better education for her son. She is running a small business in Mafalala. When Eva is working her son stays with her aunt. Eva wishes to find a man with a child to marry. She dated men without children but found it difficult because they did not accept her son.

Fernando – is twenty four years old, and single. He was born in Inhambane. His father was born in Inharrime, district of Xai-Xai province and his mother was born in Inhambane. Fernando has two brothers and a sister. His parents moved to Mafalala when he was four. He finished grade seven and stopped studying. He is searching for a job. He was working in a building company but stopped because he worked hard and the money was not enough. Fernando wishes to start his own business e.g. ‘banca’ (a tender for selling basic products), but he is encountering problems in borrowing money to start the business.

Guimarães – is thirty two years old, and married. He was born in Gurué. His father was born in Gaza. Her mother was born in Chokwé. He is a sculptor and he works for himself. He sells his arts in the free market. He learned to make sculptures with a friend from Cabo-Delgado. He lived in Matola before he moved to Mafalala. Guimarães moved to Mafalala because his sister offered him a house that he needed to continue his business. But he is not sure if he likes living in Mafalala because of some ‘suspicious’ people, who conduct business on the street corners.
Gustavo – is thirty eight years old, and married. He was born in Moamba and has two children. He stopped studying because his parents could not afford to pay school fees. He was working on his father's farm before he moved to Mafalala with his parents in the 1980's during the civil war. Gustavo's father taught him to paint cars. He likes the money he earns doing this but he does not like the job. When they moved there were few houses but now there are many houses in the barrio; to the extent that Gustavo claims not to know his neighbours. He said that 'everyday I see new faces'.

Issufo – is forty two years old, and married. He was born in Nampula province. Issufo is a businessman and has four children. He likes telling stories about Mafalala to students, because, he says, this is the way the stories can endure forever. When Issufo moved to Mafalala in 1963 there were many cashew trees and few houses. Now the barrio is overpopulated; he complains that there are few spaces for walking safely. Some streets have turned into paths where only one person can walk at a time.

Joaquim – is thirty three years old, and married. He was born in Cabo-Delgado. He has three children. Joaquim moved to Mafalala when he was attending military service. He is now retired. Before he moved to Mafalala his friends helped him to find a house. He likes living in Mafalala because he has a lot of friends and because he can run his business there. Joaquim remembers that years ago there were 'intruders' in the barrio that assaulted people in the streets. At the time of fieldwork he said the barrio was calm, pointing to the presence of policeman everywhere.

Maria – is twenty one years old, single and has a son. She was born in Maputo. Her parents were born in Maputo too. Maria does not remember when her parents moved to Mafalala, but she knows that when they moved their house only had two rooms. As soon as her parents started having babies they decided to expand the house. The house now has five rooms.
Mariana – is twenty one years old, and single. Mariana’s parents moved to Mafalala 19 years ago; previously, they lived in Chissano district of Gaza province. She is the only child born in Xai-Xai district of Gaza province. She said it was interesting how she was born. Her parents were visiting relatives in Xai-Xai. When her mother was pregnant with her, and went into labour the journey from Xai-Xai to Maputo was four hours by car and her parents thought they could not make it to return to Maputo. So she was born in the Xai-Xai hospital, but although she was born there, she does not feel she belongs to Xai-Xai, because she cannot speak the local language. She understands some words when people speak slowly. She feels a sense of belonging to Maputo.

Muanacha – is twenty six years old, a student and married. She was born in Maputo. Her parents were born in Maputo too. Muanacha moved to Mafalala when her father lost his job. He became a businessman and her mother was a domestic worker. They are renting a house. They decided to stay in Mafalala because it is close to town. Muanacha is an orphan since 2000 when her parents died in a bus accident.

Netheque – is forth two years old, married and born in Quelimane. He has six children and works as a tailor. He learnt sewing from his father when he was ten, he says. He was the first born of his parents who had twelve children. Two passed away. Netheque moved to Mafalala in the 1970s when his uncle invited him to do business. He used to sew school uniforms and company uniforms in Matola. He is unhappy with his business because many parents buy uniforms in the shops, but he still gets enough money to pay school fees and help his family back home.

Sofia – is third two years old, and married. She was born in Pemba. Her parents were born in Inhambane. They travelled all over the country then decided to stay in Mafalala. Sofia described her parents’ dream as being similar to that of her grandparents. She said that her grandparents were born in Inhambane. Then they moved to Maputo. Sofia has four children. She is a domestic worker, sells vegetables and does daily xitiqui. Her husband works at the hospital. They have lived in Mafalala since the 1980’s when Sofia’s

3 Xitiqui is group saving to buy things that people need.
grandmother died and left a house for her. She said before the end of civil war there was no crime in the barrio. The barrio is quiet now because there are policemen in the streets.

Riquito - is twenty one years old, and single. He was born in Maputo. His father was born in Gaza and his mother was born in Maganja da Costa. He has four brothers and sisters. Riquito is the last born. His parents moved to Mafalala twenty one years ago, when he was born. He did not complete primary school because his uncle took Riquito to Johannesburg to work in his garage. He came back to Mafalala when his uncle passed away. He sometimes does biscate (occasional work).

Ruquia - is third five years old, and a widow. She was born in Xai-Xai. She is a domestic worker. She had a farm before she moved to Mafalala. She moved to Mafalala to follow her husband. She has six children. Ruquia said that Mafalala changed a lot. During the colonial period the barrio was well organized. Each neighbour knew everybody. Now it is not easy to recognize who lives here and who does not. There are many people walking around. Ruquia expects that more people would move to Mafalala. She went on saying that 'before the National Revolution young men could not have a girlfriend outside Mafalala.' Now ‘young people fall sick and die because young people fall in love with girls they do not know.’

Tito - is twenty two years old, and single. He was born in Maputo. His father was born in Zambézia and his mother was born in Pemba. Tito finished grade six. At the time of the fieldwork he was not studying. He said a ‘does not have a clue’ about studying. However his parents always encourage him to study. His mother always says: ‘My son you must study to have a bright future’. Sometimes he agrees with her. But he thinks that school does not solve all problems because he knows people with Honours degrees struggling to get a job.

Having briefly introduced my informants, the next section will offer an account of residents’ coping strategies in the face of the daily struggle to survive.
1.5 Coping strategies

At the time of the fieldwork my informants were domestic workers, mechanics, plastic artists, tailors, businessmen/women and students. Xitiqui, chitique or xitik; the renting of clothes, pots and tchova xitaduma are extra activities used to make more money.

When people moved from their birthplace to Mafalala barrio they knew what they were going to do. For example, Netheque knew that he would be a tailor although he also developed extra activities to increase his income. Thus, Netheque does xitiqui and rents clothes for special occasions, such as baptisms, weddings and funerals. The price for clothes varies according to its purpose. For example a wedding dress costs the equivalent of five hundred rand in South African currency, although this price may change when negotiated or if the clothes go to close friends.

There are different types of xitiqui. For example there are daily xitiqui, weekly xitiqui and monthly xitiqui. Initially xitiqui was done only among friends and relatives. However xitiqui practice changed its initial philosophy because of economic restructuring, and now people do xitiqui with other people that need to save money. The xitiqui practice requires a high level of trust and integrity among the savers. I found the xitiqui practice interesting because different people get together to solve a particular problem. Each person involved in the xitiqui circle may give an amount of money to one person. The person must return the same amount of money to other people in the xitiqui circle. Each xitiqui circle ends when the last person received the money. Then the group can be broken or people decide to start another xitiqui circle.

I learned that xitiqui was also serving the purpose of bringing friends and relatives together for entertainment. Furthermore, when a member did not give the monthly money, other members would ask him/her to leave the group. Therefore, xitiqui is not only a simple way of saving money, but also a means of creating and maintaining social networks.
Another way to make money is through renting pots. These pots are hired for special occasions such as brewing traditional beer and cooking. Pots can be hired by the day, for an equivalent cost of three rand per day, depending on the size of the pot and the purpose for which it is hired. I found that a pot for brewing traditional beer costs the equivalent of R40. Although renting out pots does not earn much money, Sofia says: ‘It is the only honest way I have to get money’. It appears to me that in this community, people who could not make money did not expect to deserve respect from their social network.

*Tchova xitaduma* is another resource for making money. *Tchova xitaduma* is a trolley used to transport products and people. Residents use *tchova xitaduma* to transport patients to hospital. There is a market for this service, because few people can afford a taxi, and because much of the barrio is inaccessible to road vehicles due to the narrow thoroughfares. Each *tchova* trip costs the equivalent of five rand in South African currency.

Despite these means of additional income, many residents experience difficulties in maintaining economic survival – yet still believe that their life in Mafalala is better than it would have been in their birthplace. At ‘home’ they had to support large families, and as a result could not save money for themselves. However there is still a sense of responsibility towards rural families. Since people moved from their birthplace to Mafalala the family back home have expected to receive gifts. In this way ‘it is a shame to go home with nothing’ says Issufo. Sending gifts back home is a way of maintaining the social and family network. Thus the friends and neighbours that helped residents to move expected some acknowledgement and return for their efforts and there is a sense of duty to provide it.

This chapter has provided the history of the Mafalala barrio, the people, and informants’ economic coping strategies. The next chapter will describe the methodology and review the literature used in this study.
Chapter Two

Methodology

2.1 Theoretical discussion

Symbolic interactionism (Denzin 1989, 1992) provides a useful methodological tool to understand relationships in various contexts, including sexual relationships. Symbolic interactionism therefore helps the researcher of social anthropology to understand fertility and sexuality issues in the kinship context. It clarifies the influence of socio-cultural factors that make people to accept or refuse the use of condoms.

Discussions about sexuality have been available in the literature from different fields for a number of years and these too have been useful to this study. Scholars such as Arnhed (2004), Caplan (1987), Connell (1993), Foucault (1992 [1979]), Gagnon (1973, 1995), Larmour et al. (1997), Parker and Easton (1998), Parker (2001), Vance (1991, 1996) and Weeks (1991 [1986]) have all discussed issues of sexuality.

Speaking about ‘discourses of sexuality’, Weeks (1986: 16) says that ‘sexuality seeks to tell us what sex is and could be.’ Perceptions of ‘what sex is’ are associated with a person’s social role and training in their identified group or groups. Hence, from one heterosexual point of view, sexuality is about ‘the capability of men having sexual activity with women for procreation.’

Discussions about sexuality have tended fall into two fields. The first field’s perspective holds that there is no such thing as sexuality. This is the poststructuralist view. However, there are a variety of discourses about sexuality, from different sources: religion, literature, popular culture, tradition, ‘science’, etc. The second point of view about sexuality argues that sexuality (and sexual practices) cannot be universal. The fact that
people inhabit different socio-cultural environments may lead them to react differently when they encounter sexuality issues or sexual situations.


However, many of these discussions on sexuality have focused on sex 'for pleasure' or associated with individual desire; this view has also tended to dominate promotion of sexual health products such as condoms. Sexuality debates have neglected fertility issues and the association of sex with procreation. This is also evident in the HIV/Aids prevention campaigns that focus on sexual activity for pleasure and not for procreation. Nonetheless scholars such as Agadjanian (2001), Ampofo (2004), Lucas (1992), Mhloyi (1985), Potts and Marks (2001), Sonko (2001), and Whitehead (1986) demonstrate that fertility cannot only be understood from economic and demographic standpoints. Fertility has socio-cultural meaning. Critical theorists Bourdieu (1977, 1990), and Harvey (1989) offer a theoretical approach that validates the notion of 'people's voice' and criticizes 'great narratives' that seek to explain people's lives in general.

