"The Other": A look into concurrent relationships from women's perspectives in Luanda Angola

Proefschrift

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Dedication

This research is dedicated to my aunt Rosario de Fatima, a strong woman, an inspiration and an example for all Angolan women of loyalty, friendship, professionalism, family values and so much more. You will forever live in my memory and in my heart.

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This dissertation would not be possible without all of the women that agreed to open their hearts and have very personal and intimate conversations with me. I must also acknowledge all the women that, after casual conversations with me about very private matters in their lives, agreed that those conversations could be used to enhance my research.

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Chapter One: Introduction

In sub-Saharan Africa, women make up almost 60% of people living with the HIV virus. (Villar-Loubet, Cook, Chakhtoura, Peltzer, Weiss, Shikwane & Jones, 2012)

INTRODUCTION

General

Within the context of HIV and AIDS, the feminization of AIDS has gained importance over the last decade (Gupta, 2000; Pietrzyk, 2005; UNAIDS, 2004). On average, in sub-Saharan Africa, sexually active women between the ages of 24 and 35 are at higher risk of contracting the HIV virus than their male counterparts (Dos Santos & Ducados, 2000; Prasad & Somayajulu, 2008). In sub-Saharan Africa, women and girls make up almost 60% of those with HIV (UNAIDS, 2004). The debate over the causes behind the rising number of infected women revolves around both biological causes (internal factors) directly related to the composition of the human body, and social causes (external factors) such as economic status, culture, marital status, etc. What is causing the number of infected women to rise so quickly?

Biologically, women are at higher risk of HIV/AIDS infection. In Africa, economic disparity results in widespread economic dependence on men, which is also one of the named causes for this increased vulnerability (Dos Santos & Ducados, 2000; Gupta, 2000 Prasad & Samayajulu, 2008). It is common for women, either formally through prostitution or informally through relationships with one or more older (and often married) men, to

trade sex for money or other material goods. In a plenary address at the thirteenth International AIDS Conference in Durban, South Africa, Dr. Geeta Rao Gupta, President of the International Centre for Research on Women, acknowledged the fact that economic dependency increases women's vulnerability to HIV. She added that the economic vulnerability of women makes them more likely to exchange sex for money or favours and less likely to successfully negotiate sexual protection from their partners. It also makes them less likely to leave a relationship that they perceive to be risky. This appears true for married women as well as single ones (Gupta, 2000).

In the same plenary address, Dr. Gupta also stated that many societies hold the belief that a variety of sexual partners is essential to men's nature, leading them to seek multiple partners for sexual release. In most cases, the wife either pretends not to know or accepts it as the price of saving her marriage. It is generally considered unacceptable for a married woman to ask her husband to use a condom, and there is not enough open discussion to allow her to remind her husband to be safe in his extramarital relationships. Many women are infected by their husbands. UNAIDS, the United Nations agency dedicated to fighting the HIV pandemic around the world, states that:

Gender norms, for example, often dictate that women and girls

should be ignorant and passive about sex, leaving them unable to

negotiate safer sex or access appropriate services. Gender norms in

many societies also reinforce a belief that men should seek multiple

sexual partners, take risks and be self-reliant. (Gupta, 2000, p. 1)

Angola

In Angolan culture, the practice of polygamy was banned soon after

the country gained independence from the Portuguese in 1975. Polygamy is

now illegal in Angola. However, even if men are not legally able to marry

more than one woman, it is culturally acceptable for a man to have multiple

partners in different households, and sometimes even more than one family

(Dos Santos & Ducados, 2000). Equally important is the common practice

that in the Angolan household, women play a subordinate, supportive role

to their husbands, especially in matters of decision-making (Dos Santos &

Ducados, 2000; Oyebade, 2007). This factor further inhibits women from

discussing their partners' tendencies to maintain sexual relationships

outside of the marriage.

Motherhood is another factor in women's increasing vulnerability to

HIV/AIDS. In Angola, as in most African countries, motherhood lies at the

center of womanhood (Dos Santos & Ducados, 2000; Vallaeys, 2002). A

female is not considered a real woman until she becomes a mother. This norm is so deeply entrenched in African culture that women are willing to take serious risks in order to achieve the status of mother. In *Culture and Customs of Angola*, Adebayo O. Oyebade refers to the bearing of children as essential for Angolan women. In reference to the importance of this cultural factor, Gupta established that in many cultures, motherhood is considered a feminine ideal (Gupta, 2000). For this reason, barrier methods or non-penetrative sex as safer sex options present a significant dilemma for women. In Angola's 2006 HIV/AIDS country progress report, the National Program for the Fight Against HIV/AIDS, the Angolan governmental institution that heads, coordinates, and oversees all HIV-related programs, stated that:

- Within the age group 15-19, females accounted for 52% of new HIV infections;

- within the age group 20-29, females accounted for 62% of the new infections, and;

- within the age group 30-39, females accounted for 59% of the new HIV infections.

More recently in a 2011 HIV World Day communication to the country, Angola's Health Minister, Jose Van-Dunem, confirmed that the prevalence

of HIV continues to be higher in women (61%) than men (39%) (Van-Dunem, 2011). As do other countries in the region, the Angolan national program attributes the higher rates among women to early sexual debut and transactional sex (sex in exchange for money or goods) caused by high levels of poverty and men's disproportionate economic power.

Identifying the Problem

In 2007, scientist and author Helen Epstein published *The Invisible Cure: Africa, the West and the Fight against AIDS* in which she examines the escalation of the HIV/AIDS crisis in Africa, focusing primarily on Uganda, Kenya, and South Africa. Of particular interest is how long it took for these countries' governments to realize the extent of the problem. HIV is not only a problem for the so-called "high risk" groups (e.g., truck drivers and prostitutes), but also for the African middle and upper classes (Kalipeni, Craddock, Oppong & Ghosh, 2004). According to author and researcher Gloria Waite (as cited in Epstein, 2007) in her article "The Politics of Disease the AIDS Virus in Africa," governments took too long to respond to the threat of HIV/AIDS, often due to a lack of resources, proper communication facilities, and understanding of the problem.

Epstein describes "relationship concurrency" as a major problem in Africa, including Angola. From the beginning of the HIV problem, many

assumed that HIV rates in Africa were higher than in the rest of the world because Africans typically had more sexual partners during the course of their lives. Public discourse about AIDS in Africa is clouded by the persistent presence of racial stereotypes, moralistic reasoning and xenophobic policies (Prewitt, 1988). It turns out that, on average, Africans have fewer sexual partners in the span of their lifetime than most people in the United States or Europe (Epstein, 2007; Morris & Kretzschmar, 1997). The problem in Africa, according to Epstein, is that most people have concurrent relationships, meaning two, three or even four simultaneous relationships over long periods of time. As Epstein explains, concurrent or simultaneous relationships are far more dangerous than serial monogamy because they link people in a giant web of sexual relationships that creates ideal conditions for the rapid spread of HIV. Epstein continues on to state that people whose partners have concurrent partners are three and a half times more likely to be infected than those whose partners do not have concurrent relationships. This explains the common observation that, in Africa, faithful women are infected with HIV even when they are not practicing concurrency. Their husbands' behavior places them at risk. In Angola, while women are sometimes unfaithful to their husbands, the practice of keeping more than one sexual partner for long periods of time is

almost exclusively attributed to men and is a culturally accepted practice

(Dos Santos & Ducados, 2000).

The consensus among scientists, politicians, and other world leaders

appears to be that a combination of biological and social causes explains the

increased HIV infection rates in women (UNAIDS, 2011). Biologically,

because HIV concentrates more heavily in semen than in vaginal secretions,

potentially infectious semen can remain on the surface of the vagina for

some time and vulnerability to infection is increased (Engenderhealth,

2003). Biological reasons, while significant, will not be the subject of this

study. I will focus on the different cultural beliefs, practices, and behaviors

that potentially increase Luandan (Angolan women that reside in the city of

Luanda) women's vulnerability to contracting HIV.

This Study

I will be studying the matter from a social constructionist perspective.

The constructionist ontology allows for different realities, based on context,

people, and location (Gergen, 1999). If we accept the idea of different

realities, we can cease to search for the single reason or one cause for the

high rates of HIV in sub-Saharan Africa. The acceptance of different

realities allows for a variety of possible explanations or sets of

explanations. Not only are the realities different, multiplying the number of

possible interpretations, but the interpretations of those realities are also coming from those of different cultures and backgrounds. The fact that researchers on the topic come from different realities and cultures will influence their conclusions, as they are products of the constructs that shaped their lives. This factor is likely to influence the way they interpret the information received.

Those in charge of research for public health programs in Angola are typically well-meaning. Nevertheless, they are influenced by their own views, positions, and moral values, which are oftentimes reflective of dominant Western ideas. Their research and the resulting plans of action are therefore grounded in Western social constructs, not those of the local population.

As a researcher, I have the advantage of being an insider to Angolan culture with the same reality of social constructs as the participants. I share their cultural values, and I understand and possess awareness of Angolan social dynamics. I was born and raised in Luanda (Angola's capital city), which equips me with a thorough understanding of how things are done and how relationships work. However, my exposure to the fluidity of the constructionist ontology allows me to search for and find different

meanings to the question of what is impacting the rates of HIV/AIDS in Luanda without having to adhere to dominant ideas (Wilson, 2008).

"The challenge it is not to locate 'the one best way,' but to create the kinds of relationships in which we can collaboratively build our future" (Gergen & Gergen, 2004, p. 21). My relational responsibility to the participants as both an Angolan and a woman allows me to assemble a relational context that will facilitate the kind of inquiry capable of privileging local interpretations of reality.

There are several reasons why I have chosen to narrow the scope of my research to women from Luanda. Luanda is the capital province of Angola, and one of the most accessible places in the country. Angola has a centralized health information system, and information such as HIV statistical data is more easily accessible in Luanda. Luanda also sets the trends for the rest of the urban cities in the country. Furthermore, I have past experience working and participating in research in Luanda. This familiarity with the city has proven helpful over the course of my research. For example, to put together a focus group of HIV-positive women would have been nearly impossible in a place where I had no network of contacts. People who did not know me would have been reluctant to trust me. Women are afraid of making

their HIV status known to strangers for fear of discrimination, violence, isolation, job loss, etc. (Gupta, 2000 Tallis, 2002). This is also the case in developed nations where, even with protective laws, people are still afraid to make their HIV status known. It is much more pronounced in less developed countries like Angola, where ignorance about the means of HIV transmission is still very high. However, because of my previous projects in Luanda, I was able to contact community groups who worked with HIV-positive women and gather a group of participants for my study within a week.

For the purpose of this study, I borrowed Richard Brislin's definition of culture from *Understanding Culture's Influence on Behavior* (2000). Brislin defines culture as "shared values and concepts among people who most often speak the same language and live in proximity to each other" (p. 4). He adds that these values and concepts are passed down through generations and provide guidelines for everyday behavior. In this study, I attempt to determine the cultural values that contribute to the enhanced risk of HIV in women, and in particular, those condoning the practice of concurrent relationships. Through dialogue with the participants and information drawn from media sources and firsthand observations, my goal is to better

understand the importance of specific cultural beliefs and values that guide Luandan women in their efforts to be accepted and respected members of their society.

The main drive to engage with this study was my own personal and professional experience with Luandan non-governmental organizations (NGOs), including one where I once worked, which rarely took into account local cultural values when designing HIV/AIDS prevention programs in Luanda. The organizations and individuals that come to work in Luanda are even less likely to properly account for Angolan cultural values, as they arrive with their own set of values and cultural beliefs. Ethnocentric ideas tend to prevail, as these individuals believe that the set of values drawn from their own cultures are the most reasonable and acceptable guidelines for behavior. One implication of this practice is that the dominant group feels superior to the others because, in its opinion, its members are the ones who practice sensible, correct, and acceptable behaviors (Brislin, 2000).

ANGOLA - CULTURAL AND HISTORICAL CONTEXT

The following is an introduction to Angola's cultural and historical context. This context is crucial for understanding the study because knowing where people come from, what their motivations are, and which kinds of discourse affect their perceptions of reality are necessary when analyzing their behavioral choices to produce interpretations which may then be useful in building sustainable, realistic, and culturally-sensitive HIV prevention programs.

Angola is located on the southwestern coast of Africa and shares

a border with the Democratic Republic of Congo (DRC) and the

Republic of Congo (RC) on the North, Namibia on the South, and

Zambia to the east. Angola has an Atlantic coastline of approximately

1,650 kilometers (Stead & Rorison, 2009). As stated earlier, the

country's capital is Luanda, located near the Atlantic coast, and the

official language is Portuguese. In addition to Portuguese, several

African languages are spoken throughout the country, each of them

encompassing several dialects (Oyebade, 2007; Stead & Rorison,

2009).

The Bantu

Circa the sixth century A.D., the Bantu people emigrated from

northern Africa to occupy what is today the territory of Angola. The

Bantu arrival brought iron smelting skills and agricultural expertise to

Angola. They possessed a centralized political authority in the form of a

ruler who was aided by local chiefs that carried out the law at a local

level (Oyebade, 2007; Stead & Rorison, 2009).

One defining characteristic of these Bantu groups was a great

spirit of community. They believed that human beings could profoundly

affect each other, either positively or negatively. For them, life was

only conceivable as part of a community. They considered life to be essentially joyous, something that should be lived to its fullest. For the Bantu, health was the essence of life. They desired a full, intense life, the joys of paternity and maternity and a union with all beings—for them, loneliness was death (Altuna, 1973).

The Bantu people desired above all to live eternally. However, aware that death was inevitable; they believed that the best way to live eternally was through their descendents. Thus, the goal of each individual was to procreate. Bantu cultural ethics led them to produce many children, and to view these children as their treasure and guarantee of eternal life (Altuna, 1973). Family was the heart of the Bantu community. Unlike in Western communities, this included not only the family within a household (father, mother and children), but also the larger family of their whole community (Altuna, 1973).

The social status of women, the significance of marriage, adultery and polygamy of the Bantu are discussed next as they are in essence the social phenomena that bridge across to modern times and play a role in the current state of affairs in concurrent relationships and will help us understand its cultural value.

Women

According to Father Altuna, a Portuguese priest sent to Angola in 1959 who later developed an interest in African culture (Bantu culture in particular) in his book *Bantu's Traditional Culture,* the value of a woman in Bantu society was based on her potential for maternity, as well as her ability to work the land for agricultural purposes. These attributes gave a woman a prestigious position in society. She was not only the mother, but also the repository of the past and the only one who could guarantee the continuation of the community through procreation. Her role as the keeper of the house was decisive; she was the guardian of the household and the educator of the children.

Single mothers were not disdained by their community, but instead courted by men. While a single woman might dishonor her family, she could also prove her ability to conceive children. A child made her valuable and earned her a place in the prestigious group of mothers. Her ability to conceive children was also a promising sign for the success of a future marriage.