This approach seeks to explore socio-cultural dimensions of fertility and associated sexual behaviour using qualitative methods such as life history, participant observation and interviews with selected informants. As in the present study, this data can then be triangulated with quantitative data (for example from the National Institute of Statistics) that focuses on the population in the area selected for this study.

With regard to the life history method, anthropologists have used life history to collect people's experience in order to better understand people in everyday life. Using the life history method, anthropologists compared the lives of people in different parts of the world. William Thomas and Florian Znaniecki (1958 [1863-1947]) were the first scholars
in social science to use life history as a method for collecting data. In their research on Polish peasants in Europe and America, Thomas and Znaniecki analyzed attitudes and values of people in the process of migration. In this study letters and other biographical material were useful to reconstruct informants’ experience in the context of social change. Atkinson (1998), De Queiroz et al. (1988), Watson and Watson-Franke (1985) Goodson (2001) and Tierney (2000) also used life history methodology to collect informants’ points of view. The life history method is useful because it allows informants to share their experiences spontaneously. Life history provides an interesting way of understanding the dynamic of events in different phases of informants’ life. A disadvantage of the method is that life history may produce misleading messages if the researcher or/and informants fail to identify significant events that clarify the subjective reality being described.

The participant observation method helps to document informants’ acts or practices that may be difficult for informants to articulate. This method can produce different results according to social distance, level of involvement in the field, or interaction between researcher and informants, which helps to articulate observation and dialogue. Participant observation creates the possibility of observing people in various levels of their life (Bernard 1995, Newman 2000, Silverman 1993, Spradley 1980), although the method may be ineffective on its own, as Angrosino and Pérez (2000) pointed out. Participant observation was useful in this research because I was able to observe informants at different times, in different situations and places such as churches, the market and mosques.

At the start of the research, informal interviews were conducted with local authorities, health professionals and religious leaders. These informants provided useful information about the history of Mafalala barrio, the people, and the organizations supporting the barrio’s residents. Before I started the fieldwork I contacted the Administrative Post of Mafalala Barrio to get permission to carry out the research. While I was awaiting authorization to start the fieldwork I began collecting documents on migration and the history of Mafalala in the Historical Archive of Mozambique, in Maputo.
I had first encountered Mafalala barrio in 1998, while completing research for an undergraduate social science degree at Eduardo Mondlane University, Maputo, Mozambique. For this research, I spent a total of fourteen weeks between June 2002, and February 2004. (The fieldwork standard for Masters at the University of Cape Town is between ten to eleven weeks). The fieldwork was conducted in three phases. The first phase took place from 8 June to 10 July 2002, during which I trained an assistant researcher for two reasons. Firstly, I decided not to use a tape recorder. Although a tape recorder is one of the best ways to record interviews, its use requires special attention to ethical issues. Informants must be educated about the use and purpose of the tape recorder and the recording must be openly done, which can be distracting. Instead, my assistant researcher, José Bambo, and I recorded the interviews through note-taking. This method is useful because ethnographic records can elicit descriptions that may not be offered on tape recorder. Secondly, I needed a male assistant due to gender issues and the sensitive topic of this study. A male assistant would find it easier to dialogue with men about sex. In this phase I established the first contact with my informants and conducted exploratory interviews.

The second phase of the fieldwork took place from 5 December 2002 to 5 January 2003. In this phase I collected 18 life histories of migration, relationships and work. I focused on men’s and women’s perceptions of fertility. The third phase of the fieldwork took place from 5 January to 22 February 2004. During this phase I concentrated on young people’s perceptions of sexuality. I also went back to my earlier male and female informants to clarify some demographic aspects such as year of arrival in the barrio and the number of children.

From previous experience, I was familiar with the Community Centre of Mafalala barrio that has an HIV/AIDS project. I participated in two HIV/AIDS prevention meetings, at which the centre distributed condoms and pamphlets to residents. In the centre, I learned what role the community organization could play in the era of the HIV/AIDS epidemic.
While in Mafalala I made a point of talking to members of churches and mosques, due to religious members' influential role in the Mafalala barrio. I decided to do so because I knew that residents could have different understanding about fertility and sexuality when they are members of a religion. I spent some time in the Population Services International and in the Ministry of Health collecting documents. These institutions are part of the National Strategic Plan to Combat STDs, HIV and AIDS in Mozambique. Through the Ministry of Health's library resource and the Population Services International, I found many samples of pamphlets, posters, and other training materials intended to promote reproductive health and prevent sexually transmitted infections, particularly HIV/AIDS.

Having done the literature review, I will now talk about the access to informants.

2.2 Access to informants

Access to informants was relatively easy. Initially the secretary of Mafalala barrio indicated the people and space to conduct the interviews. With regard to access to informants the secretary of Mafalala barrio asked me 'in which Cell do you want to start your fieldwork? In Cell C the Makua area, in Cell B the Changana area or in Cell A the mulatto area?' Before I could respond he said: 'Do not choose to go to the mulatto area today, because I do not have any assistant to go with you.' Since residents of the different cells meet in communal settings, visits to these settings overcame some of the difficulties in getting access to their residential areas.

The study also benefited from the 'snowball' technique in which informants introduced me to other residents. However, this process was influenced by the criteria which informants themselves used to decide who I should talk to; criteria which depended on individual characteristics or behaviour. In this way Ruquia, age 35, advised me to talk to Netheque because 'he moved to Mafalala long years ago and he knows the true history of Mafalala.' On the other hand, Ruquia discouraged me from talking to Carolina because 'Carolina is a gossiper and she will not tell you anything that interests your work.' Despite the fact that the secretary of Mafalala barrio and Ruquia gave their opinion about
some residents and the history of the Mafalala barrio, I nevertheless decided to hear all informants' accounts, to expand my network in the barrio, and to avoid hearsay.

I learned that some informants, particularly old residents of Mafalala barrio, took the interviews as an opportunity to tell their story. However the Mafalala barrio residents are motivated to collaborate with researchers. During the interviews, women and young women tended to choose to be interviewed in the back of the house, dining room, while washing clothes or going to market. Older men mainly chose places such as barracas, restaurants and mosques to give an interview, but younger men were comfortable to be interviewed when they were walking around, or playing *timbila*.

The spaces selected by such informants could be a point that reveals the complexity of public and private spaces.

During the interviews it became clear that informants expected some practical solutions to come out of the fieldwork. For example some informants talked about the drainage problem. They wanted to see this problem solved. Also, my position as a student in a South African university created some expectations that the research would bring material benefits. I explained to my informants that the research was conducted for academic purposes in the Department of Social Anthropology at University of Cape Town.

I prepared some questions in advance of the interviews, and included demographic information such as age, place of origin, marital status, gender, educational level and occupation. I also included open questions, for example: “tell me your history”; and “what is sexuality?” This question was included to explore the amplitude of differences between an academic category and people’s understanding of this category, which would also help me to understand how people may struggle to understand HIV/AIDS prevention campaigns.

I found that many women were not ready to share their experiences without their husbands’ permission. My informants’ age varied from 20 to 42 years old. Despite the

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*Timbila* is a musical instrument.
fact that informants come from different regions of the country and therefore have
different social backgrounds, all informants speak Portuguese, which was the language I
used for interviews. Some informants were not able to read or write. Having described
the access to informants, the next section will discuss ethical considerations and the
weaknesses of the study.

2.3 Ethical Considerations

Anthropological ethics highlights the significance of protecting our informants. Caplan
(2003), Fluehr-Lobban (2003), and Gill (2003) provide useful discussion on ethical issues
in anthropology. Following the American Anthropological Association’s statement on
ethical issues (1971) I retained the anonymity of my informants; all names appearing in
this study are pseudonyms. Informants are referenced to common names in Mozambique.

Although informants did not really need ‘formal authorization’ to share their experiences,
they signed the consent form after it had been translated into Portuguese. Because the
study deals with gender, fertility and sexuality I was sensitive to the possibility that the
findings could increase stigmatization against the residents of Mafalala barrio. The focus
of the study is not on comparison of locations, but represents an attempt to improve our
understanding of fertility among residents of Mafalala barrio.

The permission given by official members of Mafalala barrio for conducting this research
did not oblige me to return the results of the study. I used a written consent form, which
many informants did not care about. Once they accepted the invitation to be interviewed,
they shared their stories openly.

My standpoint as a young black woman, a student, and fluent in Portuguese (the language
used among my informants) made it possible to enter into dialogue with many women.
My male assistant researcher made it possible to conduct interviews with men.
2.4 Weaknesses of the study

The central weakness of this study is the limitation associated with qualitative research in general and particularly case studies. Qualitative study does not necessarily produce solutions to the problem found in the field but instead offers new challenges that call for detailed consideration by policymakers, and changes in social activities (Davies 1999, Denzin 1998, 2000). In qualitative research there are no rules or formulae to interpret the findings, only guidelines for interpreting the findings according to each specific case.

Qualitative research helps to elucidate the weaknesses and limitations of other methods through in depth analysis (Silverman 1997, 2000). In this way triangulation (Newman 2000) is an important way of validating qualitative studies. Triangulation means to combine several research methods to reduce gaps in the data analysis. The interpretive work in this dissertation is therefore a combination of readings of the literature on fertility and sexuality as well as HIV/Aids research in Mozambique, studies of the life history methodology, and critical theory.

Despite the limitations of qualitative studies, such studies provide an in depth account of events. Qualitative studies enable researchers to trace connections (and disconnections) between people’s everyday experiences and accepted accounts of the issues at hand, something that is difficult to achieve when one relies on quantitative data to make sense of a research question. Quantitative data alone could misrepresent people’s point of view due to the use of questionnaires and the loss of complexity in the data that is gathered.

The next chapter will analyse perceptions of fertility and sexuality in the face of everyday interpersonal dynamics.
Chapter Three

Findings

3.1 Perceptions of fertility among men and women in Mafalala barrio

I wanted to open a business but I did not complete the document\(^5\) to carry on my own business, as I knew that Mr. Y likes babies and I decided to become pregnant for him. I then opened this business of [selling beer] that you see.

(Carolina age 30)

Carolina had an employment problem, which she could solve in one of two ways. She opted to secure the financial ‘protection’ of Mr. Y by having his baby, instead of starting her own business independently, which would have meant obtaining an import licence.

Although Mr. Y and Carolina did not have a business arrangement, they shared similar values regarding the extra-marital sexual relationship and procreation, which created a financial opportunity for Carolina. This became evident when Carolina opted to have a baby ‘for’ Mr. Y. In this sense, the idea of protection through the use of condoms could not be effective. Carolina’s focus was not protection from disease, but financial protection; she was first and foremost concerned with solving her employment problem. Furthermore, her lack of education negatively influenced her other skills. Mr. Y and Carolina have never married, but they have a long-term relationship based on parenthood. As Carolina noted:

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\(^5\) Business licence to import products from South Africa to Maputo.
Mr. Y strongly supports me because I was able to give him a son that he could not have with other women... Some women chase after Mr. Y with the aim that he will solve some of their problems.

(Carolina age 30)

The above argument illustrates the socio-cultural value of Carolina’s ability to ‘give [Mr. Y] a son’. This is linked to many generations’ socio-cultural practices and to kinship networks’ survival. For men like Mr. Y, having a son is particularly important because sons are understood to give more prestige, security and joy for the family. Mr. Y is not alone in this perception. For example, in southern rural Mozambique, sons are more welcomed than daughters because sons can migrate to South African mines, earning money to improve their family’s economic status. Sons can also work on the family farm. On the other hand, investing in daughters is risky because daughters marry and their labour belongs to their husband’s family after the marriage.

Religious traditions and rituals also influence these attitudes. According to Islamic tradition, which some informants belong to, sons are more needed than daughters because sons can bury other members of the family. Daughters cannot do this, because of taboos associated with menstruation and procreation, and the belief that a pregnant woman that participates in a funeral would be more vulnerable to miscarry.

The relationship between Mr. Y and Carolina generates questions about assuming purposes for sexual activity. It shows that (at least from the female point of view), a strong motive for sexual intercourse is procreation, to which pleasure is secondary if it counts at all. Mr. Y and Carolina’s case shows that extramarital sex (not casual, but also not monogamous) can produce a solution for an individual’s survival fears in everyday life. Carolina gambled on falling pregnant and bearing a son; her choice illustrates the appropriation of ‘social capital’ to achieve a status that she might have not achieved by any other means. A further conversation with Carolina revealed that she had also tried to borrow money from the bank, but had been unsuccessful because she did not have a warrant to secure the loan. Like many other working class people and especially women,
she depends on men and fertility for financial security, which makes her more vulnerable to abuse, abandonment and HIV.

The birth of their son has double meanings. Firstly, the son gave Mr. Y and Carolina a strongly preferred identity: that of being a man and woman respectively and/or a father and mother. The boy’s existence confirms her fertility and his virility in culturally significant ways. Secondly, the birth of her son creates the possibility for Carolina to start her own business with Mr. Y’s financial support. Yet Carolina is aware of the stories about Mr. Y’s affairs; she dismisses the potential worry of ‘women [chasing] after Mr. Y’ (even though this is what she herself did), because Mr. Y is an ideal man. Mr. Y provides material things for Carolina’s business. As her ideal man, his behaviour coincides with the role of the ideal man in the kinship context, where men are expected to be protector and provider. It is also expected and socially accepted that women will safeguard their social position through fertility. With regard to the relevance of babies Sofia explains:

It is important for a woman to have babies, because when a woman does not have babies, she is not safe in her marriage. She may actually lose her husband, because he might decide to make babies with other women. Also, when a woman cannot have babies because of infertility, she might not have anybody to care for her when she becomes old. Women that cannot have babies are jealous of women who have.

(Sofia age 32)

Sofia emphasises the relevance of babies in the marriage, but Sofia’s argument also contrasts with Carolina’s views. Sofia is speaking of marriage while Carolina is not. Sofia explains that babies help a woman to keep her husband. According to Sofia a woman with a baby has a safer future. The child might help her mother when the mother becomes old. Infertility is not expected, nor accepted. It would be most improbable for these women deliberately to choose not to have a child, or even to delay childbearing.
It appears that female infertility is less tolerated than male infertility, and is also sometimes associated with witchcraft. To avoid forming a commitment to an infertile partnership, some couples in Mafalala barrio have first had babies and married later. Since it is clear that many men resist commitment to ‘infertile’ women, from this perspective, it is not surprising that women fear infertility and are eager to demonstrate that they are fertile, with or without marriage.

Other women created ways to increase the possibility of pregnancy by undermining contraception, as Muanacha says:

*If I want to become pregnant I start taking pills and I suddenly stop. I mean you make like you forget to take pills. After a while [presumably will have had sexual intercourse] I become pregnant.*

(Muanacha age 26)

During the fieldwork, Muanacha was a student and did not have babies. Her argument is useful to think about the relevance of procreation in woman’s lives. Muanacha opens space for discussions about abortion described later in this dissertation.\(^6\) I noted that many women avoid talking about abortion.

While the above focuses on the perceived advantages of pregnancy to a man or to the self, some women focus on their group identity as women to explain the significance of having babies, as Ruquia states: ‘All women in my family have babies... I could not break my family’s tradition’. Another woman says: ‘I am an African woman I must show that I have ovaries’ (Catija age 28). Such explanations were heard several times in interviews with women.

Women often used the word ‘tradition’ to explain their choices regarding having babies, but everyday life tended to illustrate innovation. For example, Mr. Y and Carolina’s choices were not traditional, yet the son they have produced ‘traditionally’ brings respect

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\(^6\) Section 4.7.
and prestige for parents and their network. When mothers do not fit the normative picture however, people tend to abandon the ‘traditional value’ of motherhood: some women, apparently, are not expected to have babies, such as physically challenged women and older women, as Sofia said:

When I had my youngest son, I saw an older woman having a baby. All the women in the room laughed at her because she had an old body. In the midst of our laughter a nurse approached the older woman and said to her you should relax and leave this to young women. You know I think women must have babies early... Do you have children?

(Sofia age 32)

Sofia’s argument shows that those women in the hospital room were worried about women’s fitness. I learned that the idea of ‘prima gesta’ in the Portuguese language means ‘old pregnant women’, a prejudicial notion that influences women in the ways they think about women’s age and procreation.

Having discussed perceptions of fertility, I will now examine the idea of ‘protection’.

3.2 Talk about sexual protection

According to the biomedical approach, protection is a physical issue; a barrier preventing mixture of body fluids and the transfer of viruses or bacteria from one individual to others. This approach also understands risk as due to an individual lack of information about sexual health (Giffin and Lowndes 1999, Hayes 1992). In this section my informants demonstrate what ‘protection’ means to them. It is relational and takes place in a social context of caring. As Ruquia explains:

I grew up in my brother’s house in order to have an opportunity to study. When I got my first menstruation, my sister-in-law told my aunt that I had become a woman. My aunt explained to me that from that time on I had to
be careful with boys. She also told me that if a boy showed interest in me, I should first study him before I brought him home... I met my husband at work and I remembered what my aunt had said a couple of years before: 'study a man before you bring him home.' So I did. My brother did not want me to marry. He wanted me to finish my studies first. I married against my brother's wishes because my boyfriend insisted that it was time to marry. He married me and before I moved to his house my aunt advised me to respect my husband, not to argue with him without reason, to apologize when I saw that I was wrong and, most importantly, to raise my children well... To be a woman is to do things that women do, like cooking, washing up, ironing... To be a woman is to care about the house. Women cannot wake up and walk around outside before they have taken care of their houses.

(Ruquia age 35)

Ruquia argues that to be a woman is learned in the family. She also explains that the sense of protection is obtained in the family, from the words and actions of family members towards the subject. For example, Ruquia began to learn about protection when her aunt provided her with knowledge for protecting herself 'against men who did not want to marry.' Ruquia clearly emphasises that protection starts within the family. It seems that the perception of threat here is different. For the family, the threat is to reputation, social security and family stability. They are not thinking about a life-threatening disease nor do they want to talk in any specific way about sexual activity, only its social meaning and for young people not to do it. However Ruquia's aunt's advice played an important role in forming her sexual attitudes.

Catija did not have a similar experience. With regard to sexual education Catija argues:

I have two daughters. They are studying. I told my daughters that I did not want them to bring more than one boyfriend home. I always controlled who they brought home, when they went out to school or church... But one
day my youngest daughter worn a mini-skirt. You know, I had a pain in my heart, but I gained courage and I called her to my room where I asked her to take off her clothes and go out naked, because if she can walk about in a mini-skirt she might as well go out naked. Since that day she has never wore a mini-skirt again.

(Catija age 28)

Catija did not have someone willing to prepare her to become a woman. She lost her parents when she was a child, and grew up with a surrogate family. In this family, Catija did not have sexual education, but despite this she wanted to ensure that her daughters would get more guidelines to help them.

Catija believes that the priority for her daughters is study. Catija was concerned about her daughters’ sexual education because of peer pressure. Her role of caring for them and their public image is very important. Catija affirms that: ‘I cannot allow my daughters to walk as if they do not have a mother’. According to her, the type of clothes a woman wears also indicates if women are sexually available or not. Catija is concerned with her daughter’s behaviour because many girls in her Cell have babies and the girls did not study. Catija is making a statement here about who she thinks should and should not influence her daughters – herself as representative of a better way, or their peers.

Catija recognises the fact that many girls have babies, and do not have a husband. However marriage remains an ideal aspect of women’s life and so as a mother she is concerned with it. Catija argues that she ‘always controlled who [the daughters] brought home.’ Home is a place for respect and protection. In this way, to be prepared for marriage also required a woman to care for her body and represent her family well in the public sphere. Among other things, that means wearing appropriate clothes. As Muanacha states:

*A woman needs to behave. She must worn decent dresses and skirts. These days there are trousers that show a woman’s underpants. Can you imagine? What kind of woman would show her underpants? A woman*
must wear clothes that show only a little of her body. A man does not marry a woman who shows her body to everybody. When a man approaches a woman who shows off her body, it is just to play with her, trust me.

(Muanacha age 26)

Muanacha argues that a woman is expected to enhance the social status of her husband and her family. She thinks that women’s bodies should be covered due to her upbringing. However, it is clear that families do expect certain behaviour from their members as family members representing the group. In this way, the wearing of inappropriate clothes reveals an individual’s lack of respect to his/her group. Furthermore, clothes are associated with the possibility for marriage.

However, the association between protection and health was reported, in the context of post-natal recovery and protection of the mother from negative influences or consequences. It was not only important to have babies but it was also important to find a close woman to help as Catija states:

Every time I had a child, my mother moved to my house for three months to help me with the baby. I am lucky because I had natural deliveries but I still needed help. I remember when I had my first daughter I called my mother-in-law to help me with the baby. She did not tell me how to take care of myself, and so, after three days, I could not walk properly. On the fifth day, my grandmother came to visit me and she saw that something was wrong from the way I was walking. She took me to the bathroom and she used warm water to massage my back. After that, I could walk properly again. If it had not been for my grandmother’s treatment, I might have lost my ability to perform sexually and therefore he might have found another woman [she laughed] to satisfy him.

(Catija age 28)
Catija highlights the relevance of babies in her life. However she also emphasizes the importance of having other women to look after her during the pregnancy and after the birth. Catija reveals that a woman would not trust another woman in this role purely on the basis of knowledge or experience. To share her intimacy it should be a closely related experienced woman.\(^7\)

The belief is that a relative would be more encouraging, honest and helpful, and more likely to want the new mother to succeed as a woman and as a mother. A closely related woman is expected to help the new mother without sabotage. It is believed that such a woman would not intentionally give bad advice out of jealousy. Catija’s story about her mother-in-law raises some questions about the amount of common ground between the grandmother’s beliefs or values and her own, as well as questions of trust.

In this way, the sharing of values is important, providing an opportunity for people to make connections with one another. When Catija interacted with her mother-in-law she expected useful help from the older woman, but was disappointed due to different values between her mother-in-law and herself. I presume that her grandmother’s ‘treatment’ (massaging the back with warm water) could not really be expected to change a physical problem; but may demonstrate that Catija’s emotional state after the birth was a real issue. She needed loving, reassuring touch and could not or would not receive it from the mother in law.

From the above situations, it appears that forms of ‘protection’ that relate to people’s perceptions of social capital are valued and form the basis of stories that guide or explain behaviour. These definitions of ‘protection’ and safety reflect a dominance of ideas over the biomedical definitions.

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\(^{7}\)In South Africa this form of protectiveness has been associated with fears around the birth, e.g. that jealous women will bewitch mother or baby. Hence access to both has been carefully restricted (Chalmers 1990).
3.3 Men's talk about becoming a man

The previous section analyzed women's perceptions of procreation and protection. This section will analyze the perceptions of procreation and protection among men. But I will begin with an analysis of what it means to become a man, according to this group of informants.

With regard to constructions about men, Netheque explains:

*A long time ago a boy was only considered a man if he went to the South African mines. In the time of my father, men needed to work in the mines to save money to marry, but now we do not need to go to the South African mines to work because we can open our own businesses here. It is fine now when you do not need to go to the South African mines to work and to leave your family back home, because sometimes you can marry a woman and she does shit... There was a punishment for women who were not faithful... The punishment was called matxotxomane.* Matxotxomane is when a man sends the unfaithful wife to a place in which she must sleep with other men in order to pay back the money her ex-husband paid to her family during the traditional marriage [lobolo].