Marriage

Among the Bantu, as in many other African cultures, marriage shaped social and economic life (Altuna, 1973; Herskovits & Bascom, 1959; Fallers, 1965; Maquet, 1972). A marriage alliance between families meant the initiation of a new bloodline and the gain of new land and animals. The marriage between a man and woman also served to reinforce family ties, as well as tribal or even kingdom ties. Through marriage, both families believed that they were not losing a family member but rather gaining a new one. Socially, both men and women achieved their full social status once they were united in marriage because it was through marriage they would fulfill their greatest duty as members of the community: that of procreation. As previously stated, having children was a priority and the biggest aspiration of the Bantu people. Only after the birth of the first child was the marriage consummated. Not being able to conceive children was a reason to invalidate a marriage that, until the birth of the first child, was considered experimental. The matrimonial process was only concluded once the first child was born. Sterility, in Bantu culture, was only attributed to women; men never received the blame for the inability to conceive (Altuna, 1973).

Adultery

Traditional Bantu society was tolerant of extramarital sexual relations. Adultery was generalized but not made legal. Men were freer to have adulterous relationships, although women would occasionally engage in them as well. While women did not like their spouses to have such relationships, they generally tolerated adultery as long as it did not degenerate into abandonment of the household. For the most part, the reasons behind adultery—according to both men and women—had to do with the wife taking a long time to conceive a child (Altuna, 1973). For men, both long periods of post-pregnancy breastfeeding by the wife and cultural beliefs related to sexual relations during pregnancy (which was not prohibited, but nevertheless thought to be unhealthy for both mother and baby) also justified adultery and made it more acceptable to the wives (Altuna, 1973).

Polygamy

Altuna argues that polygamy was not originally part of broader Bantu culture, and that in the beginning it was mostly practiced by individuals of higher social status. With the introduction of new advances in agricultural technology (mainly the development of iron tools), those of lower social status were eventually able to afford more than one wife. In his view, the biggest motivation for polygamy was the

desire to produce many children. The infant mortality rate at the time of the Bantu arrival in Angola and centuries after could reach 70-80%; hence, one had to produce many children to ensure that a certain number would survive. A man with a large number of children was well-respected and had more prestige and authority. Polygamy was not considered an individual phenomenon, but rather a social one, meant for the good of the group. Women and children brought prestige to men because they were a tangible sign of power and life that were to be respected and maintained. Polygamy multiplied the number of social relations of a family and contributed to the integration of more women into society through motherhood, as well as the incorporation of their families into the social network.

Polygamy also served economic and political purposes. As previously discussed, a large number of wives and children brought power and prestige to a man, who became the envy of his peers and possessed a higher social ranking. A large family was a sign of distinction. Economically, more children and more women meant a larger work force and more women to provide men with yet more children. Bantu chiefs consolidated their power with matrimonial alliances both within their own groups or with members of other

groups; this was polygamy with a political objective. Furthermore, chiefs needed to have many children in order to ensure the preservation of their bloodline (Altuna, 1973).

As Bantu culture shaped the way to the future it is then important to understand how much this beliefs still play a role in people everyday lives as they move further and further away from their ancestors. Discover the cultural dynamics of current behaviors how they link to the past and how are they moving into the future.

STATEMENT OF PURPOSE

My research aims to assess how Luandan women perceive the problem of HIV/AIDS in the context of concurrent relationships, what they believe to be culturally sensitive solutions, and how they view their roles as mothers, friends, sisters and members of society or organized female groups within their cultural context.

I interviewed Angolan women of different demographics (age, socioeconomic, education, marital status) who reside in the capital city of Luanda and used constructivist grounded theory to help understand what they told me. Grounded theory is the construction of theories and concepts from the examination of data throughout the research process (Glaser & Strauss, 1967).

Most studies treat African culture as one of the main causes for the high HIV rate in Africa (Gupta, 2000; Pietrzyk, 2005). The report of the United Nations Secretary-General's Task Force on Women, Girls and HIV/AIDS (UNAIDS 2007) is a good example. This report repeatedly refers to cultural norms as aggravating factors for the rapid spread of the virus amongst women in sub-Saharan Africa, stating, "social cultural factors [in Africa] have been identified as responsible for the rapid spread of the disease" (Rose-Innes, 2006, p. 1) and "cultural norms of sexual behavior increase women's vulnerability to HIV" (World Health Organization, 2004, p. 1).

The purposes of my study are: (1) to discover whether Luandan women believe that relationship concurrency and other cultural factors, such as patriarchy or social need have children make them vulnerable to HIV, (2) to identify which cultural aspects they believe have contributed to the epidemic, and (3) to explore whether it might be possible to use these same cultural aspects as starting points for generative and transformative conversations among all parties involved in the process of fighting HIV and AIDS in Luanda.

JUSTIFICATION FOR THE STUDY

As previously mentioned, I worked for over two years in Angola at a public health NGO (non-governmental organization) that focuses mainly on prevention programs. As communications director, I was responsible for the design and management of HIV/AIDS public health campaigns, which were disseminated via local and national media outlets (e.g., television, radio, and journals). The office in Angola primarily managed campaigns, while the headquarters in Washington, DC and the offices in Kenya office focused on design. Once the campaigns were ready, they were tested in two to three countries in southern Africa before being launched in other countries in the region.

The NGO's structured their campaigns around results from the Knowledge, Attitudes and Practices (KAP) studies they conducted in various southern African countries, including Angola, Kenya, Namibia, etc. A KAP study establishes a baseline of knowledge for HIV and, when repeated at specific intervals of time, is thought to show changes in knowledge, attitudes and practices of the group being studied. KAP studies tend to be favored by NGO's, governments, and international social organizations like the United Nations and the World Bank, due to their cost effectiveness and their capacity to quickly collect information (KAPs are generally very focused and limited in scope). At the time of

my departure from Populations Services International (PSI) in 2006, KAP studies were the most popular method of gathering HIV information and the basis for the designs of all our prevention campaigns for targeted populations.

In Angola, the HIV/AIDS KAP targets youth (15-24 years old), sex workers, and truck drivers because they were considered at that time to be high-risk groups for contracting the HIV virus. A typical KAP study includes questions regarding demographics, sexual beliefs, sexual knowledge, sexual habits, and beliefs and knowledge about HIV/AIDS, as well as where and how such knowledge was acquired. Most of the questions could be answered "yes," "maybe," or "no," or on a Likert scale of agreement to disagreement. Questions are generally read verbally and their answers recorded by the surveyor.

The average KAP respondent sample is quite large, numbering five hundred respondents or more. Once all questionnaires are complete, answer sheets are fed into a computer and analyzed electronically. All written reports are based on this analysis. The report is then used as a basis to determine what behavioral areas need our attention.

Western Views Driving Research

KAP studies are efficient and guarantee quick, actionable information. They do not, however, provide international NGO program managers with an in-depth understanding of the people whom they are working to help. This in itself causes problems with the design of a study.

Close-ended questions pose two major difficulties: First, they assume that the researchers know *what* to ask, and second, they do not allow respondents to elaborate on their answers (i.e., provide opportunities to talk about which factors they believe to be at the root of their behaviors, why they hold the beliefs they do, who they are, or what concerns them most). In keeping with traditional Western research culture, KAP interviewees do not have a voice in terms of choosing what they contribute to the research (Smith, 2002). In her book, *Decolonizing Methodologies*, Smith further affirms that the globalization of Western knowledge and culture constantly reaffirms the West's views of itself as the center of legitimate knowledge, the arbiter of what counts as knowledge, and the source of civilized knowledge. Hence KAP studies, designed according to Western standards with little or no local input, will produce answers that are

already expected, based on the bias and pre-conceptions that helped to formulate the questions in the first place.

For example, the KAP might ask how many sexual partners the respondent has had in a certain period of time, but one will not know *why* they may have changed partners or had them at the same time, because the design of the study does not allow for such information to be collected. A KAP study conducted by PSI for an oil company based in Cabinda, Angola, reads:

> In the sample, only 3.1% of the respondents have never had sex. Among those who are sexually experienced, 71.6% reported having sex with only one partner in the last three months, while 23.8% reported multiple partners and 4.6% did not have sex in the three months prior to the survey. Although the numbers from the Rig are small, it shows that 75% had multiple sexual partners. This is followed by workers from the Platform, where 42.5% indicated multiple sexual relationships and Cabinda where 31% had multiple sexual partners in the three months before the survey. Male workers (27%) were more likely to report multiple sexual partners than females (8%). Also,

younger workers reported more multiple sexual partners

than the older workers. (PSI, 2003, p. 20)

This KAP report is quantitative, and while these percentages

provide a wealth of information on sexual behavioral habits, the report

lacks any explanation of potential reasons for these behaviors, the

demographic identity of study participants, or their cultural backgrounds.

There is no mention of how these cultural backgrounds influence their

behavior. There is also the issue of self-reporting—there is no foolproof

method of verifying whether interviewees are giving honest responses to

questions. The problem of self-reporting is even more prevalent in the

work setting, where, even if anonymity were guaranteed, subjects might

still harbor fears of the company accessing their information

In a 2004 concept paper, a report produced with the objective of

procuring financial funding; the PSI Washington, DC research

department described the PSI behavior change framework as:

…nested in a health systems framework in order to define

social marketing performance measures, namely impact or

effectiveness, equity, cost-effectiveness, exposure, coverage,

quality, equity of access, efficiency and the halo and

substitution effects. The framework shows that exposure to

social marketing interventions is organized to create changes in

opportunity, ability and motivation across populations with

varying characteristics, such as age, sex, and socio-economic

status. For example, a social marketing intervention that creates

a change in quality, availability or brand appeal—a net overall

change in "opportunity"—among those in need can then result

in behavior changes that improve health status and or quality of

life. (PSI, 2004, p. 13)

In short, when first introduced in most African countries at the peak of

the HIV crisis in the mid-eighties and early nineties, reports on using

condoms indicated that condom use was low (AIDSMAP.com). The

organizations that were in charge of condom distribution, mainly

foreign non-profit ones, conducted research to determine the reasons

behind the low adherence to condom use. According to their studies, the

major factors were brand appeal, availability, and price. Therefore,

following the framework presented above by PSI, the assumption is

made that an increase in availability, quality, and brand appeal will

result in behavior change.

I chose to pursue this study because I believe that this sort of

framework is problematic. It fails to give people a chance to voice their

true concerns, to explain who they really are and why they behave the way they do. The role of an NGO is not to judge and make changes based on pre-formed judgments, but rather to understand recognize and reduce harm by conducting studies that are driven by cultural context and, where members of the targeted population are given the opportunity to voice the problems as they see them.

Through this study, I seek to accomplish this exact goal—to give Angolan women the opportunity to have their voices heard. At every step, I will attempt to analyze my own stereotypes and preconceptions about my fellow Angolan women, as well as engage them as conversational partners rather than research subjects. According to Wilson (2008),

> The aim of the research is to come to a consensus among the researcher and subjects on a construction that is better informed than it was before . . . knowledge in itself is not seen as the ultimate goal, rather the goal is the change that this knowledge may help to bring about . . . research is not seen as worthy or ethical if it does not help to improve the reality of the research participants (p. 37).

Through my dialogue with these Luandan women, I am attempting to bridge the gap in knowledge between their personal thoughts on and experiences with HIV/AIDS and the established Western frameworks that have been previously utilized to address such issues.

INVESTMENT AND PERSONAL EXPERIENCE

I was filled with hope when I went to Angola in April 2003 to work for Populations Services International (PSI), the aforementioned American non-profit organization that works with those in poverty in some of the least developed parts of the third-world nations. My position as a Communications Director in the HIV/AIDS area would give me the opportunity to help facilitate change. I had always been a great believer in public health education, and this was my chance to witness its effectiveness first-hand.

I believe that to be effective, public health education must be accompanied by a strong understanding of the underlying issues. What is causing a specific problem? I worked mainly on HIV prevention, although PSI-Angola works in several other programs, namely fields such as malaria prevention and clean water. I immediately narrowed my attention on one specific target population—females from ages 14 to 40. We needed to

design an effective youth and women's campaign. Based on research done by PSI prior to my arrival, we operated under the notion that some of the main causes of the climbing HIV infection rates were unprotected casual sex, intergenerational sex (young girls with older men), transactional sex (sex in exchange for money or other goods —not the same as prostitution) and the most significant—multiple concurrent sexual partners. The lesson that educational public health campaigns emphasize is that, by engaging in certain types of behaviors or by failing to take certain precautionary measures, people are likely to make themselves, and possibly others, sick.

This dissertation will not examine every possible cause of the increasing HIV rate in Angola. Through this conversation, my research aims to ascertain how *participants* felt about multiple concurrent sexual partners. Relationship concurrency is a widespread behavior in Angola, one that is widely accepted. As previously discussed, it is generally accepted in the scientific community that relationship concurrency is one of the main causes of the continuous spread of the HIV virus (Dos Santos, 2000; Epstein, 2007; Tallis, 2002). The PSI communications team was asked to come up with a campaign that addressed the issue of multiple partners. But how does one inform an entire cultural group that a practice which has been ingrained in them and accepted by their belief system might be a part of the

problem? Is it best to make them believe that they must change their beliefs in order to survive? That they need to alter their culture in order to escape this pandemic?

Finally I would like to add a bit about my experience working for PSI in Angola, because I believe that certain negative aspects of PSI´s management of their programs and staff abroad, or more specifically in Angola, are illustrative of reflective of the problems with many NGO's working in less-developed countries. The following is a critical analysis of PSI's internal management of programs and staff, and how it relates to the local programs being implemented by foreign nonprofit organizations.

It was clear to me from the start that there was a deep animosity between the nationals and expatriate staff members. The national staff felt that they were being treated poorly; their opinions did not count. There was no open dialogue and their input was not taken into account during the decision-making process. The difference in salaries and benefits astronomically favored the expatriates. For their part, the expatriate management thought that most the majority of the national staff was lazy, untrustworthy, and overall unreliable. During my tenure, I witnessed blunt disrespect towards national staff members, especially those in the lower ranks, such as drivers and secretaries. This created an awkward situation for

me, because while I wanted to gain the trust of my superiors, I felt that it was important to the national staff that I was working with to feel that I was supportive of them not only as a hierarchical superior, but also as a fellow Angolan. It was not always easy. I did agree with them on several issues.

A telling example of the disregard for the national staff in the decision-making process occurred when the Marketing Director presented a new malaria campaign to the PSI staff office for feedback. The campaign's slogan was "The war is not over", referring to the war against the mosquito and malaria. Angola is a country that has lived through an almost thirty-year civil war. Shortly after gaining independence, Angola went through a bloody civil war that lasted nearly thirty years. The staff explained to this foreign national that using the word "war" in this context was ill-advised. People had suffered immensely during the war (and still were) with the loss of loved ones, land and forced migration, and thus were extremely sensitive to any mention of it. They suggested that he abandon the idea and try something else. The Marketing Director and the country representative, neither of whom had lived in Angola for more then one year, chose to proceed with the campaign because they believed they knew better, and their job positions entitled them to make the final decision. The campaign was out for one day before we received calls from high-ranking government

officials demanding that we take it down immediately. We did, even after having spent a significant sum to, design, prepare and launch the campaign. This is was a situation that could easily have been avoided had the directors listened to the Angolan staff who best understood the cultural and political environment of the country.