(Netheque age 42)

Netheque argues that manhood entailed a young man's gaining employment in South African mines, by which he would also accumulate money for marriage. Through lobolo the man's family symbolically is united to the woman's family. The practice of lobolo demonstrates that marriage is not simply between two individuals. Marriage is primarily the business of the kinship groups involved.

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8 Matxotxomane as a practice to punish unfaithful women does not exist at the present day but the houses where it happened are still in the barrio.
The punishment of unfaithful women that he describes, highlights the power and control of men over women's reproduction. Lobolo and procreation are directly interconnected by this practice. It is the sexual unfaithfulness of the wife that makes the lobolo repayable by her, and not any other deficiency in wifely duties.

Netheque learned to become a man in his family, but there is evidently a significant difference between being a man in Netheque's era and being a man in his father's era, as well as some important similarities. In the past, the South African mines created opportunities for young men to save money, in order to pay lobolo and thus fulfil the family expectations. Today, the unemployment problems (previously described in the coping strategies section) make it impossible for many men to meet their family expectations regarding sexual relationships.

With regard to constructions of masculinity, Issufo states:

> As a father I need to make sure that my son is a real man. I mean that he likes women. I do not like boys who wear loose trousers and wear braids in their hair.

(Issufo age 42)

Issufo associates 'a real man' with heterosexuality, and in turn he associates heterosexuality with clothing and hairstyle. He believes that his duty as a father consists in training his son to be 'a real man', and completely discounts the possibility that sexual orientation might not be a matter of training or upbringing. This training for manhood is made available within the family or group. In this way, sons are expected to perform according to locally accepted family norms. Therefore when boys or men perform roles that the family or group do not recognise as being normative for males, they will be stigmatized. It also seems possible that parents and fathers will be blamed for the aberration.
This is important, because it appears that the link between sexuality and the social role attributes of men is made by authority figures such as fathers. As a father, Issufo wants his son to become a man who ‘likes women’ – and more specifically, who likes them sexually. How is he to reassure himself about this important matter, especially if his son’s idea of fashion raises doubts in his mind? In some cases, the teenager’s family might encourage him to sleep with a girl to prove his sexuality, with pregnancy being the proof of both sexuality and virility. This means that within their families and the society, it is acceptable for young men to brag about having made a girl pregnant without taking responsibility for the outcome.

Given this situation, it is perhaps to be expected that although young men display their sexual ability with girls, they might not accept responsibility for the baby if the woman becomes pregnant; she could be left to take care of her pregnancy alone. The logic of this practice is that if a boy impregnates a girl, the girl is to blame and must accept the consequences. The boy’s family is free to reject the girl and her baby. Her own family might help her, but would not necessarily be blamed by the community if they chose to throw her out. There is little concern about the well being of such girls.

By contrast, there is much more concern about boys who might be sexually exploited by older men, as Gustavo explains:

*I do not know what is going on with my neighbour. He always takes boys in his van to Costa do Sol [name of a beach]. He is not married and he does not talk to other male neighbours. I knew he was married but the wife left him.*

(Gustavo age 38)

Gustavo argues that men need to act like men. This means that a man is to be married and maintain friendly relationships with other men locally. I conjuncture that Gustavo’s accusation of his neighbour is well founded; but he is obviously unhappy with his neighbour’s ambiguous sexual status, and not merely because the neighbour gives lifts to
boys. It appears that concern around male homosexuality is not restricted to its effects on the young. Guimarães points out:

*Did you heard about a man that was murdered by his boyfriends?*

*... The television said he did not pay them! Boys can be involved with old rich man just to get money.*

(Guimarães age 32)

Guimarães implicitly links homosexual behaviour with money and crime. Whereas Gustavo’s account did not specifically denote the boys who go to the beach as victims, focusing instead on the social standing of his neighbour, Guimarães is quite specific that ‘old rich men’ can be exploited due to their sexual orientation. From Guimarães’s statement many questions arise: why were boys involved with the ‘old rich man?’ What about girls who get involved with ‘old rich men’ for the money? Would he assume that they too are violent criminals? The ways in which this story came to Guimarães may have influenced his point of view: he saw it on television. This suggests that this particular discourse around homosexuality and exploitation may exist in the larger society and not just in Mafalala barrio.

The nature of media influence does not allow Guimarães (or other audiences) to be aware of the possibility of manipulation, which in this case appears to come in the form of images about boys and money. Other factors are not highlighted in the public story – including other motivations or circumstances, fears and the consequent vulnerabilities of homosexuals (rich or not) in a homophobic society, and so on. Guimarães views the story through the lens of morality and inequality issues in Mafalala and makes a generally negative evaluation towards homosexual behaviour (‘something criminals do to get money’). It seems that behind such stories of warning as these presented by Gustavo and Guimarães, is the unspoken fear of boys becoming homosexual. In the light of any such threat to traditional masculine roles, marriage is something that ensures men will become men. The focus is on the external and the public face of a man’s life.
Having analyzed men's view about becoming a man (or not becoming one), and the significance of marriage I will now turn to the discussion about prevention of unwanted pregnancy and sexually transmitted infections.

3.4 The challenges for prevention

First of all it is important to say, as has been shown above, that men and women are trained to perform differently with regard to sexual activity and procreation. Different expectations and evaluations are applied to them. However the family or group value also plays an important role in the sexual choices individuals make, communicating messages of encouragement or discouragement. For instance, Issufo now aged 42 has this to say:

When I was twelve years old, my parents asked me to sleep in an outside room, arguing that I walked around in the neighbourhood and that they did not want to be disturbed. I knew that it was not true because I had heard my parents saying that I had started playing with girls. You know, I always tried to be a good guy but girls are dangerous. When girls want to, they can cause trouble. I have a child, but it was not my mistake. I had only slept with the mother once and the next month she said that she was pregnant; I think that girls have to protect themselves not to become pregnant, because girls can be shamed if they do not find a man who accepts the pregnancy. They can get into trouble like that.

(Issufo)

Issufo says that when he had a first child, he was 16 years old and not ready to accept it. When his parents gave him his outside room, they were encouraging him to think of himself as young man no longer a child. He understood this to mean it was time to exercise his sexuality. Issufo's story suggests that manhood and sexual activity are not talked about, discussed or taught verbally, but instead interpreted from a broad context, in relation to parental actions.
The above situation raises issues about sexual talk between parents and children. Issufo is talking about something that happened thirty years ago, but one wonders how much things have changed; whether he would handle the situation the same way his parents did. With regard to sexual initiation and parents' expectation, Guimarães says:

I was not expected to marry my wife. I start playing [having sex] with her. She became pregnant and my parents did not accept her. My uncle said that she had put a trap in my path and I should not trust her. When the baby was growing up my uncle said “he looks like you”... We [my family] cannot assume the baby [as part of our kinship network] because the girl did not wait for me to have a job. But I like my son.

(Guimarães age 32)

By using the word ‘assume’, Guimarães means that his family would not assist the child. The practice of not ‘assuming’ is widely practiced in Mafalala, particularly in situations where young men’s families do not expect their sons to have babies. When young men do not find the right partner for marriage they also do not assume the pregnancy. In this ways ‘rider’\(^9\) is often practiced when young people are not secure with their relationships.

This issue arose also in Gustavo’s comments:

I was still studying when she told me that she became pregnant... I think she become pregnant because she knew that I was going to have a nice life. I did not assume the pregnancy ... Her family stayed with her and my daughter.

(Gustavo age 38)

Gustavo argues that his girlfriend should assume responsibility for her pregnancy, since he was not yet mature and ready to care for his own family. This point of view reveals the different ways parents have trained boys and girls. Young men are trained to show their

\(^9\) Described in the section 3.6 in this dissertation.
sexual desire while young women are supposed to defend themselves against men. Young men are trained to be careful of commitment and ‘traps in the path’, whereas young women are trained to assess good providers and latch onto them early, since they are ‘going to have a nice life’. In this struggle between the sexes, a baby is at times no more than an object: either a nuisance or a tool to manipulate the situation.

There is a contradiction, in that whilst boys and men are expected to engage in sexual activity in order to become a man, as ‘men’ they are not expected to take responsibility over their actions and can use their social immaturity as a reason for this: “the girl did not wait for me to have a job”. This attitude is found in comments by Issufo, Guimarães and Gustavo. The contradiction is given expression through the myth that men are ‘sexually fragile’. They are vulnerable to entrapment, and are not described as ‘unfaithful’ or ‘irresponsible’ but rather see themselves as ‘making mistakes’. Sexual intercourse is euphemized as ‘playing’. On the other hand, as Issufo puts it, ‘girls are dangerous, they can cause trouble’. This myth serves the social function of obscuring the sexual power of males and the extent to which women are subjects of that power, maintaining the unequal structures of patriarchy.

From this perspective a married woman is expected to understand and forgive her ‘unfaithful husband’ yet at the same time people remember the ‘matxotxomane’ punishment in which women were forced into rape and prostitution when accused of infidelity, and forced to repay their ‘lobolo’; see quotes from Netheque, above. Issufo, Guimarães and Gustavo all agree that women who disclose their husbands’ infidelity cannot be well regarded among other people: this too is her responsibility. The result is that ‘a woman has to keep the family secret’ as Netheque highlights. I learned that a woman who talks badly about her husband is called a bandida.10 The more mature and ‘strong’ a woman is, the more men such as these informants would expect her to be calm and obedient.

10 Bandida means bandit. In the ways my informants used, bandida means a woman who does not keep her family secret.
Having discussed these major challenges for prevention, the next section will offer more information about young people's perceptions of sexuality.

3.5 Young people's perceptions of sexuality

According to the Penguin Dictionary of Psychology (1987) the term 'sexuality' in English usage, means something abstract, like 'sexual personality'. "All those aspects of one's constitution and one's behaviour that are related to sex ... the quality of being sexual". In other words, how a person expresses his or her sexual self, inclusive of attitudes and beliefs about sex; it has biological, emotional, and cognitive components and is usually treated as something about an individual not a group. The responses of young residents of Mafalala barrio do not suggest that they had the above concept in mind; they rather describe 'sexual intercourse' or 'beliefs about sex' (as with César, and Eva, below).

Answering the question 'What is sexuality?' César says:

*Sexuality is normal because everyone does it. Sexuality is sexual intercourse between a man and a woman.*

(César age 23)

For César, sexuality is something that is obvious. Sexuality is not a question to be asked because everybody knows what it is about. César affirms a definition of sexuality that is normative; for him, it is confined to sexual activity between a man and a woman. It is a 'natural' thing but also something that has social limits.

*Sexuality is sexual intercourse with girls of my age. I do not support adult men sleeping around with young people. This is because with young women adult men do not take responsibility for their actions.*

(Fernando age 21)
Fernando expects to have penetrative sex with ‘girls’ of his age, but also criticizes adult men for wanting to do the same. This is because, in his view, adult men might not be responsible for the outcome.

Fernando’s comment calls attention to the existence (or perception) of ‘sugar daddies’ in the barrio. These would perhaps correspond to the ‘old, rich men’ that were mentioned as possible victims of homosexual youth. From his point of view, the presence of the more affluent ‘sugar daddy’ makes it difficult to get girlfriends – he feels at a disadvantage. Fernando does not have enough income to ‘tchunar’ a girlfriend. As a result he sees the ‘sugar daddy’ as a rival. His definition is less simplistic than Cesar’s; if sexuality was only about what is ‘natural’ the younger man would presumably have the advantage, but the wealth of the older man prevents this. For Fernando, sexuality is apparently very much about contest and prize. He appears to level the ‘playing field’ with his claim that the older men lack responsibility and that the girls are (by implication) only after their money.

However Bento argues that:

Sexuality is a biological cycle that begins from when you are seventeen years old. It is an act that must be done between a man and a woman.

(Bento age 22)

Bento argues that sexual activity must begin at seventeen. Bento associates sexuality with biological change. Bento’s account privileges procreation as a purpose for sexuality, and does not place the emphasis on pleasure.

Such accounts fall outside of the medical perspective, in which individuals are viewed primarily as biological entities; neglecting the ‘social field’ in which they live. Medical discourses tend to universalise sexual practices that shape individual points of view. These discourses also sometimes explore individual symptoms in a way that emphasises

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11 Guimarães section 3.3, p.40 this study.
stigmatisation of HIV positive people. In this study, I am concerned with the meanings people give for sexuality precisely for the reason that they do sometimes show a different framework to that of the dominant medical discourse.

Having discussed young men's views about sexuality I will now turn to the discussion of young women's perceptions of sexuality as the statements show below:

Sexuality is a junction of two people, a man and a woman.

(Maria age 21)

Maria's argument shows that she understood sexuality as sexual intercourse. Maria also expects that sexual activity occurs between heterosexual partners. I noted that Maria used the word 'junction' to mean the sexual act. Perhaps this is to reduce embarrassment between Maria and researcher.

Amélie explains that:

[Sexuality] is a human necessity. Before, people said sex has an age. For instance, my grandmothers educated me not to have sex before I turned eighteen, but I know girls that begin sexual intercourse at the age of thirteen.

(Amélie age 20)

Amélie believes that sexuality is for procreation and it cannot be repressed. Her definition of sexuality suggests that the question of biology and socio-cultural aspects are intertwined. This means that in situations where young women do not find a partner to marry, which is kinship network's expectation, they may have a 'rider' – which gives individuals alternatives that are outside of the kinship network's control. In this sense Amélie understands sexuality to be for pleasure. Since Amélie received sexual education from her grandmother (by whom she felt protected), she feels sorry for girls who start
sexual activity early. While the first two young women talked freely about sexuality Eva simply stated:

*I do not know how to say... Sexuality is linked with sex and pleasure. It must be done between man and woman. There are many ways of making sex. [I think] sex should be done with your own boyfriend. Girls that make sex with more than one partner are prostitutes.*

(Eva age 22)

Eva’s response links biology and socio-cultural aspects. In this way, she associated sexuality with organs for pleasure. Eva also highlights that sexuality is to be done between heterosexual partners. This demonstrates the legitimisation of sexuality discourses from Eva’s point of view. Furthermore Bertina asserts that:

*Sexuality has to do with sex after eighteen with your own boyfriend. When I have a boyfriend, I first study him to know if he really likes me. I then have sex with my boyfriend because I love and trust him. But I think that young people must have sex when they are twenty-eight because they will know how to care about themselves. At that age they can work in any institution or create business to improve their personal life.*

(Bertina age 20)

Bertina argues that love, trust and age are central issues pertaining to sexuality. It seems that Bertina views sexual activity as normal and acceptable once she has a boyfriend whom she can love and trust. Bertina’s more individualistic attitude becomes evident when she talks about ‘studying’ the boyfriend first before having sex. It is interesting that she takes responsibility for deciding whether the man is suitable, although her comment about waiting until one is 28 – something she clearly did not do – suggests that perhaps there is also some insecurity or concern about the ability of younger women to ‘care about themselves.’ I would conjecture that Bertina associates the relationship with a
boyfriend with sexual intercourse and personal benefit rather than family responsibility. Yet with regard to sexuality Mariana explains that:

Sexuality is an act practiced by two persons; I mean a man and a woman. It cannot happen among children but mainly with us young people. But I also know that there are young people that have sexual intercourse with people of the same sex but that is wrong.

(Mariana age 21)

Mariana showed that to her, sexuality is a youth activity, although parents are not expecting young people to be sexually active (see the explanation, below, of the expression ‘cu kundzana’). Mariana criticizes sexual activity among children, meaning that she does not approve of sexual intercourse among people that lack responsibility.

These arguments put forward by young women suggest that sexuality was mainly associated with physical contact and the biological function of sex. Sexuality is viewed as something given. Sexuality is expected to be exercised for procreation purposes. Here is a question: can young people control sexuality? HIV/Aids prevention campaigns are premised on the belief that individuals will change their behaviour if they know about ‘risk’ and health information. In emphasising the individual aspect of sexual activity the campaigns failed to understand the socio-cultural context of sexuality or to consider that it is the socio-cultural context that constrains individuals’ capability to act on health information. In the context of Mafalala, the socio-cultural is not only a constraint, but an untapped resource. For example, grandparents are for many a useful source of advice on sexual behaviour. Many people decide to talk to grandparents to find solutions for their intimate problems. It would be useful in stopping the spread of HIV/Aids if prevention efforts could empower grandparents to help their family members.

I learned that ‘cu kundzana’ refers to the sexual activity of married couples, in southern Mozambique. The expression ‘cu kundzana’ suggests that young, unmarried people are not expected to be sexually active. Yet the ‘rider’ situation, which I will discuss in the
following section, indicates that young people are sexually active. One point that clearly emerges from the interview with younger women, is that the age of young women is significant in their decision to start a sexual relationship, or at least to feel confident about doing so. Sexual activity, for them, appears to mean penetration. Kissing, hugging and sexual touching, for instance, were not features of the young people’s everyday talk, suggesting that if these acts are part of usual sexual activity, they are not discussed.

Having described young people’s views of their own sexuality, I will now turn the discussion to dating and the ‘rider’.

3.6 Dating and the ‘rider’

In the previous chapter, the ‘rider’ was identified as a casual or temporary sexual relationship, with no elements of commitment. There are many reasons young people start a ‘rider’. However Fernando explains how and why he starts a ‘rider’:

I do not work but it does not mean that I cannot enjoy the life. If I find a girlfriend she would need my attention ... It is not nice to have a girlfriend and not do tchunar\textsuperscript{12} ... [a] ‘rider’ is practical and cheap.

(Fernando age 24)

During the fieldwork, young people used the word ‘rider’ to mean ‘occasional relationship’. Fernando’s idea about having a ‘girlfriend’ – a longer-term relationship - plainly includes the notion of providing economic support to the girlfriend. To care about the girlfriend means to provide material things for the woman’s comfort. Fernando’s view about a girlfriend and the way he would like to give her ‘attention’ indicates that Fernando wants to build a long-term relationship. Maybe he is merely justifying his inability to commit to a relationship, but it is interesting to trace this assumption about ‘girlfriend.’ Rider, clearly, is a widespread practice but not necessarily the masculine ideal. Fernando has seen other young men able to do tchunar with their ‘girlfriends’ and wants to be able to do the same. Clearly, whatever his real reasons may be, Fernando is

\textsuperscript{12} Tchunar is slang to indicate making someone beautiful by giving them clothing.
saying that he is not (yet) prepared to take on a long-term relationship; but he is also not planning to do without sex. This is where, from his point of view, the option of 'rider' becomes important.

I would say that Fernando is not only concerned about his ability to 'tchunar' his girlfriend because this is something he would like for himself. It seems likely that peer pressure is central to understanding Fernando’s point of view about having a girlfriend. From that perspective, it is not difficult to understand Fernando’s concern about his girlfriend’s beauty: young people in the barrio are very much aware of fashion and appearance. At weekends, young men often walk around the barrio, in groups or alone. In doing so, they display themselves in fashionable clothes such as jeans, T-shirts, and caps with brand logos. The same behaviour occurs with young women, who wear jeans, mini-skirts, and tight dresses. Going back to the previous section: I wonder if Catija’s concern about her daughter wearing a mini-skirt was also about her participating in this type of self-displaying behaviour, wandering around the streets?

It appears that it is important to Fernando that he has been seen as a (heterosexual) man. This might not necessarily involve sex; while the young people used the term ‘rider’ to describe an occasional sexual relationship, it was not clear if ‘rider’ would always end in sexual intercourse. In the context of the above description of public display, Amélia’s words (quoted in section 4.5) may have a further significance:

It is not difficult to find a ‘rider’. You look at the way he looks at you, wears clothes and walk at the street. He will walk as if he is searching for something... He will walk and ask you questions about someone else’s address and he will talk one word and another. If you are interested you will go with him.

(Amélia age 20)

Amélia explains that the body movement was important to recognise a ‘rider’ (here, meaning ‘sexually available young man’). Amélia also points to the relevance of clothes
as sexual signals in this situation. Amelia’s description of ‘rider’ associates body language and fashion.

As stated previously, young men claimed that they frequently use condoms in ‘rider’ situations, and three young men affirmed that they ‘borrow’ condoms from close friends, on occasions where they lack the money to buy a condom, or find themselves with an unexpected opportunity to get a ‘rider’. Concerning condom use, all the young men that I interviewed said that they prefer to use *jeito*, a brand of condom that is perceived as lighter and thinner, as opposed to the Misau-issue condom. Nevertheless, there often were times where young men did not use *jeito*:

> When I have a ‘rider’ I know that I need jeito ... Sometimes, it is difficult to cope with the situation. I take a girl home to stay with me during the night and we need to make the cenas[^14] but I am not sure if we cope to use jeito every time we do the cenas.

(Riquito age 21)

Riquito’s statement shows that despite his young age, he has taken a girlfriend home for sex. Riquito knows that he should be using condoms, but clearly is not doing so, at least some of the time. It is not clear what the reason for this might be, given his rather vague expression ‘difficult to cope with the situation’. Riquito’s statement does to some degree appear to evade being accountable for his sexual behaviour: it surely is not credible that a man would be unsure if he is wearing a condom or not.

However, young men talked more about condoms than young women did – even though the women are more at risk for HIV than the men. Perhaps young women are not expected to show clearly their sexual preferences, but also the idea of trust is central to

[^13]: The Population Services International wrote JeitO with capital ‘J’ and ‘O’. In this paper I will use the small letter for Jeito to mean a brand of condom advertised by the Population Services International used.
[^14]: Cenas is young people’s slang to mean sexual intercourse. This word cannot be said between parents and children. Only among young people is it acceptable to use it.
understanding young women's silence about sexual acts. As female informants made clear, 'trusting somebody' only happens when there is a long-term relationship. One can infer from this that in 'rider' situations where trust is absent, the women would prefer their partners to use condoms, but may not always be in a position to control that choice.

The 'rider' is not the only form of 'non-serious relationship' available to young people. It is also accepted that they may 'date', a casual form of relationship, which can be a preliminary to forming a long-term relationship. The purpose of the dating is for the couple to get to know each other prior to marriage, but it also involves having fun, the sharing of social life and (sometimes) having sex. As Fernando remarked, this kind of dating involves a lot of fashion, and there appears to be an expectation that 'boyfriends' will buy fashionable clothes and food for their 'girlfriends.'

Riquito and other young men knew about sexually transmitted infections, mainly syphilis and gonorrhoea. However they only heard about HIV/AIDS infections on radio and television, and through public health initiatives. This suggests that there is as yet little or no 'local knowledge' of how to cope with the threats posed by HIV/AIDS. When infected by an STI, they know where to go for help, what to do and even the consequences of not treating these sexually transmitted infections properly. In this matter, young people mentioned that they have support from the adolescent and youth friends association. Despite the apparent social acceptance of (male) youth being sexually active, when they become infected the young men say that they would prefer to go to hospital for treatment without informing their parents. Tito's experience suggests why this might be:

> When I realised that the martelo was not fine, it was expelling a white flux. I told my brother. He advised me to tell my parents. After I told them they sent me to hospital but when I heal they joked about it.