There was occasionally a lazy or irresponsible member of the national staff. I have experience working both in Europe and in the USA and I can safely assert that laziness is not more prevalent in Angola than in more developed nations. However I must be clear about one thing--the people that did work hard, which was the majority of the national staff, were true heroes. They worked in the interior of the country, under the worst possible conditions. They made pennies for every dollar their foreign counterparts did, yet they showed up for work every day eager to make a difference and contribute, fully aware that they would not receive the respect that they deserved from their superiors. In the end, it is the organization that loses. It is widely accepted that prevention programs in Africa are largely unsuccessful (Epstein, 2007; Wilson, 2004). They conceive of programs that are not as effective and as efficient as they could be because they fail to understand that the local staff is their best resource to aid in the design of culturally meaningful prevention programs.

Chapter Two: Contextualizing this Study among Other Studies/Projects

Sexual behavior alone does not explain the spread of HIV/AIDS in sub-Saharan Africa (Kalipeni et al., 2004, p. 50)

HISTORICAL CONTEXT OF HIV LITERATURE IN SUB-SAHARAN AFRICA

General

An online search of for HIV/AIDS yields thousands of hits for

both books and scholarly articles. The topics vary from prevention to

treatment and everything in between (Bollinger & Stover, 2007;

Campbell, Foulis, Maimane & Sibiya, 2005).

Regarding Africa, there are examples of more hopeful case

studies from Uganda and Senegal. Uganda experienced a sharp decline

in new cases of HIV/AIDS infections in the past ten years, while

Senegal's HIV/AIDS prevalence rate never rose above 1.1%

(Whiteside, 2008).

Historically, the way HIV is perceived differs depending on the

source of the data. In the West (i.e., the United States and most of

Europe), HIV was originally viewed as a problem for only very specific

groups, such as the homosexual community and injecting drug users. In

Africa, it was also originally attributed to specific target groups: sex

workers, truck drivers and later, military personnel (Kalipeni,

Craddock, Oppong, Ghosh, 2004; Whiteside, 2008). Green (2003)

argues that this compartmentalization of the problem in Africa was

originally introduced by Western experts who claimed that the spread

of the disease in Africa there could be attributed to specific 'high risk'

groups, similar to the Western world viewpoint (Green, 2003).

Most of the literature regarding HIV/AIDS in Africa agrees on

the following items:

(1) Sub-Saharan Africa is home to the highest number of HIV/AIDS

cases in the world (Gupta, 2000; Whiteside, 2008; Wodi, 2005);

(2) The majority of people in sub-Saharan Africa contract HIV through

heterosexual sexual relations (Gupta, 2000; Whiteside, 2008; Wodi,

2005);

(3) Most new HIV infections occur in women (Gupta, 2000; Whiteside,

2008; Wodi, 2005);

(4) Thus far, prevention programs have in large part failed to produce

the desired results (Epstein, 2007; Goldstein, Grivin, Habyarimana,

Pop-Eleches & Thirumurthy, 2008; Green, 2003; Kalipeni et al.,

2004).

(5) Much of the literature I found on HIV/AIDS in sub-Saharan Africa

discusses the various reasons for why the region has the highest

prevalence of HIV infection in the world. While there is no

agreement on a single primary cause for this, frequent mention is

made of the influence of poverty, gender disparity, low education

levels, and cultural practices that lead to unsafe behavior (Dos

Santos, 2000; Epstein, 2007; Gupta, 2000; Kalipeni et al., 2004;

Vallaeys, 2002).

Angola

An 80-page report for UNESCO (Castelo, Gaspan, & Felix,

1999) examined the link between culture and HIV prevention. The

portion of the UNESCO study that focused on Angola was divided into

four parts:

(1) The institutional mechanisms used to fight against HIV/AIDS;

(2) The ongoing relationship between the HIV/AIDS epidemic and

socio-economic development;

(3) The impact of socio-cultural factors on individual sexual behavior,

as well as the ways in which such behaviors can facilitate the spread

of HIV/AIDS among populations; and finally

(4) A case study on certain sexual practices, which —according to the

authors —encourage the spread of the disease, as well as the

changes in behavior that are needed for successful prevention.

In the third part of the report, the authors analysed the main socio-

cultural factors that might play an important role in causing the spread

of HIV/AIDS in the population. My research proposes to examine some

of the socio-cultural factors as revealed by my research participants that might help prevent the spread of HIV/AIDS. The concept of cultural factors contributing to increasing the rates of HIV in the region has been vastly discussed and researched. Nonetheless, as socially constructed concepts, these "cultural realities" are fluid and variable. I wonder if these "realities" might be re-interpreted and re-imagined in such a way that might help to counter the pandemic rather then aid and abet it. Wilson (2008) states that the "goal is a coming together between the researcher and the subjects to create a mutual reality" (p. 37)—one that can positively change lives. If we believe that our cultural realities are indeed fluid, then cultural adaptation is possible. Cultural adaptation would consist of understanding all aspects of life in a modern society and adapt our own cultural values to new realities; this does not mean an abandonment of our ways, but rather adjusting them in order to face and survive new threats.

In Castelo et al.'s work (1999), the ethno-linguistic composition of the Angolan population opened the discussion on socio-cultural factors. The Bantu, the Hegenote-Bushmen and the Vatua were named as the major ethnic groups in Angola. While the Bantus constituted the majority of the Angolan population, the authors did not employ an in-

depth study of Bantu cultural habits and customs. Instead, they chose to outline a few general characteristics of all of the ethnic groups identified, with special attention to sexual marital behaviors, as well as coming-of-age rituals for both males and females. This choice is consistent with the objectives of their study, which focuses on the entire country, rather then a specific region or city.

Castelo et al. (1999) argue that the predominance of HIV/AIDS is due to heterosexual intercourse and concluded that sexual behavior alone does not explain the spread of HIV/AIDS. Therefore, the authors explored sexual education, the loss of traditional values regarding sexuality, post-birth sexual taboos, and family structure within the household, types of marriage, the status of women, and religious norms and values as possible causes for the rise of HIV/AIDS in Angola.

Following a study in Luanda among teenagers between 14-20 years of age, the authors concluded that parental conversations with their children regarding sex have all but stopped. These changes in family behavior are attributed to:

(1) Loss of traditional values due to a process of modernization, including a process of urbanization that has moved individuals away

from their family groups, changing decisions regarding sex from a

family or community affair to an individual issue,

(2) Changes in household factors and patterns of marriage: In the past,

both sex and marriages were dictated by deals and alliances

between families. More recently, the decisions of when to initiate

sexual relations and whom and when to marry are more commonly

left to the individual. Moreover there are new forms of polygamy in

urban centres in which the married couple does not share the same

house and wives are economically independent. This practice could

also facilitate extra-marital relations, and influence the sexual

behavior of young people, as they might be inclined to imitate their

parents' relationships patterns.

The authors also concluded that, due to local traditions (e.g., in Angola

marriage signifies reproduction) coupled with their submissive gender

status, women in Angola have a difficult time convincing their partners

to use condoms, since condoms are viewed as contraceptive rather than

as a form of STD and HIV/AIDS prevention.

Castelo et al. concluded that the status of a woman in Angola is

determined by her fertility or ability to procreate—procreation being

one of the main objectives of marriage. Due to the extremely high value

placed on procreation, the authors explained in the study that female sterility is a common reason used to justify male extra-marital practices and polygamy. They also concluded that the underprivileged situation of women in Angolan society has led to a lack of education, economic dependence, and little or no access to information for women on health issues. They furthermore concluded that this lack of education influences women's sexual behavior and contributes to the spread of HIV/AIDS.

These authors are not alone in linking poor education, economic dependency and cultural factors to the list of sub-Saharan women's risk factors in regards to HIV/AIDS. Wodi (2005) stated with regards to gender issues that African societies are patriarchal:

Thus years of "hand-me-down" conditioning of women have accounted for gender inequality in the region. In the era of HIV/AIDS, this power imbalance between the sexes carries a new sense of urgency. Women have become especially susceptible to the disease as a result of their limited power in sexual encounters. (pp. 2-3)

Gupta (2000), in a plenary address examining gender, sexuality and HIV/AIDS transmission, stated that:

In many societies there is a culture of silence that surrounds sex and dictates that 'good' women are expected to be ignorant about sex and passive in sexual interactions. This makes it difficult for women to be informed about risk reduction or, even when informed, makes it difficult for them to be proactive in negotiating safer sex practices. (p. 2)

As the Gender and HIV/AIDS technical update report in 1998 UNAIDS stated,

Gender roles also contribute to behaviors that foster HIV risk or inhibit preventive action. In many societies, the feminine ideal is characterized by women's passivity, ignorance, and expectations that they will defer to men's sexual needs. (p. 4)

To conclude their study, Castelo and colleagues conducted a focus group "case study" that included male and female participants from the major Angolan ethnic groups between the ages of 15 to 35. The discussion was led by a mediator and aimed at gathering information on the following: participants' understanding of the traditional norms and practices regarding sexuality; knowledge of their respective ethnic groups; knowledge of HIV/AIDS transmission and prevention; widely accepted traditional and modern practices that are

accepted but that also encourage the spread of sexual transmitted diseases (STD's) particularly HIV/AIDS; behavior changes as a result of HIV/AIDS; and lastly, family and community solidarity towards HIV/AIDS patients.

At the end of the study, the authors found that the majority of the participants had very little knowledge of the practices of their respective ethnic groups; what little knowledge they did have was primarily obtained through hearsay or the mass-media devices, such as radio and television, which further demonstrates that inter-generational educational conversations are not taking place. Their knowledge regarding STD's and HIV/AIDS was also poor and, like that of their cultural practices, was obtained mainly through radio programs and some prevention campaigns.

Highly pertinent to this study was the discussion of traditional practices that unwittingly encourage the continuous spread of the HIV virus. Their list of practices included: circumcisions in which the blades are shared; early sexual debut; loss of community values; and an adoption of a more individual mentality due to modern life-styles, which are strongly influenced by the mass media, including TV shows, telenovelas and radio programs. Lastly was the phenomenon of

infidelity and concurrent relationships, mostly amongst men, which

according to the participants of the case study (and also the female

participants in my own study), extends not only to multiple families, but

also to casual relationships with younger women.

Concurrency

As mentioned in the introduction, Helen Epstein first defines the

term "concurrent relationships" in her book, *The Invisible Cure, Africa,*

the West and the Fight against AIDS (2007):

> Concurrent or simultaneous sexual partnerships are far
>
> more dangerous than serial monogamy, because they link
>
> people up in a giant web of sexual relationships that
>
> creates the ideal conditions for the rapid spread of HIV….a
>
> relatively high proportion of men and women [in Africa]
>
> had ongoing relationships with a small number of people,
>
> perhaps two or three at a time. These 'concurrent'
>
> relationships might overlap for months or years or even in
>
> the case of polygamous marriages a lifetime. Such
>
> behavior is normative in many African societies, especially
>
> for men and it is practiced by large numbers of people who
>
> are neither prostitutes nor especially promiscuous. (p. 55)

This behavior is common in most of southern Africa. As cited by Epstein, a study by the World Health Organization (WHO) conducted in 1980 found the following: that 18% of men and 10% of women in Tanzania had more than one long-term partner, the same was true in Zambia for 22% of men and 10% of women, and in Lesotho for 55% of men and 40% of women.

Epstein (2007) explains that the risk inherent in such relationships endangers not only with those who engage in them, but also to those who are faithful to a single partner because "what matters is the nature of the network, not the behavior of any particular individual; faithful men and women are at high risk not from their own behavior but from the behavior of their partners" (p. 59).

A study published by Morris and Kretzschmar (1997) demonstrates how concurrent partnerships amplify the rate of HIV circulation:

Concurrent partnerships exponentially increase the number of infected individuals and the growth rate of the epidemic during its initial phase. For example, when one-half of the partnerships in a population are concurrent, the size of the epidemic after 5 years is 10 times as large as under

sequential monogamy. The primary cause of this amplification is the growth in the number of people connected in the network at any point in time: the size of the largest 'component'. Concurrency increases the size of this component, and the result is that the infectious agent is no longer trapped in a monogamous partnership after transmission occurs, but can spread immediately beyond this partnership to infect others. (p. 1)

The issue of concurrency in southern Africa and its implications to HIV have been frequently discussed and studied by researchers since the early 1990s, but researchers have not reached a consensus. For example, Lurie and Rosenthal (2009) argue that the evidence for the effects of relationship concurrency on the spread of HIV is still inconclusive. According to them, these previous studies are weakened by an inconsistent definition of concurrency, as well as the fact that concurrency is generally measured only within the past year, while the infection on any given individual might have occurred several years before. Lurie and Rosenthal fear that resources might be taken from programs with a proven success record to be spent on a theory that, according to them it, is still only that—a theory. According to the

authors, in order to support the concurrency theory, one would need a precise definition of concurrency, a universal scale by which to measure it, and a significant correlation between the measured concurrency and the incidence of HIV, controlling for potential external variables.

Lurie and Rosenthal are not the only critics of the concurrency hypothesis. Sawers and Stillwaggon (2010) also doubt the evidence and conclusions set forth by the concurrency hypothesis:

We find that research seeking to establish a statistical correlation between concurrency and HIV prevalence either finds no correlation or has important limitations. Furthermore, in order to simulate rapid spread of HIV, mathematical models require unrealistic assumptions about frequency of sexual contact, gender symmetry, levels of concurrency, and per-act transmission rates. Moreover, quantitative evidence cited by proponents of the concurrency hypothesis is unconvincing since they excluded Demographic and Health Surveys and other data showing that concurrency in Africa is low, make broad statements about non-African concurrency based on very few surveys, report data incorrectly, report data from studies that have no information about concurrency as though they supported the hypothesis,

report incomparable data and cite unpublished or unavailable

studies. Qualitative evidence offered by proponents of the

hypothesis is irrelevant since, among other reasons, there is no

comparison of Africa with other regions. (p. 1)

On the other hand, there is a solid contingent of support for the

relationship of concurrency to the higher HIV rates. In 2009, the United

States Agency for International Development (USAID) funded a study

in Namibia on *Alcohol Consumption, Sexual Partners and HIV*

transmission in Namibia (LeBeau & Yoder, 2008). Namibia shares a

lengthy border with Angola and, according to the Namibian Ministry of

Health and Social Services, has an HIV/AIDS rate of 17.8%. In the

study, LeBeau and Yoder found that it is acceptable in Namibia for men

to have several sexual partners during marriage and also children with

women other than their wives. While data indicates that the social

situation in Namibia regarding sexual partnership is varied, it is

estimated that as many as 40% of men in some communities have had

multiple partners in a 12-month period.

Epstein (2007), in an effort to better understand gender relations

in southern Africa, collected sexual histories from approximately 100

people from countries in the region, including Kenya, Uganda,

Tanzania, Botswana, Mozambique and Zimbabwe. The phenomenon of concurrent relationships was widespread across the entire region. In a Masai village in Kenya, Epstein found that the behavior was deemed inevitable by the locals due to long entrenched cultural beliefs, social habits and the nature of gender relations.

Epstein also found that the practice of concurrent relationships was also prevalent in South Africa. During Epstein's visit there in 2004, the unemployment rate was at a rate of 70% in some areas; men often had to travel far away from home to find jobs, leaving their families, wives and girlfriends behind in their home villages. This distance provided yet another reason for men to have concurrent sexual relationships in their home villages and at their work sites.

The young women interviewed by Epstein confirmed that they only saw their boyfriends or husbands during their visits home every few months and were aware that their partners were unfaithful to them. Some of these women were either in high school or had recently graduated. They had been taught about the dangers of HIV in school, yet, they endured relationships with unfaithful partners. The women explained that it was because they loved their men, but also because in many cases they were involved in transactional relationships, longer

term relationships that included the exchange of money or other material goods. These relationships are not the same as prostitution: as Epstein came to learn transactional relationships were motivated by a combination of physical attraction, emotional rapport and financial calculation. Epstein (2007) found that financial calculation seemed to have particular weight in South Africa, where "transactional sexual relationships, in which women expect gifts of cash or consumer goods from boyfriends, are by many accounts extremely common" (p. 76). Women in transactional relationships are at higher risk of contracting HIV because they are financially dependent on their husbands or boyfriends, making them more likely to tolerate unfaithfulness and abuse from their partners due to their dependent status. Sixty percent of Black South Africans live below the poverty line, meaning that money and material resources are important factors when choosing a partner.

Some national governments in the region are also endorsing the concurrency theory. In 2008, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe' launched the "OneLove" campaign; OneLove is a 5-year program that organizes different communication campaigns that will be rolled out in each country over the course of 5 years. Each country's campaign is led and

implemented by a wide range of organizations, and activities differ from country to country, often complementing existing campaigns and media activities. While OneLove is the name adopted by the majority of the partner countries for their national campaigns, different taglines (for example: "Talk-Respect-Protect" in South Africa) were found to work best in specific countries. These taglines aim to give local resonance, language, and idiom to the heart of the message: the need to talk about who and how we love, and how to protect and respect ourselves and the people we care about.

Migration

Concurrency is not the *only* major cause for the spread of HIV/AIDS in sub-Saharan Africa. Massive workers' migration and population mobility are also to blame, according to Epstein. Mozambique, similar to other countries in the region, had sent nearly 40,000 migrant workers to work in the South African gold mines by 2001. The long absences from home, the tedious and dangerous work, life in all-male miners' hostels, and the gangs of prostitutes clinging to the chain-link fences around mines, all were assumed to presumably contributed to the miners' higher risk of HIV infection. As cited by Epstein (2007), a study conducted by South African epidemiologists

that measured the HIV rate amongst mine workers and prostitutes, found that 80% of prostitutes and 30% of miners were HIV positive. They also measured villages near the mines and found that 60% of women in those villages were also HIV positive. Most of the infected women had formed long-term relationships with the miners.

In southern Mozambique, a job at a South African mine is cherished. Miners earn relatively higher salaries compared to other Mozambicans. However, Epstein found that the long periods of separation from their wives and families not only encouraged concurrent relationships on the part of the men (who often started new families abroad and/or maintained relationships with local sex workers), but also increased the vulnerability of the women left behind, as the long absence of their spouses meant they too formed relationships with other men, especially transactional relationships in order to secure financial stability while their husbands were away.

A 2002 study funded by the Regional Office for Southern Africa of the International Organization for Migration (IOM) and conducted by Daan Brummer examined the effects of migration on HIV/AIDS in southern Africa. It found that in the early stages of the epidemic, labor migration played a strong role on the spread of the virus. According to

the study, "The largely seasonal or temporary character of migration in southern Africa, with migrants returning home to their families on a regular basis, has facilitated the rapid spread of the virus" (Brummer, 2002, p. 7). The study explored the interrelatedness of the labor migration and HIV/AIDS from the migrant's point-of-view.

Poverty and Gender Relations

Gender, gender relations and women's vulnerability and additional responsibility in the sphere of HIV transmission and prevention should also receive special attention in current and future studies. Kalipeni et al. (2004) acknowledge that over the past several years, it has been recognized that gender "constitutes a major fault-line of HIV vulnerability" (p. 84). Akeroyd (2004) also agrees with the gender agenda in relation to HIV transmission in Africa. But Akeroyd argues that, contrary to what has been suggested thus far, more responsibility needs to be attributed to men to change their ways in relationships, as they are generally the ones in the position of power and thus capable of initiating meaningful transformations. In the author's words, "Behavior must be initiated by the powerful, not cajoled or negotiated by the powerless" (p. 97).

In addition to the impact of migration and population mobility, Brummer also reviews the roles of poverty, conflict, and gender inequity as other potential factors in the spread of HIV/AIDS. Poverty is seen as increasing peoples' vulnerability to infection. Concern over basic needs such as food takes priority over the concern of avoiding the HIV virus. Furthermore, impoverished women are more likely to sell sex in exchange for money or goods, and those without money have very limited access to health services. War and conflict also increase vulnerability to HIV/AIDS (Brummer, 2002). Soldiers lead stressful lives away from their families and civilians are likely to be victims of sexual violence. However, in contrast to Brummer's findings, it should be noted that in Angola, the lengthy civil war was thought to have helped keep HIV prevalence low. During this war, the Angolan borders were closed, which limited the number of people traveling in and out of the country, hence avoiding an influx of migratory movement. Mock, Duale, Brown, Mathys, Maonaigh, Abul-Husn, and Sterlling (2004) state that:

> Chronic conflict may result in lower exposure opportunities
> following reduced social mixing due to isolation and limited
> population mobility. During the war in Angola, for example,

mobility was limited and most of the population was concentrated in small 'islands of security' around provincial capitals. HIV seroprevalence remained low as a result. (p. 6)

In this article, Angola was given as an exception to the rule that war and conflict increases peoples' vulnerability to the virus. Finally, in regards to gender inequality, Brummer (2002) concluded that:

The subordinate social and economic position of women in many southern African countries leaves them particularly vulnerable to HIV/AIDS. Gender inequalities are acute in many southern African (mostly patriarchal) societies. Cultural and social systems have strict rules concerning female sexuality. Women in these societies have little control over their sexual lives and the sexual lives of their husbands/partners outside marriage. While both traditional and modern definitions of masculinity usually prescribe early sexual initiation and accept (or even encourage) many different sexual contacts, women are often expected to be monogamous. (p. 6)

The Cultural Factor

Criticism over how the HIV epidemic has been handled and addressed in southern Africa is not restricted to the issue of

concurrency. Kalipeni et al. (2004) are vocal critics of recent AIDS research in the region, particularly those studies that "over-generalize, are ethnocentric, and somehow misrepresent Africa through cultural stereotyping" (p. 48). More specifically, the authors criticize researchers' tendencies to portray Africa as culturally homogeneous instead of "some fifty nations with hundreds of different ethnic groups and cultures" (p. 49). They warn against the danger of rushing to find a general cause for high HIV rates in sub-Saharan Africa. For example, the sexual life of the local people is often cited as the main reason for the high HIV rates, and "modification" of this sexual life is presented as the solution for the problem. In the authors' opinion, such rushed conclusions "obscure the real risk factors, namely, the historical, social, political and economic contexts within which such risky behaviors are played out" (p. 49). Patriarchy, polygamous marriage, hidden homosexuality and urban sexuality are some of the main causes the authors discuss, arguing that this kind of research looks at African culture through an American lens. The authors fear that such "simplistic explanations [will] lead to simplistic and unworkable solutions" (p. 54).

Saethre and Stadler (2009) also examined the issue of culture driving HIV rates in Africa, particularly in South Africa. Like Oppong

and Kalipeni, Saethre and Stadler were interested that while, more often than not, researchers and health professionals connect high HIV rates on the continent with aspects of African culture—particularly multiple sexual partners and unprotected sex—they rarely attempt to obtain results through a local cultural lens. As the authors explain, "although a great many publications have been dedicated to examining African cultural beliefs that are assumed to assist in the spread of HIV, there are very few that examine the ideas and attitudes of people living in sub-Saharan Africa regarding the link between culture and HIV prevalence" (Saethre & Stadler, 2009, p. 2).

In Orange Farm, an informal settlement of Johannesburg, Saethre and Stadler spoke to the locals in an effort to understand their views on how culture affects their behavior and the high rates of HIV in the settlement. In contrast to researchers' and public health professionals' findings, the residents of Orange Farm believe that culture rarely motivates the actions associated with HIV transmission or prevention in the community. The residents of Orange Farm belong to several different ethnic groups, including Zulu, Xhosa, Sotho and Tswana, and believe that the urban existence has made them lose their individual culture, and that because of the number of different groups, there is no

one collective African culture or even one South African culture. Furthermore:

> …the intermingling and intermarrying multi-ethnic population of Orange Farm caused individuals to either forget or ignore their unique culture in favor of an urban lifestyle without culture…moreover culture was thought to be able to both have a positive and negative role in the HIV/AIDS pandemic. For instance cultural traditions that encouraged virginity [including virginity testing at the time of marriage] were praised as an effective tool against HIV… In contrast to virginity testing, polygamy was often given as an example of a culture practice that encouraged the spread of HIV. Other participants noted that while polygamy could spread HIV, this was not inevitably the case; the spread of HIV also depends on the conduct of both the woman and the man in the relationship. In the cases in which they are both faithful there is no reason why HIV will spread. (p. 273)

While Orange Farm residents agreed that cultural factors do play a role in the HIV pandemic, this role is mitigated by other factors such as

transactional sex, prostitution and low condom use, which are separate from cultural values.

Oppong and Agyei-Mensah (2004) also question the importance placed on polygamy as a driver of the HIV prevalence in the region. Agyei-Mensah et al. could find no evidence to support this assertion and argued that if polygamy were responsible, countries in northern Africa where polygamous marriage is the norm would also have higher than usual HIV rates, yet this is not the case. For example, in Senegal, where 93% of the population is Muslim and polygamy is the norm, the HIV rate is very low. Agyei-Mensah et al. concluded that "while poly-partner sexual activity may be an important vehicle for spreading HIV, the context of these poly-partner relationships, whether a closed polygamous unit or unstable liaisons with multiple partners is the critical determining factor" (Agyei-Mensah, Kalipeni & Oppong, 2008, p. 50).

Colonialism and International Aid

Kalipeni et al. (2004) further assert the need to look beyond culture for causes of the spread of HIV in these countries. The author discusses how "historical investigations into impacts of colonialism on African economies and social practices are pivotal to understanding

regional patterns of HIV today" (p. 13). Kalipeni et al. (2004) also believe that many of the current socio-economic dynamics conducive to the transmission of HIV were originally initiated during colonial times, and while colonial administration differed between nations around the continent, it was nevertheless

> …virtually universal in disrupting economic livelihood, social practices, and community cohesion. With the appropriation of arable land by white settlers, colonial control of agricultural production, and distribution of resources toward urban centers came the rural impoverishment and migration patterns currently playing a role in HIV transmission. (p. 13)

In Kalipeni et al.'s view, the effects of colonialism require further scrutiny, as it played a great role in shifting local social practices, in ways that might aid in the spread of the HIV virus, including gender relations, economic livelihood and access to medical care. Kalipeni et al. argue that:

> Structural adjustment programs implemented in the 1980's by the World Bank and International Monetary Fund are a key equation in the various supranational antecedents of AIDS in Africa…By most accounts, structural adjustments programs (SAP's) have

immiserated women and girls disproportionately since girls are usually the first to be taken out of school when families are forced to pay fees for attendance, women have fewer employment options, face lower wages, and have more tenuous access to land and agricultural resources. (p. 57)

Civil War

The effects of civil war on the spread of HIV/AIDS were also discussed by Agyei-Mensah, Kalipeni and Oppong (2008); in their opinion, not enough attention has been paid to the issue, even in the light of recent evidence that suggests civil war might be an important factor in the spread of HIV. Countries enduring civil war have a large number of Internal Displaced Persons (IDPs) living in refugee camps or other forms of temporary settlements. Women under these conditions are more likely to be forced into commercial sex work due to difficulties in readjustment and economic survival. The authors concluded that:

Sexual exploitation is frequently an element of persecution, particularly for refugee women, and may be part of the experience with border officials and other people in the host region…rape is widespread in many refugee camps…Military

personnel have an elevated risk of exposure to sexually transmitted diseases, including HIV/AIDS. Posted far away from their families and social controls, usually with no other means for sexual gratification, soldiers on deployment regularly have sexual contacts with commercial sex workers and the local population. (p. 79)

Prevention

Not unlike the dispute over the causes of high rates of HIV in sub-Saharan Africa, the ways in which these rates are handled and methods of prevention to counter its continuous rise are also highly controversial and filled with dissension. Kalipeni et al. (2004) stated that:

Early in the epidemic, biomedical researchers focused largely on particular 'risk' groups such as military men, truck drivers and prostitutes visible for their sexual practices involving multiple partners:

…they have added to our base knowledge about the links between Sexual Transmitted Diseases (STD's) and HIV risk. Yet the tendency in these studies to focus on sexual practices devoid of socioeconomic contexts, and the emphasis on rational action

models of behavior change, have led to implications that Africans

only need to be more aware of AIDS in order to change their

behavior. (p. 4)

Castelo et al. (1999) was also aware of the limitations of increased

knowledge and information alone to bring behavior change. A best

practices manual stated that:

Either implicitly or explicitly nearly all prevention interventions

are based on theory; most rely on the assumption that giving

correct information about transmission and prevention will lead

to behavioral change. Yet research has proven numerous times

that education alone is not sufficient to induce behavioral change

among most individuals. (p. 5)

Kalipeni et al. (2004) also criticizes the initial focus of prevention

programs on particular risk groups, adding that such distinction

misleadingly implies that those outside of those particular groups were

not at risk and further fosters the belief within both biomedical and

popular circles that AIDS as an urban disease. The author also argues

that, "given the powerful socio-economic and cultural forces driving the

epidemic…information and education campaigns (IEC) could increase

knowledge, but would not suffice to reduce the spread of HIV" (p. 16).

Another critic of the high-risk group is Green (2003), who believes that prevention programs have been unsuccessful, with only a handful of exceptions. Green admits to being motivated to write a book on the topic because:

> The basic model of AIDS prevention adopted virtually everywhere derived in large measure from the first programs designed in the United States for the local epidemic. These programs were developed for high-risk groups, yet most HIV infections in sub-Saharan Africa and the Caribbean are in majority populations rather than in high-risk groups. (p. 5)

The high-risk group trend in dealing with HIV prevention in sub-Saharan continued. In its 2005 marketing plan, Population Services International (PSI) Angola, targeted youth from ages 15-24, commercial sex workers (CSWs) and truck drivers as their main area of focus. In justifying their choice of targets groups, PSI stated that:

> Youth in Angola are not armed with the necessary knowledge about HIV/AIDS, a full understanding of the responsibilities involved with sex, or the maturity to make accurate risk-assessments… CSWs are an extremely high risk group with a rate of infection five times that of the national average. CSWs

are a key bridge population for HIV, making it important to educate, encourage testing, and foster condom use. Finally truck drivers will be one of the major carriers of HIV to Angola from its neighboring countries. This predominantly male group spends much of their time on the road and tends to lead a risky lifestyle, the increase in cross-border trade, post-war, makes educating truckers about HIV/AIDS and ensuring a consistent supply of condoms along the borders critical. (pp. 2-3)

Voluntary Counselling and Testing

Opinions on what and who should be the focus on the prevention programs in the region differ widely and continue to change over time. The issue however, continues to be generalized across the continent wrongly implying that all African countries share the same epidemiological as well as social and culture characteristics.