(Tito age 22)

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15 Martelo means hammer, a synonym for a men's penis that contrasts with piriquito meaning lovebird for boys.
Not surprisingly, Tito, who is still young and must have found this a painful and embarrassing experience, was uncomfortable with his parents’ mocking attitude. Tito expected his parents to keep the incident private.

As mentioned previously, the fact that Tito used the word ‘martelo’ to mention his penis, indicates that he considers himself a man. His embarrassment suggests that he at least understands that this martelo problem was a sexual disease. However, this understanding is not always present among informants in Mafalala. Three young female informants spoke about friends, who had become infected with syphilis and gonorrhoea, but their understanding or their claim was that hot weather and tight underpants caused these diseases. When young people found aspects of their body they did not understand they externalise them by blaming each others.

It is interesting to note that even though ignorance about HIV and other STD’s appears prevalent, some informants are aware of the effects of the disease on the community. For Eva, there is too much ‘information’ about HIV and not enough action to help infected people:

We need medicine to help people living with HIV. It is not enough to inform people about the disease. I mean people are dying and it is important to find solutions to this problem.

(Eva age 22)

Eva provided an information that many young people did not comment about. She argued that getting information about the disease was not enough to change young people ideas about relationship and sexuality. Eva was one person who did have such knowledge; when interviewed, she was emotionally depressed because her neighbour died in December 2003, a victim of HIV/AIDS. Eva had also lost family members and friends to this disease. Yet she and her friends are not empowered to prevent infections.
Many young women are not able to make their partners use condoms. They are also not absorbing sexual information from HIV/AIDS prevention campaigns because of socio-cultural practices. The condoms campaigns that focus on male usage of condoms separate sexual activity for procreation and pleasure. Condoms are available everywhere in the barrio, but as yet there has not been an adequate explanation or motivation which would help youth to become more involved in the prevention campaigns, helping each other as they do with other social diseases.

Like Eva, Mariana (age 21) is concerned with people living with HIV/AIDS. However, she reverts to a common perception: poverty is to blame. People die because 'they do not have money to get medicines.' In Mariana's understanding, the illness exists but she does not understand what doctors (or medicines) can or cannot do to help AIDS patients; that people who are rich can also die of AIDS. Eva and Mariana are examples of urban youth who have a partial understanding of the challenges posed to communities by HIV/AIDS. It seems likely that youth in rural areas might have even less practical knowledge, since they have so little access to health services.

It appears that for at least some young people, HIV/AIDS prevention campaigns have been successful in linking HIV, information and health, using the media to communicate health messages. But when these informants present solutions, the gaps in their knowledge of the disease become evident: both think the problem is lack of help and of treatment ('medicines'). As with many problems in their daily lives, they look at the situation through the lens of poverty and lack. In doing so, they may not be aware that everybody can be infected with the HIV/AIDS virus; nor that everybody can take steps to protect himself or herself as long as they are willing to use condoms or able to ask their partner to use a condom.

Following this discussion of young people's perceptions about dating and the 'rider', I will now turn to their views about abortion.
3.7 Young people’s views on abortion

According to the study’s findings it seems that young women are more concerned about abortion than young men are. This is because young men often seem to be able to evade responsibility for an unwanted baby. In any case, it appears that young men and young women have different attitudes towards pregnancy. Although pregnancy is also a way young women ensure that they are fertile, with regard to abortion, Bertina and Maria revealed that women sometimes seek voluntary abortions due to disappointment over their boyfriends’ lack of willingness to accept or support the baby.

Three young women affirmed that they had had more than two voluntary abortions. These abortions were done at home with the assistance of close friends. Women would only go to the hospital for treatment when they had a complicated abortion (retention of uterine contents).

Young women spoke about two kinds of abortions. The first kind of abortion is apparently done with help of a close friend, while the other type of abortion, it is claimed, is made through drinking of coca cola mixed with aspirin. The first kind of abortion occurs as Maria explains:

> When I am sure that I am pregnant, for example, between two weeks to one month I tell my close friend. She waits until I am relaxed, and bites me on the back. The next day, my menstruation starts.

(Maria age 21)

Maria believes that the biting in conjunction with the fear damages the foetus. While Maria’s description raises doubts about how seriously these women want abortions, it does demonstrate the importance of a close friend in her life, someone who is willing to share the burden and even the responsibility of ending the pregnancy.

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16 Abortion is illegal in Mozambique (Artigo 358 do Código Penal).
17 I did not find any support data for this particular information. Nonetheless it is clear that abortions are many in Mafalala.
Bertina describes the second kind of abortion:

_They [young women] put a bottle of coca cola in the sun to heat up, and when it is hot, they drink it. Sometimes it is necessary to drink more than two cokes to cause an abortion. I heard that this kind of abortion is effective when the pregnancy was two weeks._

(Bertina age 20)

Amélia, Bertina and Mariana believe that young men are not concerned about pregnancy because they see it as women’s business, not theirs. They feel free to assume that ‘young women [the girlfriends] would only become pregnant if they wanted it’; this seems to be in line with Muanacha’s assertion that a young woman might ‘forget’ to take her contraceptives if she wanted to fall pregnant. Yet clearly, the situation is far more complex than that. Sometimes young men are making token efforts to use jeito, and it is not clear that their female partner’s preferences are being taken into account in that situation.

Although these young women talked about abortion, in general abortion remains a taboo topic especially among young women. Young women may expect to be sexually free, but they seem to lack even basic knowledge about their own bodies and their sexuality, and are not encouraged to learn more.

Having described young people’s view on abortion that highlights their idea of fertility and sexuality issues, the next chapter will analyse the HIV/AIDS prevention campaigns in Mozambique in order to see how they can be more effective in the specific case of Mafalala barrio.
Chapter Four

The context of post-civil war Mozambique, the consequent fragmentation of family structure, and implications for HIV campaigns

Chapter Three established that kinship networks are an important source of protection and education for individuals. Despite the fragmentation of households experienced during the civil war, floods, and droughts, people still practise lobolo, ritual initiation and polygamy in ways they learned in their networks. To understand the ways in which the kinship networks were fragmented in Mozambique it is crucial to understand the socio-historical and political context after the war. Two armed conflicts occurred in Mozambique. The first armed conflict 1964-1974 took place between Mozambicans and the Portuguese colonialists. The second armed conflict (1980-1994) was between Frelimo and Renamo (Abrahamson and Nilson 1994, Coelho 1989, Serra et al. 2000 [1982]). In this context of war family members have been socialized and re-socialized. As an institution, the household played a significant role in shaping individuals’ points of view in everyday life.

In social science, the concept of the ‘family’ has at times created controversy. It has resisted attempts to universalise or to describe any kind of normative family, in any culture. For example, in industrial societies the definition of ‘family’ has meant a man, a woman, and their children - a ‘nuclear’ family. This view tends to be exclusive: other persons are not seen as part of the family structure even if they share the same space. Over time, the concept of ‘family’ had to expand to embrace more complex arrangements, not to mention diverse ideals about what it means to belong to a family or be a family. Hareven (1977), Mvududu and McFadden (2001), Robertson (1991) and Ximena et al. (1998) discussed the family concept. These scholars demonstrate the association between the family concept and law, and suggest the re-conceptualisation of the ‘family’. In re-conceptualising the ‘family’ concept, Ross (2003) and Russell (2003) provided an interesting debate around the nuclear family and households in southern Africa.
By contrast, in non-industrialized societies, the ‘family’ tended to be accepted as more inclusive, an ‘extended’ family. In this type of family, a couple, their children, cousins, nephews and in-laws were part of the same family structure. Therefore, it is clear that there is no one definition of the family that is capable of characterising families in all contexts.

In Mozambique, the concept of ‘family’ becomes contradictory, most particularly in urban areas. Although some families are nuclear, economically advantaged families continue to sustain their extended family in the urban context, and clearly view the economically disadvantaged members as ‘family’. The ruling Frelimo (Mozambique Liberation Front) party added further contradictions when after the independence of Mozambique from colonial power Portugal in 1975, the government adopted a Marxist-Leninist policy towards family life. Based on this political philosophy, the government forbade some key local practices that had sustained African families: notably the practice of *lobolo* and ritual initiation. The goal, it appeared, was to create ‘a new man’ who was free of capitalist values (including local family values) and did not engage in exploitative relationships, including within the family.

Although the government had forbidden these practices, families continued to pay *lobolo* and initiate youth. As a result, in 1987 the government came up with new policies that were more realistic and tolerant of local traditions. During this period, the media played a role in showing the shift in the political arena, by giving space to ceremonies such as *guaza muthini*, a traditional ceremony performed close to a river in Marracuene district, Maputo. This ceremony is done every year for land fertility. The return to local practices was also shown in the inauguration of roads and companies. Seeing these local ceremonies conducted in the public sphere with government approval, people realised that they too could be free to perform their own ceremonies without fear.

It may be that the concept of ‘family’, however it is defined, is too limiting to be useful except in terms of political economy. The anthropological term ‘kinship’ is more
promising as a linguistic tool to assist the discussion on fertility, sexuality and HIV/Aids prevention campaigns in Mozambique.

The 'kinship' approach provides an understanding of the diversity of social practices, and of the meanings people give and expect from each other within groups (Fortes 1969, Fox 1967, Gillespie 2000, Goody 1969, 1973). This being the case, it is useful to describe two types of kinship system in Mozambique. The *matrilineal kinship system* characterizes families in Northern Mozambique, and the *patrilineal kinship system* is a key feature of families in Southern Mozambique.

In these kinship systems people reacted differently to changes in the political economy of the country, and the ideological assault on their values and practices. The kinship system to which they belong also strongly influences people in the ways they think about relationships, protection and sexuality. However the kinship influence on people's everyday life does vary according to gender, age, religion and location within social networks.

I will start with the description of the matrilineal kinship system. In this system, couples are expected to marry and then stay on the woman's family land. The man tends to work on his in-laws' land, and has no claim to any land rights or ownership until he has children, particularly girls. Daughters are valued in this system, because if they are successfully married, they might bring a man home to help perform the father's social obligations. When that happens, a father may have more opportunity to devote his time to affairs beyond his wife's family land, if he wished.

Geffray (2000:14) explains that in a matrilineal kinship system, Iráti district of Nampula province, *pwiyamwene* are important to understand gender relations. These are women who are placed in charge of ritual preparations within the family. *Pwiyamwene* are associated with land and conflict resolution. They are also influential in the raising of children, as a way to help young mothers fulfil their roles as mothers and women (Ivala 1996:5). In contrast to Geffray (2000) and Ivala (1996), Medeiros (1985:22-23) argues
that in the matrilineal kinship system in Nampula province, men could also be in charge of land with siblings. Medeiros shows changes in the ways gender relations have been understood in matrilineal kinship system. Lundin (1992:10) looks at the constraints ‘Makhwa community’ has had to face to access land and solve land conflicts. She argues that local leaders play an important role in the ways people think about everyday survival and land acquisition. These scholars are relevant to this study because they provide useful discussions on the matrilineal kinship system in northern Mozambique.

The patrilineal kinship system, in southern Mozambique, operates in the following way. Couples marry through lobolo or bride price, and after that they live on the man’s family land. In this system, marriages are less stable, and fertility is much more of a social issue; divorces occur due to infertility or suspected infertility of a wife. To prove that a man is fertile, the man’s family often allow him to impregnate another woman. In some situations women are allowed to prove fertility, but for this to occur, the man’s family must first accept that there is something wrong with their son; which is not likely to happen unless the family has previous experience of male infertility.