Painter (2001) believes that social behavioral researchers in sub-Saharan Africa do not give enough attention to relationships between partners in a couple. According to Painter, even though several studies have pointed to the value of Voluntary Counseling and Testing (VCT) as a tool for HIV prevention and it is associated with reduced-risk behavior, follow-up in the area of VCT for couples has been extremely

limited. The author proposes in his conclusion that more attention be given to couple-focused VCT, as it provides "a high-leverage HIV prevention intervention for African countries" (p. 1).

YouthNet (2002) also discusses the importance of VCT services for youth in sub-Saharan Africa; at the time of the study, however, limited research was available on how VCT services affect young people, and concerns were expressed on how these services affect young people's behavior and the kinds of support they receive under such services. Nevertheless, they stated that young people did want to know their HIV status and that VCT could be an appropriate entry point to addressing young peoples' HIV prevention and care needs. More importantly, they believed that:

> VCT can help adults use safer sexual practices and even reduce their rates of sexually transmitted infection (STI), and this may be true for young people as well. In a randomized trial involving some four thousand adults in Kenya, Tanzania and Trinidad, reduction of unprotected intercourse with non-primary partners was statistically significantly greater among individuals who received VCT than among individuals who received only basic HIV prevention information. (YouthNet, 2002, p. 2)

AVERT (2011) further assesses the importance of VCT as a tool of

HIV prevention; its website recognizes that individuals who are aware

of their HIV status are less likely to transmit the disease to others and

more likely to access treatment, care and support that can help them

stay healthier longer.

Behavior Change

Behavior change however, is still the main process believed by

researchers and public health workers alike to bring about reduction in

HIV transmission in sub-Saharan Africa. Macintyre, Brown, and Sosler

(2001) stated that, "Until there is an effective vaccine, changing sexual

behavior (e.g., use of condoms or fewer partners) is still the only course

of action that can slow the spread of HIV for most Africans" (p. 1).

In 2006, UNAIDS published a set of guidelines for success in

implementing behavior change interventions. These guidelines measure

success by reduction in sexual risk behavior, which includes:

(1) No sexual contact (2) No unsafe sexual contact (3) Reduction

in partner change (4) Consistent and correct condom use; all of

these behavior changes should in the end achieve a reduction on

HIV incidence. (p. 5)

Global HIV Prevention Working Group (2008) reported that

"Wider delivery of effective behavior change strategies is central to

reversing the global HIV epidemic" (p. 4). The group further assessed

that, because human behavior is complex, widespread behavior change

is difficult to achieve. While there are still many questions regarding

the effectiveness of HIV prevention, the research to date shows the

impact of behavioral interventions in reducing the rates of HIV

infection.

Some researchers, however, are skeptical of the success attributed

to behavior change in the region. Edward Green is among vocal critics

of the behavior change approach. Green (2003) questions whether

behavior change might be a misnomer for what is in fact risk reduction.

He argues that:

> condom adoption does not really qualify as a fundamental or
>
> primary form of behavior change, because it allows continuation
>
> of previous high-risk sexual behavior patterns by conveying a
>
> feeling of protection from the consequences of those risky
>
> behaviors. Looked at this way condoms are really a risk reduction
>
> solution for people who don't change their high-risk behavior. (p.
>
> 56)

Green makes a clear distinction between risk reduction and risk avoidance in his discussion of HIV prevention. He views condom use as an example of the first, and promotion of sexual abstinence or mutual fidelity to a single uninfected individual as an example of the second. Green is an outspoken critic of risk reduction practices when applied to reduce HIV rates in Africa. He believes the risk reduction or harm reduction model to be modeled after Western methods, such as reducing the amount of nicotine in cigarettes reduce harm from smoking or the 1990's needle exchange program, aiming to provide injection drug users with clean needles in order to reduce HIV infection rates. Harm reduction was the goal of these programs. According to Green, risk or harm reduction assumes that "behavior is difficult or impossible to change therefore, efforts ought to be made to mitigate the consequences of risky behavior that are likely to occur despite efforts to change it" (p. 57).

Green (2003) states that those in control of global AIDS prevention funds have made a mistake by attempting to apply risk-reduction solutions to majority populations, while missing the significance of locally developed interventions that have had a significant. He further argues against putting all resources into risk

reduction and awareness programs; in his opinion, AIDS prevention should include changing high-risk behavior or even preventing it before it becomes an established pattern. Green is a strong proponent of Primary Behavior Change (PBC) programs that aim to promote fidelity to one's partners, reduction in the number of sexual partners, delay of sexual debut (among youth), and sexual abstinence for an extended period. According to the author, "PBC programs may be the natural response to AIDS for Third World governments as well as their citizens" (Green, 2003, pp. 9-10).

Green's theories were echoed by WHO's 2011 HIV update report for Africa. WHO (2011) reported a decline in the number of new infections amongst youth 15-24. They also reported an increase in age of sexual debut, a reduction in the number of sexual partners, and an increase in condom use in the countries experiencing a decline in new youth infections. What the authors above discuss it is the need for local populations to have an active role in both the research and design of HIV prevention programs in their communities.

Participatory Research

The argument can be made that risk reduction and risk avoidance are not necessarily at odds with each other. Kalipeni et al. (2004)

believes that "another look needs to be given to bottom up research that incorporates individuals as agents who have much to say about AIDS and their location within the coordinates of risk" (p. 215). Bottom up research that incorporates local views and takes into account the needs of those affected by HIV their constructs of reality and how their position themselves within such reality. Kesby (2000) also discusses the benefits of participatory research in the context of HIV. According to the author:

> The term "participant" (rather than "informant" or "respondent") has pivotal significance. Participants are not simply providers of information but enter into reciprocal relations with researchers and become increasingly active in the whole research process. They set and develop the research agenda by using diagramming techniques to physically generate visual data on issues they [the participants] define as relevant. The results of these intellectual labors are immediately available to participants who can begin to analyze them there and then, in their own communities. Through their active engagement in the research process participants learn about their own problems and strengths. (p. 220)

Kesby admits that the participatory research method it is not yet perfect, but it does allow for approaches that can result in mechanisms through which researchers and participants develop partial, practical resolutions to ethical questions in the arena of fieldwork.

The literature on HIV in sub-Saharan Africa is immense and very diverse. Judgments diverge on the merit of what has already been done and what should be done in the future. Researchers' motivations to push a given agenda can be tinted by their own professional and personal biases, and scientists often disagree with each other. African researchers question research driven by Western theories that in their view continues to be based on misconceptions about African culture and Western paternalistic beliefs of what must be done in Africa.

There is, however, a new trend in HIV research that places Africans themselves as active participants in the field and relies on them to set an agenda that takes into account their needs and priorities in the context of their cultures and socio-economic realities.

Gendered research (both female and male) is also on the rise, as gendered dynamics play an important role in the drive of the epidemic. Indeed:

The concept of gender, that is, cultural attributes associated with the female or male sex, has made its growing influence felt in the world of literature on the HIV/AIDS epidemic. Interpretations of rising HIV transmission through heterosexual relations and among women, especially in contexts of socio-economic inequality and social marginality, have taken into account the implications of hierarchical relations, which are characterized by the hegemony of male power and concomitant greater female subjugation, partly grounded in the control of sexuality. These features are found in various contexts in sub-Saharan Africa (Gupta, 2000).

Relevance of This Study

Angola, due to its relatively low HIV prevalence (in comparison to neighboring countries), which reaches even below 10% in the capital of Luanda, does not receive much attention at the international level. There are very few published studies, particularly qualitative studies limited specifically to Angola, much less to Luanda. According to one researcher:

Countries with Portuguese as their official language have suffered the effects of these various factors. Marginalized, by

virtue of history and language, from many of the flows of development aid as well as from the official linguistic traditions of the intergovernmental system, when compared to Anglophone or Francophone Africa, the so-called Lusophone African countries—the African countries with Portuguese as their official language—have seen significant HIV epidemics taking shape, yet until very recently have had only limited participation in the international mobilization against the epidemic, and have received relatively little attention in the epidemiological, social and behavioral research literatures that have grown up around the world in response to HIV and AIDS. (Parker, 2009, p. 2)

My study addresses not only the gap in social behavioral literature, but it also takes the opportunity to have personal and intimate conversations with Angolan women residing in Luanda that allow them to voice their concerns, views and priorities. They have a chance to state which issues they feel should take front stage, as well as how they feel about polygamy, concurrency, their economic and social status. The study adds a first-person voice into the conversation of gendered HIV in Luanda.

Chapter Three: Methodology

METHODOLOGICAL FRAMEWORK

Research Question

How do women perceive relationship concurrency in Angola and what do they see as the collective cultural resources that can be adopted by them for safer sexual practices in the face of HIV/AIDS?

Research Methodology

While in grounded theory methodology the theory comes from the data, it is important to acknowledge that our own constructions have already pre-disposed us to what we accept as data and our analysis of such data will be influenced by our pre-conceptions and general beliefs.

Contrary to logico-deductive theory where the theory is deduced from *a priori* assumptions (Glaser & Strauss, 1967), the researcher does not start the process with a hypothesis, seeking to find data that will validate or invalidate it. The data is collected at the beginning of the process and the objective is to develop a theory from this data. As Glaser and Strauss explain, the theory must be meaningful and relevant. The elements of the theory are (1) conceptual categories and their conceptual properties, and (2) hypotheses or generalized relations among the categories and their properties.

In simpler terms, the authors are saying that similar concepts derived from the information given by the participants are grouped under an umbrella of categories with similar characteristics or properties; these different categories will eventually be synthesized and conceptualized to create a meaningful theory. It is however important to recognize that while these characteristics and properties are based on the data, they are also influenced by the researchers own constructs of what constitutes meaningful data and how should such data be grouped.

Introduction to Grounded Theory

Grounded theorists' background assumptions and disciplinary perspectives alert them to certain possibilities and processes in their data—these concepts provide initial ideas to pursue. Grounded theorists also begin their studies with specific research interests and a set of general concepts, without which there would be no way to collect data (Charmaz, 2006).

Grounded theory methods were first derived by sociologists Barney G. Glaser and Anselm L. Strauss (Charmaz, 2006). The sociologists defined the discovery of theory from data as "grounded theory" (Glaser & Strauss, 1967).

The data analysis in this study, however, will follow Kathy Charmaz's constructivist grounded theory approach. Unlike Glaser and Strauss, Charmaz assumes that:

Neither data nor theories are discovered. Rather, we are part of the world

we study and the data we collect. We construct our grounded theories

through our past and present involvements and interactions with people,

perspectives and research practices…research participant's implicit

meanings, experiential views and researchers finished grounded theories

are constructions of reality. (Charmaz, 2006, p. 10)

In the grounded theory process, data analysis is performed through

constant comparative analysis (Charmaz, 2006). My grounded theory approach

for this study consisted of three main steps: (1) coding, (2) memo-writing, and

(3) constructing theory.

Coding

Coding involves categorizing data with short names that simultaneously

summarize and account for each segment. This code allows the researcher to

differentiate and organize data before analyzing it (Charmaz, 2006).

As interviews were transcribed, I coded them into broad topics, which

would later be re-analyzed and divided into specific subtopics as more data was

collected. Both the codes and the data were continually re-evaluated and

compared during collection and analysis.

Memo-Writing

Memo-writing is the process of recording ideas that occur to the researcher while analyzing the codes. These ideas take the form of theoretical categories, which keep evolving as one writes successive memos.

Constructing Theory

As explained by Charmaz, the constructivist approach to grounded theory places priority on the phenomena of the study, viewing both data and analysis as the product of shared experiences and relationships with participants. It also explores how and why participants construct meaning and action in specific situations. It involves learning when, how, and to what extent the studied experience is embedded in the larger and often hidden context of positions, networks, situations, and relationships. Subsequently, differences between people become apparent, as do the hierarchies of power, communication, and opportunity that maintain and perpetuate these differences. Constructivist grounded theorists assume that both data and analyses are social constructions that reflect the processes that have shaped them. In this view, every analysis is situated contextually in time, place, culture and situation.

Rationale for Using Grounded Theory

As an Angolan woman, born in Luanda and raised there until my teen years, I have very deeply ingrained cultural beliefs. On the other hand, through assimilation in my higher education at Western institutions, I have also adopted certain Western cultural beliefs and ways of constructing meaning in life. As an insider to Angolan culture, not only do I understand many local beliefs, but often believe in those interpretations of reality myself. The ability to recognize the power of such beliefs in shaping local behavior and views of social reality is very valuable in the research process (Wessells, 2007). This ability means admitting that I myself am approaching the research process with my own set of pre-conceptions and assumptions of truth based on previous knowledge. It is important that I recognize when these beliefs come into play and find ways to counterbalance them in order to stop personal values from blinding me to new and valuable data.

Grounded theory begins with a question, not a theory, and while I cannot realistically set aside all of my experiences and beliefs while conducting research, I can develop ways to de-center them. My data is collected with open-ended questions, allowing participants to direct the focus of the conversation toward what s/he feels is most important. So while I can choose the general topic of conversation, I do not

unilaterally decide what aspect of the topic we will discuss or for how long. Once data is collected, we glean theory from it via constant comparison (Glaser & Strauss, 1967). In this process, the researcher moves back and forth within the data, moving from coding to conceptual categories and eventually to the construction of theory.

The first step of this process is "open coding": the researcher labels events and actions in the data and constantly compares them with one another in order to group them accordingly (Harry, Sturges, & Klinger, 2005). The cardinal rule for the constant comparison method is that, while coding an incident, the researcher should compare it with all previous incidents coded thusly, a process that starts to generate theoretical properties of the category (Harry, Sturges & Klingner, 2005). In an example, from my own data, woman number 2 said, "Today, women don't respect each other." I compared this with similar statements made by participants; referring to the same phenomenon, woman number 3 said, "We just don't really support each other, you know." Realizing that both statements alluded to the same concept, I created the code name "No loyalty amongst women." All new comments in this vein were compared to the existing ones with this code.

The process of constant comparison in grounded theory methodology makes it more difficult for the researcher to insert his or her own ideas, preconceptions, and biases into the data, even considering the interpretative contributions necessary to the process. However, I acknowledge the complete absence of preconceptions in the choices made during constant comparison as impossible.

This process allows me to use data from field research to first create codes, then conceptual categories, and finally a cohesive theory. As an insider researcher, grounded theory was one of the safest ways to conduct my research in a modest, ethical, respectful, and reflective fashion, as well as acknowledge my preconceived notions and contribute more to analysis than my own personal viewpoints (Smith, 2002). Other strategies to address biases are mentioned in the "Ethics in context" section.

RESEARCH METHOD PLANNED

Participant Selection

Participant selection was made using maximum variation sampling (Patton, 2001). Maximum variation sampling a type of purposeful sampling which focuses on selecting information-rich cases whose study will illuminate the research questions (Patton, 2001; Seidman, 1998). Maximum

variation in participants' demographics allows for capturing and describing central themes across social status, level of education, and cultural beliefs.

In regard to sample size, Lincoln and Guba´s (1985) principle of redundancy was applied. The principle of redundancy states that if the goal is to maximize information—as is the case in this study—then sampling is terminated when no new information is made available by including additional participants (Patton, 2001).

I had a brief conversation with each potential participant to gauge the appropriateness of their participation in this research project. Their demographics were only taken into consideration for the purpose of putting together a diverse group of women. For example, if I had already selected two or three married women with children, I would then look to find single women or women with children but unmarried; if I had chosen two or three highly educated women, I might next select women who were not as highly educated in order to guarantee a comprehensive cross-section. In the end, I chose between eight interview participants of different demographics. The sample included women from ages 18-50, single as well as married, with and without children, ranging from highly educated to little or no education as well as different social status. Social status was determined based on self report of family income. (See table 1).