Junod (1996 [1927]:114-118) presents a detailed account of lobolo in southern Mozambique. He focuses on different stages families pass through to start and build a new family. Junod explains that lobolo practices have the effect of uniting men’s and women’s families and are relevant to fertility. Arnfred (2001:3) further describes socio-political dimensions of lobolo practice, during the revolution period and the changes the Frelimo party made to lobolo after 1984.

The descriptions of matrilineal and patrilineal kinship systems are relevant in this discussion because they will help to understand the ways residents of Mafalala barrio perceive sexual relationships, with the background of differing traditions.

Under the patrilineal kinship structure, there are definite double standards for sexual behaviour. It is clearly accepted that men can have more than one sexual partner or wife, and may have sex for pleasure; but women are only expected to have sex within the
marriage and for procreation. Abortion and contraceptives are not encouraged and it seems that in such systems women have little or no control over their reproduction. In that condition a woman could be allowed to be impregnated by her husband's brother or nephew. In such a case, family members would expect the individuals concerned to keep the matter secret, although this is not always achieved – such things tend to come out when people are angry or get into conflicts with each other.

Despite the striking differences between the matrilineal and patrilineal kinship systems, there are also similarities in their attitudes to sex and sex roles. Men are expected to have sex with women, and sex is expected to involve penetration. Any other type of sexual relationship is not revealed or discussed. Men are expected to know everything about sex while a woman's sexual preference or desire to know more tends to be ignored or silenced.

As a result of such taboos, women become adept at concealing their interest in sex and find it difficult to let their sexual desires and needs be known to their partner. Kinship practices will take time, perhaps generations, to change.

With regard to sexual education some members of kinship networks, particularly the elders, have a responsibility to offer sexual and moral education to young people and to teach them about their gender roles. Some do this more effectively and sensitively than others, as has already been seen from the Mafalala informants. Elders also regulate the participation of each individual in the group, for example, they deal with matters such as wedding ceremonies, infertility treatment and divorce. In this way, gender roles become central in understanding individuals' responsibility within and outside the group.

In both matrilineal and patrilineal kinship systems, men are socialized to expect women to perform the roles of mother and wife, and women to perform these roles.\(^{18}\) On the other hand, women expect men to perform duties of husband and father, including protection and provision. Men who are unable to perform these roles do not regard

\(^{18}\) Ruquia, section 4.1.
themselves as committed to the woman concerned, as informants also made clear. Thus, gender and age of the family members define each individual's position and role in the group. As they grow up, men are trained to be providers whereas women (especially younger women) are expected to be subordinate to husband and family. A woman will typically have to wait until she is one of the elders of the family, to exercise any form of leadership or wisdom role.

The discussion around the fragmentation of the Mozambican kinship networks has thus far highlighted socio-cultural factors, which influence some individuals to accept or reject the idea of 'safe sex.' This idea, though central to most HIV/Aids awareness campaigns, has been criticized by scholars whose work has indicated the need to link local practices with condom use (Browne and Minichielo 1994, Chapman and Hodgson 1988, Lindberg et al. 1997, Ramazanglu et al. 1991, Wilkinson and Drane-Edmundson 2002). These 'condom campaigns' have failed to analyse sexuality in a social context. As a result, there has been a failure to recognise that for some (perhaps many) individuals, their pre-existing beliefs, values and associations will prevent them from assimilating the concept of 'safe sex' in the intended way.

Having discussed the context of post-civil war Mozambique and the consequent fragmentation of the family's structure, I will now analyze the notion of individualism in terms of its degree of influence on people to 'condomise' (or jeito as the Mafalala informants called it).

4.1 The notion of individual choice

The idea that individuals are vehicles for the spread (and control) of HIV/Aids seems to undermine the socio-cultural factors. A key principle of the campaigns, it appears, is that condom use is the only correct solution to reduce the spread of sexually transmitted infections. One has some sympathy with this. The message has not changed in 20 years – you cannot prevent HIV unless you avoid allowing an infected person to infect you. There just is no alternative to condoms or femidoms, except for abstinence and
monogamy, which are difficult to promote. I would say that we still have to promote condom use, but the way we talk about it and promote it is the critical thing that has not been working.

Jeito messages rely heavily on notions of individualism, which separate individuals from social life. One need not deny this, to note that there is an important difference between individualism and individuality. Individualism is an ideology or philosophy that emerged during the Industrial Revolution in Europe, while individuality is the way individuals express their personality. Thus, the notion of individualism, based on the body or person, failed to offer an understanding of the complexity of life among individuals in different contexts (Comaroff 2001, Morgan 1936, Kgitčibi 1994).

It is the individual that is addressed, not the family or social network. This is a serious problem, especially in Mozambique; in terms of the kinship and economic systems which have been described above, it is clear that individuals are not equal and do not have an equal opportunity to exercise their will in relation to jeito use. Meanwhile, there are powerful psychological reasons why people are not motivated to use condoms, other than to protect themselves against an invisible enemy.

There is plenty of research to show that condoms complicate relationships, reduce pleasure and involve people in difficult negotiations at a moment when they do not want to think responsibly (Richters et al. 2003). Condoms (most of the time) prevent pregnancy and sexually transmitted infections but the fact remains that their correct and consistent use prevents procreation. Thus it is inevitable that there will be many contexts in which people cannot or will not use them – even when they recognize that they ‘should’ do so. The ‘individual’ approach to health education and particularly HIV/AIDS education, fails to recognize that individuals cannot function in an imaginary space that is beyond social forces and influences. The influences that were discerned in the Mafalala fieldwork included peer pressure, media, religious beliefs, macro-economic forces that produce poverty, the effect of migration, and family structure and kinship systems (or the loss thereof).
In Mozambique, HIV/AIDS policy does not reflect the complexity of social forces that influence fertility and sexuality in everyday life. Putting it another way, the HIV/AIDS prevention campaigns hope that people will change their sexual behaviour through hearing and accepting messages about individual choice to use condoms (or abstain from sex, or live in faithful monogamy). To illustrate the implications and consequences of this approach further, I will offer three examples of the 'condom campaigns', which show the language used, and the application of the notion of individual choice.

The first example occurs in a nightclub. This campaign appeared on television, including Televisão de Moçambique, TVM (a public television channel) and Televisão Miramar (a private television channel sponsored by Universal Church of God). Jeito campaigns started in 1999 and continue to the present day. The scene described here opens with people dancing. A couple appears to be the best dancers of the night. When the music finishes the 'disc jockey' announces that they have been selected as the best pair of the night. Happy with this victory, the couple talks to the camera: 'We dance with jeito.' Then the 'DJ' asks the other couples: 'And you?' On cue, they show a packet of condoms and affirm: 'We also dance with jeito.'

The second example is from the jeito campaign on the radio. The scene again is a nightclub, with people dancing to the music 'Jeito is the style.' Then a couple starts talking. The woman exclaims her partner: 'This music is really nice!' He asks: 'Do you know why?' To which she responds: 'Of course I know'. The man replies 'Jeito is our business'. Then the couples go on dancing. The man comments, 'We only dance with jeito.' The woman answers: 'Only with jeito!' The man says 'Yes, we dance with style, ability and dexterity...' Then the woman says 'I will dance with pleasure.' The jeito music 'Jeito is the style' is played loudly and the couple leave.

The last example describes jeito on television. The scene is the nightclub. The jeito music is playing and two men are chatting. The first man says: 'Look at that woman. She dances well, does she not?' Then the second man says 'did you see the other woman over there?
She is like a cat.' Meanwhile in the other corner of the room two women are also chatting and suddenly they say ‘Look at those men. They are looking at us!’ Then, one of the men moves toward a woman and states ‘girl you dance very well.’ She replied ‘Yes, it is because I dance with jeito.’ The man asks ‘do you dance with jeito?’ She said: ‘Yes, I do dance with style and ability’. The other woman who was also hearing the conversation affirmed ‘Yes, we dance with quality’ and they continue chatting.

These examples demonstrate an interconnection of fashion, sex for pleasure, and jeito. They are trying to associate jeito with an ‘aspirational’ lifestyle, to use the advertising terminology. However, the connection between fashion and jeito contradicts the reality of many people’s lives in Mozambique. Jeito messages are presented in the same way to all kinds of audience in the country, including many who could never afford this type of fashionable lifestyle, and probably many more for whom this life is not ‘aspirational’ in the least (not everyone idealises the dance club as the place they want to be). When one considers the great diversity of people in urban and rural areas, it is obvious that this jeito campaign was not sensitive to socio-cultural factors (Anthony 2004, Kinsman et al. 1999). The jeito promoters assume that people will react to these messages and images in ways similar to those of the aspirant, Westernised class depicted in the advertisements.

Because of the simplistic nature of the attempt to associate the carrying of condoms with an admired way of life, there is a further serious problem with such campaigns. They do not provide information about the negotiation of condom use between partners. Jeito use is presented as an imposition from individuals ‘in the know’ (insiders) to others that did not know (outsiders). There is no attempt to address the situation where the person ‘in the know’ might not be the one with the power and influence over the choice of condom use by a couple, and is faced with the challenge of attempting to persuade their partner.

The jeito messages also become contradictory when they promote ‘safe sex’ in such contexts. As far as impoverished residents of areas like Mafalala are concerned, places of public display of clothing and the body, such as these clubs, are very far from safe and indeed are associated with messages about being available for ‘rider’. For many young
women who are not independent economically, practices that link sex, entertainment and individuality are not expected to lead to 'safe sex'. I conjecture that the HIV/AIDS prevention campaigns focus on 'rider' type situations, whilst neglecting the traditional practices of kinship networks. Even though these traditional practices have been going through processes of change and social transformation, they are still critically important in the formation of sexual attitudes, with effects that are both positive (strong personal values) and negative (confusion and double standards).

Although print media have been used to disseminate the jeito messages, radio and television appear to be more effective in getting the messages out. Various scholars (Dorothy n.d., Entwisle n.d., Spitulnik 2001) have studied the influence of such media on everyday life.

In the above analysis, I conjecture that jeito messages are not effective because of the use of language. Furthermore, the jeito campaign also communicates style, fashion and sex in ways that are not normative (nor, necessarily, ideal) in terms of how ordinary people think.

From this perspective there are four communication barriers. The first communication barrier is the 'language' used, which refers to both words and images. Because people have different forms of upbringing and social training, they will react in different and not always in expected ways to the jeito messages. This barrier is especially significant when trying to understand how the images and words will be understood or interpreted by men or by women; by older or younger people (Delin 2000, Gumperz 1984).

The jeito media campaigns do not consider communication issues such as this question: Do people switch on the radio or television at the same time the jeito campaigns are online? Although the media promote jeito, they do not have ways to evaluate if individuals are changing their behaviour through the information they received.
The use of sexual language in the media is not sensitive to different kinds of audiences. Admittedly, this is a difficult area to handle. Many people, some influential in society, do not appreciate sexual education through the media and tend to resist any straight talking about sex: religious people, for example. Whatever kind of sexual language is used, some group is going to feel excluded or offended by it. The point, surely, is not to exclude those people who most need to learn about HIV from this source, especially those who have little access to other forms of education or information.

The second communication barrier is the *jeito* itself. *Jeito* is mainly advertised in nightclubs, restaurants and bars – in other words, places where high-risk sex is likely to be negotiated if not take place; yet condoms are needed by far more people than just the night entertainment clientele.

The third communication problem is the political economy of the media. The media is used to market products, but such marketing is expensive and hence the products that feature are those that can be sold. In this way it becomes unclear when an advertisement really helps to improve public sexual health and when it does not. Furthermore, people do not necessarily trust advertising. It is not a space in which trustworthy communication is necessarily a given.

The interpretation of *jeito* becomes even more difficult when it is not attached only to disease prevention but it is also part of the marketing/branding of a product. It is difficult to see where the public health campaigns start and where the marketing finishes. Language as a symbolic form of cultural manifestation carries multiple layers of meanings; part of being socially disadvantaged, is to be unable to tap into these meanings in ways that promote empowerment. It is to be deprived of access to the means of production and reproduction of power; to aspire to that which is always out of reach.

In this way the *jeito* campaigns that highlight individual choice and lifestyle obscure (or render invisible) the socio-cultural context in which real, working class individuals live. This process can be explained on commercial grounds, but its social effect is not benign.
The *jeito* campaigns assume that people share a similar sexual identity; and also that the use of *jeito* would occur between partners that share the same values and style. Even if such assumptions are possible among the urban elite that feature in the promotions, they are clearly not sustainable in the context of communities like Mafalala.

The fourth communication barrier is the meaning attributed by PSI to *jeito*. These meanings may create misunderstanding between condom campaign promoters and their target groups. The campaigns described above showed that *jeito* meant different things. Thus *jeito* meant (by association): *style*, *ability*, *dexterity*, *quality*, and *pleasure*. These words have different meanings in Portuguese; however, the real meaning of *jeito* was not clear from the PSI *jeito* campaigns. Now how could people value and/or choose a product that says everything and means nothing? It is difficult to assess what meanings people make of a product whose name has so many associations, all of which relate to an aspirational lifestyle out of reach to most people in places like Mafalala.

In the case of *jeito* promotion through music and dance, the advertising message is clear enough. 'Be one of the cool people, buy Jeito'. However some questions remain: what does *jeito* really mean to viewers who do not consider themselves among the 'cool' people? Does *jeito* mean a way of dancing or an object for protection from sexually transmitted infections (STIs)? Indeed, it was clear that *jeito* promoted the idea of sexual activity for personal pleasure and recreation, with potentially confusing messages around responsibility for the consequences.

These examples call attention to the fact that 'risk behaviour' is constructed somewhat differently in different contexts, as positive behaviour in one context may be risky in another. Different people understand risk behaviour differently, according to their past and present social experiences. This is especially true given the reality of Mozambique, with more than eleven spoken languages. As a result of the different social backgrounds, people engage in many different types of interaction and experience different forms of socialization. In this way, it is to be expected that individuals might look at *jeito* use differently as a result of different social background or norms.
I would now like to turn to a discussion about risk. In epidemiological terms risk is the possibility of individuals losing their immunity and control over their health (Albarracin 2001, Campbell 1995, Lupton 1993). This framework ignores the possibility that risk might occur as a result of society influencing individuals to reduce or increase risk behaviour. Based on the assumption that different individuals will understand sexual activity and relationship differently, jeito promoters need to understand people's experiences of risk in the light of socially constructed meanings, and not only the physical or material aspects of life.

In Mozambique, the lack of critique about prevention programs does not allow flexibility in the way the jeito campaigns are conducted. Thus, the jeito campaigns (despite the serious limitations described above) have remained central to the project of sexual education and the promotion of responsibility for sexual behaviour.

Furthermore, the increase of HIV/AIDS infections in the country does not only show the lack of connection between the prevention campaigns and those groups that are at greatest risk of HIV infection. It also shows the lack of connection between public health and social-cultural dimensions of peoples' life; for example, the absolutely critical importance of understanding how men might differ from women in their perceptions of risk, sexual intercourse and jeito messages.
Conclusion

This discussion has provided an ethnographic approach to perceptions of fertility and sexuality among residents of Mafalala barrio, Maputo, Mozambique. However the results of the study should not be generalized to all people in the barrio, let alone in Mozambique. Even in this one small area, there is much social complexity, and people have diverse backgrounds.

Studies on fertility in Africa have focused on the demographic and sociological perspective (Caldwell and Pat 1987, Isiugo-Abanihe 1994, Ksarda 1985). In demographic terms what matters is the number of children who live or die, or who are raised by biological parents. According to the demographic point of view, fertility is defined as ‘male or female biological capacity to have babies.’ Demographic studies have rarely attempted to explain fertility in socio-cultural perspectives (as Agadjanian 2001, Martinho 2002, and Potts and Marks 2001 discussed).

My findings have shown that fertility plays an important role in informants' life. Fertility allows men and women to demonstrate maturity in the public sphere, and therefore to be recognized as men and women, even if in other areas of life such as education or employment, they are still not independent. Sexual maturity, in this context, is regarded as the ability to have intercourse with the woman/man and involves penetration; in the case of (some) men, nothing more is expected and certainly not the ability to be responsible for a baby. Babies (or even pregnancies that are terminated) are also important because they extend the family and reinforce social networks. As such they demonstrate ‘social capital’, a concept that is able to explain aspects of everyday life that ‘social structure’ does not (Bourdieu 1980). In order to reach ordinary people, education campaigns must address the question of fertility as social capital, as well as issues of social structure regarding women’s choice of whether or not to have sex without a condom. They need to acknowledge that “safety” is a complex issue for women engaged in a daily struggle to survive economically.
Sexuality is associated with multiple identities. For example, Carolina has gambled on sexuality with Mr. Y to achieve personal benefit. At the same time she was fulfilling her role of woman and mother. As a budding businesswoman, Carolina has expanded her social network which also implies other ways of constructing identities. Although she lives in a community that is assessed as being economically disadvantaged, Carolina has been able to convert 'social capital' into social advantage, at least for the short term future. Issufo\textsuperscript{19} demonstrated that 'a real man' is associated with heterosexual relationship and the body. Sexuality and multiple identities are also variable and complex. Gustavo and Guimarães offered other ways of constructing identities when they talk about homosexuality and men.

The HIV/AIDS awareness campaigns have focused on the 'rider', which involves an individual perspective, but neglects socio-cultural dimensions of individuals' lives; for example, the need to prove a socially preferred identity (heterosexual, masculine, fertile etc). In 'rider' situations \textit{jeito} may be useful if partners can negotiate its use, but these situations are not the preferred norm for either sex and are viewed as a 'stop-gap' measure. In the case of (some) men, 'rider' takes the place of being able to show off a girlfriend by 'doing tchunar', in those situations where income is insufficient. In the accounts of women, the value given to 'rider' is even more ambivalent or uncertain due to their cultural lack of freedom to speak about sexual preferences and behaviours. In cases where couples are oriented through kinship networks, they are expected to have babies. Therefore it becomes difficult in that context to promote the notion of 'safe sex'.

It is particularly important to consider people's points of view with reference to the various sexual situations depicted in HIV/AIDS prevention campaigns. Where language is being used that is not familiar to recipients, they are liable to apply their own interpretations and to evaluate the HIV/AIDS message negatively (or, unhelpfully). I would say that the main requirement to improve articulation between \textit{jeito} campaigns and public health is closer attention to language and kinship networks. Language suggests the sharing of meaningful, clear and effective messages, and kinship networks provide a

\textsuperscript{19} Section 3.3 p. 37-39 in this study.
socio-cultural articulation between individuals and the ‘social field’. At present, it seems all too likely that males and females who view these campaigns are placing very different interpretations on the ‘dancing with jeito’ that is being presented; and that younger and older viewers would form even more divergent conclusions. Such vague messages, open to diverse interpretations, may reinforce social attitudes and behaviours which serve to promote the spread of HIV/AIDS and other STDs.

The perceptions of fertility among my informants clearly require the rethinking of HIV/AIDS prevention campaigns in Mafalala barrio. Informants’ comments on fertility demonstrate that women in this area report economic, social, emotional, local, family, and religious values around fertility and childbearing, not to mention its significance for individual and group identity. It appears therefore that women are powerfully motivated to have ‘unprotected’ sex on numerous occasions, both within and outside of marriage relationships.

The idea of ‘protection’ holds a different meaning for members of this community, depending on what they think needs protecting. For example, a woman who needs to become pregnant in order to secure a relationship feels more ‘protected’ by having ‘unprotected’ sex. In such situations, ‘protection’ was mainly seen as the availability of help from members of their family or group. Protection was also obtained from churches, the community centre of Mafalala barrio and mosques due to practical responses for residents concerns. It may be the cultural gap between these respondents and those depicted in the campaigns allows or encourages working class women (who do not aspire to the music, fashions or dance-club culture) to feel that in the same way that ‘jeito’ has no relevance in their lives, HIV/AIDS is equally irrelevant and far removed from their reality.

‘Prevention’ as the HIV/AIDS prevention campaigns say, did not have a positive appeal either, because insofar as these terms are associated with condom use, abstinence and delayed sexual activity, they are perceived as inhibiting fertility that plays a key role in sexual transactions.
Having pointed out that the ambiguous nature of the campaigns could interact unpredictably with people from different socio-cultural backgrounds, it must also be acknowledged that the *jeito* campaigns produce different interpretations which may be positive as well as negative, especially for the young and fashion conscious. A useful start, therefore, might be an attempt to clarify how these existing media campaigns communicate to people of different backgrounds. It is central to ensure the right messages for people and to articulate health services and family needs – not merely brand-name recognition.

Focusing on young people’s comments about sexuality, it seemed that many young people associated sexuality with physical functions of the body and hormones. In the dynamic complexity of everyday life, these simplistic ideas about sex speak of disempowerment, and an inability to access useful sexual knowledge or social skills. Some young people’s parents had after all moved from the war-affected areas to Mafalala barrio to seek better living conditions, yet retained their local family values. Such parents wish to see their sons and daughters marrying a person who would respect those values. Where young people had a sense of belonging to such a family or network, they were provided with protection and hope, and felt safe in their relationships. This contrasts with the idea of ‘unsafe sex’ based on medical clinic interpretations. In these interpretations ‘safety’ has a biological meaning not a social or economic meaning.

In their families, young people mainly learn that sex is for procreation and procreation for the securing of marriages. Such perceptions result in a normative view of sex being penetrative, open to the possibility of conception, and heterosexual. This normative view stands against the efforts of health campaigns to promote condom use. Although young people certainly do not confide in their parents or speak to them about sexuality, it appears that the HIV/Aids educational programs are losing an opportunity by failing to educate parents and elders, or to enlist their support. Parents fall back on local practices, concerns or beliefs in the guidance of the youth, and a gap is left in the education of their children. Many families still use rituals such as lobolo and youth initiation to guide the
young in matters of sex and morality. Even when it is difficult for a parent to speak about these concerns to a child, some are willing to try, as Catija’s experience shows. Because of this gap I suggest that HIV/AIDS educational programs work with older adults, using the language of family to capture their attention, and enlist them to help Mafalala and other similar areas to reduce the spread of the HI virus. Elders, in Mafalala and I believe in the rest of Africa, are widely regarded as a sources of wise counsel. I believe that the grandparents are not willing to see their family dying with HIV/AIDS, and are likely to be willing participants, as they do not want to have to bury their own children.

This study aimed to explore perceptions of fertility and sexuality among residents of Mafalala barrio, Maputo, Mozambique. My informants demonstrate that whilst they may not have decided on their preferred forms of sexual relationship, their kinship networks strongly influenced informants in the ways they think about fertility and sexuality. Kinship was important to understand the meaning of ‘protection’ and ‘prevention’ among people that I interviewed. For future research in Mafalala I suggest exploring the ways in which family elders approach the question of fertility and sexuality, in order to articulate their knowledge with the HIV/AIDS educational programs and hence reduce the spread of STIs.
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