Table 1

Participant	Marital Status	Education	Children	Social Status
1	S	H	N	M
2	S	M	Y	H
3	Ma	L	Y	L
4	S	M	Y	H
5	Ma	H	Y	M
6	S	L	N	L
7	S	L	N	M
8	Ma	M	Y	M

Key: H=high; M=medium; L=low; Y=yes; N=no; S=single Ma=married
Education: High= college or higher; Medium = at least high school; Low=little or no school

Data Collection

Data collection for this study involved four different qualitative methods: one-on-one interviews, direct observation of participants' everyday lives, focus groups, and the examination of both relevant documents, such as newspaper articles and government health reports, and elements of popular culture, such as song lyrics. The observation method is important in attempting to capture the cultural and social dimensions of relationships (Yin, 2003). More specifically, through this method I was able to determine the commonness of certain behaviors, the use of different types of language, and the reactions of participants to both. As an observer, I was able to analyze discussions about issues like safer sex and relationship concurrency and observe—in a normal family setting—how each gender responded to these issues and how comfortable women felt discussing them, both with and without their partners present. I was able to assess the

women's level of comfort, control, and knowledge as they discussed these subjects. In Angolan culture, talk of such topics during family or social gatherings is quite common; people will openly share stories and offer their opinions. I posed open-ended interview questions to understand participants' ideas and experiences in their own terms.

Understanding how individuals perceive what happens to them is crucial to interpreting their experiences. Interviews allow for firsthand accounts of major events in individuals' lives: What is taking place nationally, in their community, and/or within their family? What are the forces that shape their approach to life? Interviews also provide context, which helps us not only to better understand an individual's history, but also how it fits into the history of his or her community. The stories told in interviews give us a sense of the realities in which others live and enable us to see life from their points of view (Gergen & Gergen, 2004).

Moreover, interviewing is a flexible approach. As ideas and issues emerge during the interview, the interviewer may immediately pursue these leads (Charmaz, 2006). Each woman in this study completed two interviews, which were recorded with participants' approval; upon completion of transcription, participants had access to the transcripts for member checking. The tapes provided me with unrestricted access to parts

or the whole of participant interviews, while the transcription process improved my ability to understand and analyze what these women were saying to me. Seidman (1998) believes that preserving participants' exact words makes the researcher less likely to impose his or her meaning onto what they say. Once the female participants had had the opportunity to check their answers, follow-up sessions were scheduled. These follow-up sessions gave me the opportunity to clarify points of interest from the initial interview and ask for more details about specific responses. Follow-ups were to give participants the opportunity to clarify anything they felt was unclear, allow them to change their answers if necessary, or simply reassure them that their words had not been changed. Participants who were unable to read could listen to interview recordings or have transcripts read aloud to them.

Grounded theory can be constructed from different kinds of data. In addition to interviews, existing materials—e.g., newspaper articles, previous studies, and song lyrics—were also used as data. Focus groups were used as a pilot experiment to assure that my questions were pertinent and would produce relevant data.

Likewise, newspaper articles gave me a general idea of how women were treated and referred to in the media in Angola, helping me to place

participants' experiences in a broader context. This cross-referencing of different types of data may provide explanations or at least some background for qualitative results produced during the course of the study.

The mass media (e.g., television, radio, newspaper, music, etc.) was used as a source of data in this study because as it allows for the exploration of a more general discourse, relating to both the concept and popular discussion of concurrent relationships. This form of data gives us a picture of how concurrent relationships are viewed, portrayed, and how they are being discussed in the larger community. The language used in popular discourse and its implications give us a window into the discussion that helps to shape reality. Harvard researcher Brooke Grundfest Shoepf, discusses in Kalipeni et al.'s *HIV & AIDS in Africa, Beyond Epidemiology* (2004) how the media played an important role in shaping the first perceptions and beliefs about HIV and AIDS in the Democratic Republic of Congo, as opinions on the topic were largely disseminated through popular radio programs and music. Likewise, journalist Philip Gourevitch discusses in his book, *We Wish to Inform You that Tomorrow We Will Be Killed with Our Families* (1998), the important role that the media, particularly the radio station Mille Coline, played in setting the mood for and organizing what eventually culminated in the 1994 Rwandan genocides.

During both of my visits to Luanda, I listened to radio talk shows and popular music, watched television, and read local and national newspapers. All of these media outlets proved informative and were used as sources of data for my study.

Listening to both a radio station's programs and its music is an effective way to get a sense of people's views. More specifically, there have been several talk radio shows that have discussed relationships and people's reactions to social issues, including concurrency. In Luanda, there are several programs that involve direct listener involvement: People call in to the program to participate, direct listener participation allows for interesting and diverse discussion.

Translation of the Data

The interviews were conducted in Portuguese, taped on a digital recorder, and transcribed directly into English. I would listen to a short excerpt in Portuguese, translate it and write it down in English. The coding process was done during the interviews, and continued after all of the interview data had been translated and transcribed. I chose to translate it into English as I transcribed instead of the two-step process of transcribing into Portuguese and then translating, as it seemed easier for coding in the language that the thesis would ultimately be in.

Furthermore, as a researcher, I personally find that many academic issues are easier for me to discuss in English due to the existing bulk of Western literature.

My field observations were written directly in English, as were the interview transcriptions, with the exception of idiomatic expressions in Portuguese with meanings that were slightly more difficult to convey in English. Hence, during a conversation I took notes in English, but if the person I was talking to happened to use such an idiomatic expression, I would write it down in Portuguese in order to take a closer look at it later and translate it correctly. For example, during one interview conversation, a woman said, "I married him, even if I always knew he was a *gajo de gajas*." I later re-read the conversation on my notes and thought about how to translate this expression in order to best retain its meaning. The term "gajo de gajas" came up quite frequently, and eventually I translated it into "man of bitches." This does capture the meaning of the expression; however, it is difficult in translation to fully convey the effect of an expression in its original language. "Gajo" is a derogatory term for a male, for which "gaja," is the female counterpart. However, "gajo" can also be a friendly way to refer to a male with whom you have a strong relationship. "Gaja," in contrast, is

always derogatory and insulting when referring to a woman. There were several nuances even more difficult to express in a straightforward translation than "gajo de gajas." In such cases, I concentrated on portraying the appropriate meaning of words and expressions in the context of the conversation.

I translated segments from popular media, such as songs, in the same fashion. To translate songs, I first downloaded the Portuguese lyrics from the Internet (see Appendices D, E, and F), for the full English translation of the lyrics). I then listened to the songs on CD's I had purchased and checked them against the downloaded lyrics for accuracy. Once I verified that the lyrics were correct, I listened to the music a few more times to get the full meaning of the song before beginning line-by-line translation. As with my field notes, if a specific idiomatic expression was used in a song, I kept it in its original form and later deciphered a phrase to best explain the expression, rather than a direct translation. For example, Heavy C's song title (2009) "*Homem casado nao da*" (a *Kizomba*, the genre of national folk music) literally translated into English would be, "married man does not give" since he the verb "*dar*" means "to give." However, the idiomatic expression "*nao da*" actually means, "is no good." One might say, for example,

"*Esta musica nao da*" ("This song is no good") or "*Este moco nao da*"

("This guy is no good"). Hence, in translating the song I did not use the

literal translation but rather the intended meaning of the idiomatic

expression. I translated all documents personally, but also had a third

party check the translation for accuracy.

Sample of Interview Topics

Below is a list of the major topics used as starting points for each

interview. This served only as a guideline, as a strictly pre-set list of

questions was avoided in order to maintain the open-ended aspect of the

interview.

Topics

(1) Relationships: Participants' relationship status and their general feelings

about their present and past relationships.

 (2) Relationship concurrency: How participants feel about multiple sexual

partners, their experience in such relationships, if any, and knowledge of

such relationships, personal or otherwise.

 (3) Lessons learned from our ancestors: What kinds of relationships

participants have with relatives and people of older generations. How they

were influenced, if at all, by those relationships. What lessons they feel were

learned from those relationships.

(4) Role of women in relationships: What participants perceive the role of women to be in shaping relationships with their partners. Are women assertive or passive in relationships? What, if anything, should be changed from the status quo? How do women relate to each other?

(5) HIV/AIDS: HIV/AIDS knowledge—what they know, where they learned it, whether they talk about it with family and friends.

(6) Role of women in fighting HIV/AIDS: Can women have a prominent role in the fight against HIV? Why or why not? What would this role look like? What must change in order to make this happen?

(7) Behavior change vs. harm reduction: Condoms or fidelity? Which is easier and why? Do we need to change our behaviors? If so, which ones are easiest to change in the context of HIV?

(8) Individual power vs. communal power: How can one affect change toward healthier behaviors, alone or in organized groups? Where does power reside: with individuals, or with groups of people who share ideas and beliefs?

I conducted my field research over a period of nine months, starting in February of 2009. This included two trips to Angola, each visit lasting a maximum of one month. I asked participants to sign consent forms

authorizing me to use the information collected from them in my final dissertation.

The consent form included, but was not was not limited to, the following points: a brief description of what would be asked of the participants, by whom and for what purpose. The form first explained who I was and what my affiliations were. It then outlined any possible risks they might incur by participating in the study, as well as the steps I would take to reduce such risks.

The form also assured that participation in the study was strictly voluntary, and promised participants the right to review the material and/or withdraw from the process if they so wished. The form furthermore guaranteed participants of their anonymity through the use of pseudonyms in data and analysis. The form made participants aware of the methods that would be used to disseminate the information gleaned from their interviews. Finally, it was made clear that participants would receive no material benefit, monetary or otherwise from the dissemination of this information (Seidman, 1998).

During my first visit, I identified participants and started the interview process as well as data analysis. During the second visit, I finished the remainder of the interviews with selected participants. The final visit also

included member checking, which consisted of a list of themes based on categories from the first interview phase. Member checking would guarantee that the categories were appropriate and relevant to the topic studied.

Ethical Considerations

An ethical responsibility to participants and other interested parties, such as spouses, relatives, grassroots groups and institutions, guided the research process. I applied the principle and practice of informed consent. Interviewees were informed about the research goals, context, and methods. Furthermore, interviews, observation, and document analysis were planned according to participants' everyday schedules in order to avoid unnecessary strain on their time. Respect for privacy and confidentiality similarly informed my research. To this effect, the identities of the participants were kept strictly confidential. Member and peer checking were used in an effort to avoid researcher bias.

Ethics in Context

Consent forms were used to make the research process transparent to potential participants. While the form guaranteed participants' anonymity, such a document did not have the power to do so under local relational contexts: In Luanda, trust is placed in people, not documents. In Angola,

trust is placed in others not because of whom they represent, but because of who they are and whom they know. That I was Angolan and understood their need to remain anonymous in discussing such personal information, and that I understood as an insider the meaning of breaking such trust, were certainly more valuable to the participants than the promise on a piece of paper.

The identity of the participants was kept confidential; they were identified numerically, in the chronological order of their participation. For example, the first woman to be interviewed was participant number one, the second was participant number two, and so on. Their true identities and general demographics were recorded for my use only and kept secure both in Luanda and upon my return home.

During my visits to Luanda, I also had several casual conversations that were relevant to this study. These were registered as field notes in a notebook I carried with me at all times. Before recording the details of such conversations, I informed my interlocutors of my research plan and asked their permission to take notes. I only recorded and used field data from those who gave me permission to take notes.

I informed all participants in casual conversation that I would not only omit their names, but also any other information that could otherwise identify them. I also omitted the names of people mentioned in conversation. Participants in casual conversation were identified in data by only a number and date, which enabled me to find whom I was referring to with an identification key, which was seen by my eyes only. In an effort to guarantee confidentiality, the places and circumstances in which the conversations took place were also omitted to avoid possible identification of participants.

For mass media data, public figures (such as singers and radio DJ's) were identified by name and given credit for their song lyrics; such information may already be accessed by the public. Interview data, on the other hand, was stored digitally on my own personal data device, which was kept with me or locked in a secure location at all times.

General Research Concept

The main focus of this research was the Angolan woman's "relational self" and her interactions with other individuals in society—especially with her sexual partners. Through interaction with others, we begin to put on performances and create our relational selves (Gergen & Gergen, 2004). The idea of the relational self helps to explain why women's self-

perceptions become consistent with the culturally accepted role of the female, mother, wife, and caretaker; if they are treated by others as such, they develop these relational selves as early as their initial childhood acculturation. The concepts in this research project span three main dimensions: (1) Individual meaning, focusing on self-perception (e.g., what are the relationships that contribute to the formation of such perceptions?); (2) Social (e.g., how does the individual see herself in society?); and (3) the relationship between men and women. This last item is of particular importance, as one cannot discuss the role of African women without confronting the subject of their relationships with men. The way women and men relate to each other in African society, who they are, and how their roles and status are defined make up a crucial component of this research project. While relationships may be, in part, a function of biology, their hierarchical relationship is not a function of biology, but rather a social and discursive construction. Research on gender involves a complex of socially guided perceptual, interactional, and micro-political activities that cast particular pursuits as expressions of masculine and feminine "natures" (Lorber & Farrell, 1991). Gender is conceived as an emergent feature of social situations, as both an outcome and a rationale for various social

arrangements and as a means of legitimizing one of the most fundamental divisions of society (Lorber & Farrell, 1991).

Society attributes value to certain characteristics in both men and women. A higher value is generally given to attributes that are more commonly associated with men than women. A few examples are physical strength, wilfulness, determination, and competitiveness, whereas attributes generally associated with woman are patience, emotion and fragility, and sometimes even incompetence (Owen & Rothwell, 2004; Tallis, 2002)

In *The Social Construction of Reality* (1966), Berger and Luckmann introduce the concept of typifications. We categorize the individuals we interact with according to specific categories and their specific typifications, or specific characteristics. We assume these typifications to be real and interact with individuals based upon these constructs. These typifications will hold true unless they are challenged. Furthermore, as discourses of personal deficit (i.e., women are physically weak, or women are over emotional) gain scientific credibility and those deficits start becoming public knowledge, individuals construct themselves in these ways. These deficits and typifications will determine one's actions within their interactions. Angolan women are trapped in a specific type of deficit discourse. They are mothers, daughters, wives and caretakers. They are in

charge of the household, and men are in charge of them. In a traditional

Angolan family, a woman is considered subservient to her husband

(Oyebade, 2007).

In Angola, particularly in Luanda, women are becoming increasingly

financially independent. More than ever before, women are assuming

important roles in both private and the governmental spheres. Even so, it is

my observation that men's treatment of women is based on the same

traditional typifications. However, there is still hope, as

> we are not bound by the chains of either history or tradition. As we
>
> speak together, listen to new voices, raise questions, ponder
>
> alternative metaphors, and play edges of reason, we cross the
>
> threshold into new worlds of meaning…we are not determined by the
>
> past. Novel combinations of action/supplement are always in motion.
>
> (Gergen & Gergen, 2004, p.12)

RESEARCH METHOD APPLIED

Participant Selection

I did not expect my research plan to go exactly as planned, and it

did not. The participant selection was quite challenging and took longer

then expected. I had planned to approach women, introduce myself,

explain to them what I was working on, and ask if they would be

willing to participate in an interview. I had to be very clear that, although we would eventually discuss HIV, they did not have to be tested and their medical status was irrelevant and not to be questioned. In this fashion, I was able to find five of my eight participants; in order to ensure diversity in the group, I met them at several different locales: the hair salon, the grocery store, bars, university and the street. I conducted a short demographic interview with each of them that inquired about age, marital status, relationship status, whether or not they had children, level of education, and profession. Two other participants were women whom I already knew and chose to approach because of their life experiences and age; our interconnectedness would allow us to define the meaning of our social context together and through that make sense of the subject being investigated (Gergen, 1988). The last participant in this diverse group was referred by a fellow participant who believed that her friend's experience would be relevant to the research question I was undertaking.

Data Collection from Interviews

The interviews were conducted in a central, easily accessible office in downtown Luanda. This rented space had four meeting rooms of various size, of which I used the smallest one. The office was empty

most of the time, with the exception of the secretary, who was not aware of the nature of my work, only of my appointments with people on certain days and times; five of the participants were interviewed in this office, while the rest were interviewed in their own homes by choice. The interviewees who came to the office ran an average of two hours late. I once waited four hours for a girl to make her appointment—she continuously called, telling me she was on her way and asking me to wait, which I did. I met with each interviewee twice, each meeting lasting about two hours. Some of the time in interviews was simply spent on casual conversation, building a rapport with the women to make them feel comfortable and at ease.

I began the first round of interviews by explaining to them what my research was about, discussing issues of confidentiality with them, and having them sign the consent form after they understood the project, as well as their right to walk away at any time if they so wished. I must say that the participants, without exception, were quite eager to talk. The second interviews were less formal. They gave participants the opportunity to listen to the recording of our first meeting and elaborate on what they had said, change their comments or simply confirm their earlier statements. The second meeting was also

much more personal, as the women shared more details about their relationships with men and their intimate feelings about those relationships. I was able to do member checking with all but three of the interviewees.

The interviews began as semi-structured and finished as open-ended. I had a list of topics that I wanted to discuss with the participants; however, I let their responses guide the interview, intervening only when I felt we were moving too far from the research topic. Generally, I started the interviews with a question like "How do you feel about relationship concurrency?" Such expressions had to be translated into a Portuguese equivalent that was meaningful to the participants.

The women with a lower level of education proved more difficult to interview. I found that, especially in the beginning, I had to ask them more structured questions, while with the more educated women I could ask a general question like the aforementioned one and she would eventually talk about herself and her personal experiences with it. With the less educated women (e.g., no high school education), I had to ask more pointed personal questions in order for them to understand what I wanted them to talk about. So, rather than using the question above, I

would ask, "Does your partner have relationships with other women besides yourself? How do you feel about it?"

It was also clear to me that the women with less education believed there were right and wrong answers and wanted to give me the right ones; it took time to get them to simply talk without worrying about pleasing me. I had to repeat several times that I myself did not know the answer to the questions I was asking and was learning with them, and that this was precisely why I was talking to them. Angolan society is an extremely hierarchical one; people will look at you and position themselves in relation to you. If they believe that they are socially subordinated to you, there is an almost unconscious drive to do what you ask of them. As an interviewer, I did not want this to affect interview responses. I spent time making my participants comfortable by talking about ordinary day-to-day things; I asked questions unrelated to the research on topics I knew they were knowledgeable about in order to make them feel confident. Only when I had a sense that the conversation was flowing more naturally did I slowly move to questions more relevant to my study.

After the first interview, I changed the questions a bit to make them more personal. For example, instead of asking a general question

about Angolan men having several partners, I asked if participants thought their partner was seeing other women. Clearly the question struck a nerve and compelled them to talk, not only about the status quo of the present, but also about the past. In addition to their own experiences, they shared those of their female friends and relatives to illustrate their points and give concrete examples of what they were talking about. Making the interviews personal made it easier for the women to talk, and also made the process less formal.

Participants with a higher level of education faced a different set of challenges. They knew the HIV/AIDS lingo very well, had a clearly established notion of what was right and wrong, and wanted to stress from the beginning that their actions were right (i.e., that they knew the ABC's of prevention and that they were behaving responsibly). Once they made this clear, they began telling me their stories—stories which, in nearly every case, contradicted what they had told me only minutes before.

Because identifying candidates and scheduling interviews were so time-consuming and the wait times were so long, I was unable to transcribe the interviews in time to perform member checking with written transcriptions as originally planned. Instead of reading the

transcriptions, participants listened to their interviews on the digital audio recorder during our second meeting. In the end, I thought this turned out to be for the better, as it made it easier for those who were less literate and was just as easy for the literate participants.

Data Collection from Field Observation

I had the opportunity to talk to four groups of women, with about five to six women per group. These groups were often friends at social outings, relatives at family gatherings, and informal meetings of women at the work places. I asked them what they as a group felt was the situation in Luanda regarding the major topics of this dissertation. While opinions differed on the gravity or seriousness of the topic, there was a consensus that relationship concurrency at least merited discussion. Observing these women as they talked about the topic amongst themselves in an informal way, discussed what was going on in their own lives, and how they were dealing with these situations proved to be an important method of data collection because I had the opportunity to observe women in their day-to-day lives. I recorded incidents, anecdotes and conversations as field notes. When recording an actual event, I also noted my immediate reaction and analysis of the situation as I saw it in context.

Interestingly, music also proved to be a very rich source of information. I was invited by participants, friends, and others who knew about my research to listen to modern music written by young Angolans. Relationship concurrency and polygamy are often referred to in popular music, from the points-of-view of both women and men. I used these recordings not only as a source of data, but also incorporated excerpts during data analysis. The media, especially radio talk shows, was also a good barometer of attitudes in relation to relationship concurrency and polygamy as we will be able to establish in the media as a source of data session. While I could not obtain recordings of the shows, I took field notes of them while I was listening to them.

Second Phase of Data Collection

During my second visit to Angola for data collection, I continued to observe day-to-day interactions and conduct follow-up interviews. An attempt was made to contact all previous interview participants, but only six were available; some could not be located, while others were unavailable to meet at a suitable time. In addition to these six, two new participants were recruited.

In this round of interviews, the new participants received a brief explanation of the study and its objectives. New participants understood

that in-depth interviews had been conducted during a previous visit. All participants were informed that from the data in those initial interviews (as well as notes from field observation and other types of data, such as newspaper articles, radio shows, etc.), I had created—via the methodology of grounded theory—a few conceptual categories to encourage conversation about the phenomenon studied. Participants were also told that these categories were not merely invented by the researcher, but inferred from the responses of participants in the previous interview process; I explained that my role was to determine categories based on the data. Participants were told that their help was needed once again to verify that my understanding of what was said was accurate. If my understanding was not correct regarding a specific point, we could discuss it again and clarify it or in some cases erase the category if they deemed it unsuitable. The new participants would tell me whether they agreed or disagreed with the existing categories and the statements listed under each one.

All interviews were conducted individually in a very casual setting. Two participants asked me to meet and interview them at their own apartments. During the interview at one of the participants' apartments, other women walked in and asked to participate in the

interview as well, as they wanted to share their opinions on the topic. Because some of the women I spoke to had not participated in the original interviews, I decided at this point to create a verbal survey to facilitate understanding. The survey was based on the categories developed from the first phase of interviews and data collection and was used as a member-checking tool. After I explained the study to them, they looked over the categories developed during the first set of interviews, The participants' task was to assess how relevant these categories were to the topic at hand; they were also to explain why they agreed or disagreed with the appropriateness of each given category. The task itself only took about half an hour to complete, but the subsequent conversations about relationships sometimes lasted several hours. It served as a review of previous statements and it also served as a conversation starter. Participants were always eager to tell me about their experiences and share their knowledge. One participant explained that she already had three children, but her husband was putting pressure on her to have a fourth. When she told him that she did not want to have another child, he told her that he would have one with another woman if she refused. She added that his family also told her that if she did not have another child, it would cause problems for her

(Field notes, Luanda, 2010, p. 21). Almost all of the post-survey

conversations were filled with such interesting, personal stories.

The two new participants had the same demographics as those

missing from the original group (see Table 1). While these

conversations were not taped, I took notes of important comments and

reactions. A full list of the questions is available (see appendix F).

Because the grounded theory analysis was conducted in English,

the resulting categories were translated into Portuguese before being

handed out to participants. For each category, participants were given

the options of "Agree," "Disagree," and "Don't Know" to determine

whether they agreed with the use of that category. I was available to

answer questions or provide clarification while they filled out the form;

the data had already been collected and analyzed. The rationale of this

member checking was to confirm that my analysis corresponded with

participants' views as expressed during the interviews. Furthermore

because I was not able to do member checking with all of the original

participants, this method was one extra step in ensuring that my own

views and pre-conceptions did not markedly tint the end results of the

process. Since two of the participants were illiterate, I read the

categories aloud to them and checked the appropriate boxes as they gave me their answers verbally.

The participants were given ten categories, each accompanied by a brief explanation. The categories were: (1) loss of values; (2) economic need; (3) cultural attitudes; (4) lack of a sense of loyalty amongst women; (5) adaptation to a new social reality; (6) knowledge does not translate into behavior change; (7) lack of formal and informal education; (8) existing laws are not enough and/or are not applied; (9) lack of role models; and (10) no social reward for good (safe) behavior. In general, when participants supported a category, they felt very strongly about it and gave more examples to reinforce the category, either from personal experience, the experiences of those they knew, or hearsay that they believed to be relevant. Based on the results from this second phase of the interviews, as well as additional data collected, I moved into the final phase of determining the principal themes that I gleaned from reflecting on the data from multiple viewpoints.

MEDIA AS A SOURCE OF DATA

The media data was coded in the same manner as the interview data. I listened to the songs on Youtube, transcribed the lyrics in Portuguese, and translated them into English.

I coded the lyrics in search of commonalities and differences from the rest of the data using the constant comparison method. I not only compared words with data collected from the participants, but also with words from other songs. Once codes for the lyrics were produced, I began the process of creating conceptual categories. These categories were later compared to those obtained through the interview process.

The results were similar to those from the interviews. The data from the media produced six main categories: (1) lack of respect; (2) loss of values; (3) cultural attitudes; (4) economic need; (5) lack of role models; and (6) conflict between old cultural habits vs. new religious attitudes.

Radio

During a morning call-in radio program at "Radio Luanda," a woman complained of abuse from her husband. She explained that she had run away from him with her children, and that at that particular time she was homeless and quite desperate. A man then called in to the radio program and invited the woman to come and live with him as his wife. The male radio announcer asked the man if he was single. The man answered no, and explained that not only was he not single, he lived in a house with his wife and children, the same house that he was inviting a second woman to come and stay in; the man said she would be his "other wife." The male radio announcer made no

mention of the fact that having two wives is illegal, and furthermore did not even suggest that he might want to check with his current wife to make sure the offer was agreeable to her. Instead, the radio announcer simply said that he would indeed pass on the man's information to the woman for her to contact him directly (Field Notes, 2009, p. 5).

Television

In Luanda, soap operas, including the popular, imported Brazilian ones, are also full of double and triple relationships involving both men and women in marital and non-marital relationships. The underlying message is generally that concurrent relationships are wrong (in contrast to the ambivalence of the radio announcer) and that they incur serious consequences. However, the moral of the story generally takes several months, sometimes even a year, to become clear; meanwhile, there is no immediate negative impact apparent due to such relationships.

Print Media

The printed press was likewise a rich source of information. During my first visit in 2009, polygamy was at the heart of several discussions and articles in the printed press. As a representative of a newly formed political party "Nova Democracia" (New Democracy), Mr. Moreira, a member of the Senate, introduced the topic into the

parliamentary agenda. Mr. Moreira used the return to traditional

cultural habits as a basis for his proposal to legalize polygamy

(*Angonotícias*, 2009).

Mr. Moreira was referring to the fact that, before Angola's

colonization by the Portuguese and the Christianization of most of the

Angolan population, men were not only allowed to marry more then one

woman, but encouraged to do so. A large number of wives symbolized

prosperity; furthermore, one needed children to work in the fields, and the

more wives one had, the more children as well. Mr. Moreira argued further

that since polygamy was still being practiced informally, its legalization

would bring order and guarantee basic rights to the women involved.

Opponents of the proposal both inside and outside parliament argued that the

proposal was offensive and a sign of backward thinking. They feared that it

would be a big step backward for a society that was trying to move forward

and catch up to the rest of the developed world, in addition to flouting the

Catholic values held by most in modern Angolan society (*Angonotícias*,

2009).

Music

Music was one of the most revealing media sources of information in

Luanda. Songs by men and women alike were full of stories of betrayal and

concurrent relationships. Generally speaking, song lyrics criticize concurrent relationships; however, at times they justify such relationships, asking the listener to understand and forgive. Men and women are depicted as equally guilty in these songs, but women tend to be depicted as more naïve. It also seems that many songs are reflective the current situation, while others are trying to re-shape it.

In a popular song titled "The Other," singer Matias Damasio portrays the "other" woman as a victim:

I am the other; the one everybody points the finger…
Nobody talks of how I make you happy and do everything for you.
They only want to bad mouth me and call me offensive names
They want to destroy me, and they ignore my feelings for you…
I cry, my mother does not talk to me, my brothers ignore me…
I sacrificed my family for you my great love…
(Damasio, "A Outra," 2008)

It appears in the first part of the song that she, "the other," is seeking sympathy and wants to be understood as a woman in love. At one point, she does make clear that she is aware that he is married:

I know he is married, he has a wife and kids, but what can I do
If my heart wants him? I would like to have a man only for myself but
There is nothing I can do; destiny does not give one to me…
(Damasio, "A Outra," 2008)

Eventually she contradicts herself, saying that other men want to marry her, but he is the one she loves and she also deserves happiness, not because she is interested in what he has materially, but because she truly loves him.

Perola, another famous local singer, has a song "Doida" that translates into "Crazy". This song is from the point of view of the wife of a cheating husband:

They say I lost you because I'm silly, I should have stayed quiet
And tolerated disrespect and infidelity…
I know I probably should not be so proud, nowadays
One has to take it to keep the husband…I should be
More submissive and forget my pride…even unhappy at
Least I would have the same husband…but NO, only if I was
Crazy, and I am not…I was not born to suffer; I did not grow to
Be beaten I don't deserve to suffer, not because of a man…
You don't deserve me…
(Pérola, "Doida," 2009)

In this song, the wife takes a rebellious stance, refusing to put up with the adulterous husband—she says that she would rather be alone than live in pain from his cheating and mistreatment. In this song, rather than reflecting current practices, the artist seems to suggest a different desired outcome. It has been my observational experience that this happens very rarely in Luanda, but it is quite interesting to see the idea popularized in a song by a well-known artist.

The issue of concurrent relationships is very popular in songs; the famous Angolan pop group Kalibrados talks about it in several of their songs from the perspectives of both women and men. Os Calibrados mentions the health risks of such relationships and the need for an attitude change.

Popular songs often talk about the "great man" who juggles many women. Kalibrados' song "Gajo de Gajas," which translates roughly into "Guy of Bitches," sports the lyrics:

> I have my phone full of bitches' names, every day a new one
> Falls in my web. They keep calling me,
> I have to make up excuses…
> You just have to accept I am a guy of bitches…
> (Kalibrados, "Gajo de Gajas," 2006)

Some songs warn against engaging in concurrent relationships. Singer Heavy C performs the song "Homem Casado Nao Da," which means, "Married Man is No Good." The lyrics say:

> If you want a married man, think twice, he is going to lie to you
> For months, even years, he is going to say that he is leaving his
> wife
> But he is lying.
> He will tell you he sleeps on the sofa, he is lying,
> That he wants to start a family with you, he is lying,
> He will tell you he only stays because of the kids…
> Don't do this, don't lie to yourself
> You are not going anywhere with this relationship…
> (Heavy C, "Homem Casado Nao Da," 2009)

The songs speak from many voices and perspectives, mostly criticizing concurrent relationship behavior and advising people against it. However, at times they also suggest the inevitability of multiple relationships, as if they are the norm and always will be.

To explain a feeling, sentiment, or behavior, those I spoke with (including a few of my participants) often referenced a song. One participant,

who had been a married man lover for several years, introduced me to Matias Damasio's song when I asked her why she was in the relationship. She said: "Well, it is like the song, you know? He just is the man of my life, I love him, and I also deserve to be happy." When I told her I did not know the song, she gave me the CD (Field Notes, 2009, p. 11).

During this exercise, I translated and coded four songs: Damasio's "A Outra" ("The Other"), Perola's "Doida" ("Crazy"), Heavy C's "Homem Casado Nao Da" ("Married man is no good"), and Kalibrados' "Gajo de Gajas" ("Guy of Bitches"). Each of these songs conveys a different message. Damasio's song is from the perspective of a lover, the other woman who asks for understanding and sympathy. Perola sings about the betrayed wife who finally takes a stand and leaves a relationship that she feels is demeaning and abusive. Heavy C's song warns that concurrent relationships are unfulfilling and immoral, and he goes so far as to say that they are wrong in the eyes of God. Finally, Calibrados' song is an anthem of and for the man who measures his success by the number of women he is in concurrent relationships with, talking proudly of his conquests. While there were many songs pertinent to my research topic, this sample reflected not only the feelings and experiences of my participants, but also an accurate representation of what was played on

radio and TV music programs; it represents what the Angolan population was listening to at the time.

The use of music, poetry and other forms of media in illustrating social issues in Angola is not a new practice. During the Angolan fight for independence from Portugal in the early 1960's, music and poetry were often used as a means of communicating messages to the people. Agostinho Neto, a doctor-poet who eventually became Angola's first president, wrote during his exile several famous poems, including "Havemos de Voltar," a poem about missing one's homeland and the desire to return. The poem described the Angolan landscapes and the poet's favorite places, cultural habits, and music. It talked about the day he and others like him would finally be able to return:

> To our homes, to our land, to our beaches our countryside
> We shall return; to our land red from the coffee, white
> From the cotton and green from the planted fields we
> Shall return….to our rivers, lakes, mountains and forests
> We shall return… we shall return to a free and independent
> Angola…
> (Neto, "Havemos de Voltar," 1961)

Rui Mingas, a freedom fighter-political songwriter of the time, wrote about the troubles of the Angolan people during the Portuguese occupation. One of his more popular songs from the early 1960's, "Monangambe" (child in the local Kimbundo language), symbolizes the

hardships of Angolans during this period: a common day worker works himself almost to death to make his Portuguese masters rich. Mingas uses analogies to depict the suffering of workers on Portuguese farms:

> In that big farm it does not rain, it is the sweat of my face that irrigates the Plantations, in that big farm there is ripe coffee, and that dark red color are from drops of my blood, the coffee will be toasted, stepped On, tortured, it   will be black; black the color of the contracted Man….ask the singing birds and the strong winds, who wakes up Early and carries the heavy loads...who works? (Rui Mingas, "Monanganbe," 1965)

Summary

Print media, radio, television and music were major sources of data in this study. With this media data, I was able to corroborate the themes brought forward by interview participants. These sources of data were important because they were unsolicited, spontaneous and mainstream. They added value by supporting the data collected through participants and giving contemporary, real-life examples of the themes being discussed.

These media sources, like the participant interviews, placed the following issues at the forefront: the inferior position of women in relationships, men as womanizers, women standing up for themselves, relationship concurrency, and the role of television in educating the masses. Most importantly, they emphasized that women are still

struggling to make their voices heard and to gain an equal footing in

relationships with men.

Casual and Informal Conversation as a Source of Data

> You know, at least he only has one [woman] that I
> know of—it is better this way, you know; well, at least he
> is not going around with a bunch of girls, you know,
> getting diseases, kids and stuff.
> Because I know her, she is older; I don't think she
> wants to have any more kids, she has older kids already,
> well I hope she does not want to have any more kids. I
> mean, if he gets her pregnant, I don't even know what I
> will do. (Field Notes, 2010, p. 13)

I had this conversation with an acquaintance of mine as we sat in a

waiting room. I had just finished explaining to her why I was in Luanda

and the sort of research I was conducting. Although I had not seen this

woman in a few years, I knew her well, so it was not surprising that she

felt comfortable telling me her story when prompted by the context of

my research.

Spontaneous conversation about relationships was often sparked

amongst women, including my personal acquaintances. For example, I

arrived at a friend's house for her child's birthday party, which was a

small, intimate gathering. In Angola, this is code for no more than thirty

guests! I arrived late to the party, but the candles on the birthday cake

had not yet been lit because the child's father still had not arrived home.

The woman was furious at her husband's tardiness; when he eventually

showed up, it was quite late and he had missed most of the party. I

ventured to comment that perhaps he had just had a heavy workload

that night. She told me she knew exactly why he was late:

> He was at her house [the other woman]. You know, Patricia, what kills me is that not even on his child's birthday does he have the courtesy of getting home at a decent time. I mean, I have been very understanding, I just pretend that I don't even care any more, you know? After he had his first child with her, I was really good about it, you know, I even allowed the kid to come here and meet the siblings, I would let him visit here. You know how he thanked me? He had another child with her—a second one, do you believe it? That's it, no more Mrs. Nice Girl, now I have my own little arrangement [a lover] on the side, you know, to keep me busy and don't allow me to go crazy. (Field Notes, 2009, p. 7)

Occasionally, relationship stories are secondhand gossip between

friends about people who are not present, but whose story it seems

everybody knows. I once asked a group of acquaintances why women

tolerated this kind of behavior. They told me a story of a woman they

knew who, when faced with the same predicament as my friend, picked

up her bags and left her husband. This sort of action is rare and prompts

a mixed societal response: Men and women belonging to the older

generations generally believe it is unwise for a woman to leave her

husband, while women of younger generations see it as a brave decision

that not many women would be willing to make. This signals a significant generational difference in interpreting the situation. As this particular story was hearsay, I could never confirm the details, but if it were proven to be true, it would perhaps be the sign of an interesting new social development.

During these informal conversations, I also had the opportunity to hear a different side of the story. The "other women" in relationships with married men had their stories as well, and this research journey could only be made meaningful if all voices were heard and given the same careful consideration.

Another woman who had been in several relationships with married or attached men told me her story:

> The first man I had in my life was married. He meant everything to me. I was young and vulnerable. He took care of me and protected me; he is the father of my child. I feel I never quite recovered from it, you know? Now it seems every guy I fall in love with is either married or about to be. Look, it's not like I look for them, it just happens. But then, once you are in the relationship, you want it to work, you know, you want to believe them, when they say they are not happy in their relationship, that they are only there for the kids, that he will leave her soon. But in the end that day never comes, and lies start to be too much, the waiting and he does not come, the not being able to call him after certain hours, the seeing him in public places and not even being able to say hi. I mean, I know some girls don't care, but it just kills me. Do you believe, that even with all of this, they are the ones that in the end finish the relationship with me! I mean I just

stay there, waiting for something to happen, anything. (Field Notes, 2010, p.15)

The situation above it is not uncommon. Young girls that have relationships with older men, often see them as a father figure. The men literally care for them both emotionally and financially. The young women are often from households in which either the father was absent because he had other relationships and households to attend to or their own mothers were someone's lover and they are following a pattern of behavior that became the norm to them.

I kept my notebook with me at all times and would ask the women I spoke with if they were all right with me taking notes about our conversations, assuring them that they would remain anonymous.

Casual conversations, due to their relaxed, spontaneous, and informal nature, are rich in "*in vivo* codes." *In vivo* coding is the process of categorizing data by the local expressions of speech the participants use. *In vivo* codes serve as symbolic markers of participants' speech and meanings (Charmaz, 2006).

For example, both the married women and unattached women in this study refer to each other using demeaning and often insulting names. In one conversation, an unattached woman kept calling a married woman as "*a cadela*" ("the bitch"), a term that, as in English,

refers to a female dog and has derogatory and insulting implications when used in everyday discourse to refer to another woman. Another expression that was used repeatedly in these conversations was "*vamonos empurrando*" which, when translated literally, means, "We'll keep pushing each other forward." In its popular use, however, the expression means something slightly different, more akin to "It is not great, but I will push forward with it." This expression is used when a particular situation is not ideal, but an individual perseveres, even if it requires effort to do so. Several women also referred to their male partner as a "*gajo de gajas*" ("guy of bitches"). This expression was popularized by the Angolan pop group Os Calibrados and later adopted by the population into mainstream discourse.

The process of coding my field notes from casual conversation was the same process as the one for coding interview data. First, I initiated open coding by labeling events and actions in the data and constantly comparing them to one another to decide which belonged together. The codes and data were constantly reviewed as I searched for contrasts and commonalities to create the conceptual categories.

The categories from field note coding, as with those from the media data, were later compared to those from participant interviews.

The results from the field notes were similar to those obtained in the interviews. The codes from casual conversations and field observations produced six main categories: (1) lack of respect; (2) economic need; (3) cultural attitudes; (4) lack of role models; (5) no loyalty amongst women; and (6) acceptance.

Summary

Conversation in casual settings, such as family gatherings and friends' parties, was a rich, lively source of data. Conversationalists included both my acquaintances and women unknown to me. Their casual exchanges brought forward spontaneous and unsolicited subject matter. Women were eager to share their thoughts on their roles and responsibilities in relationships, as well as their experiences and lessons learned. These stories and lessons were particularly crucial to understanding the situation, because despite the clear desire for change, they outlined the many obstacles, both real and perceived. They make apparent that challenging the status quo can be an isolating, scary road for women who attempt to travel it. The results from analysis of these conversations closely matched those from the other data sets.

DATA ANALYSIS

Codes and Conceptual Categories

Interview transcripts were analyzed line-by-line. Throughout this process, labeled actions and events were kept in the data. For example, each time a participant mentioned a lack of trust between women, her statement was simply coded, "no trust between women." If a participant mentioned being betrayed by another woman, her experience was coded "betrayed by another woman." If the same or another participant also mentioned that she would not feel comfortable leaving her man alone with a friend, a cousin, or even a sister, this was also coded as an issue of trust. Eventually, all specific codes where placed under the broader category of "loyalty amongst women." Relationships between women and their effect on HIV rates and policy change will later be discussed in the findings section.

During the first round of analysis, this process produced 87 codes. Through constant comparison, multiple codes were often condensed into one. For example, there was originally one code for self-respect and another for respect toward others. When it became clear that the participants were referring to a general lack of respect in society, these two codes were condensed into the single code of "respect." Codes were continually reviewed and compared for contrasts

and commonalities to create general conceptual categories. For example, the general category of "economic need" encompassed six different codes: "[he] helps paying bills"; "helps with children material needs"; "helps with food shopping"; "helps paying for school/university"; "helps with material needs/luxury items"; and "helps with medical bills." The common thread between these codes was that the participant perceived the relationship as fulfilling important financial needs.

This process was conducted repeatedly, resulting in ten distinct categories. These categories were: (1) loss of values; (2) economic need; (3) cultural attitudes; (4) lack of a sense of loyalty amongst women; (5) adaptation to a new social reality; (6) knowledge different than behavior change; (7) lack of formal and informal education; (8) existing laws are not enough and/or are not applied; (9) lack of role models; and (10) no social reward for good/safe behavior. This list was later presented to the participants to help determine the clarity and reliability of each category.

Memo Writing

Memo writing is the process of analyzing and recording thoughts on the established codes. As codes are analyzed, certain patterns begin to emerge and

are written down in the form of memos. As the process continues, analysis of these memos eventually evolves into the formation of theoretical categories. Charmaz (2006) states that memo writing is the pivotal intermediate step between data collection and drafting a paper. Memo writing is crucial to grounded theory because it prompts the analysis of data and codes early in the research process.

Memos reveal the researcher's reflections, questions, and overall thought process while conducting and coding research. I wrote several memos while coding. One example from July 2009 reads:

Men are not motivated to be faithful to their partners. There is no social reward for faithfulness—their friends will make fun of them and call them weak. They have no one to be faithful with. There is no community of faithful men to belong to. If their behavior is a function of social context, they must have a community around them where they can share their behavior. The behavior must not be seen as diminishing their social status.

(Memo, July 2009)

This memo illustrates what came to mind us I contemplated the lack of social rewards for being faithful to women in Luanda. As illustrated by the data, there are also ideas that could be discussed in addition to the possibility of deep

cultural values. So, as I continued to code, I also wrote down every believable possibility that came to my mind, producing ideas that I could revisit at a later stage. In doing so I added:

There is no clear immediate and consistent consequence for cheating; the possibility of being left by their official partners is low. The behavior is not necessarily seen as immoral. Nor is there any negative social consequence for their behavior. On the contrary, having sexual relations with many women is associated with success. The threat of contracting HIV/AIDS is not immediate enough to deter promiscuous behavior. A man with many women is perceived as successful, hence there is actually a positive connotation to such behavior, at least to other men.

(Memo, September 2009)

In writing these memos I started seeing the connections between the ideas of social reward, role models, and the theme of gender relations. I also used the memos to start defining the relationship between gender relations and social status. How do women perceive each other? What influences those perceptions? How do women perceive men? And how do women believe men perceive each other?

In continuing the process, I started to see more and more codes related to the importance of marriage, and both getting and staying married. I wrote:

> Getting married seems to be the ultimate goal of all women. There is social status and honour in getting married, even to a man who is knowingly in multiple relationships. It is better to be married than not. Divorce is not a valid option. Divorced women are perceived negatively by society. Men are sometimes perceived as providers of material wealth, and always carry superior social status. Men are perceived as the key to happiness, however small. (Memo, October 2009)

On the issue of the use of condoms in a marriage or committed relationship I wrote:

> …for married and committed women, not using a condom is a question of honour; in theory not having to use a condom is what distinguishes her from the other casual relationships her partner may have. It is a way for her to maintain her status as the official partner, thereby defining hierarchy. Women seem emotionally unable to define priorities. What is more important, the risk or the honour? Who is defining those priorities, and how? (Memo, October 2009)

I later examined the types of conceptual connections suggested by my memos (Charmaz, 2006). In the examples I have shown here, there is a clear assumption of social structure and hierarchical stratification of social values. The memos are the beginning of the formation of ideas and can become the heart of the process of analysis.

Developing the Themes

My next step was to move into the thematic analysis and develop themes from the conceptual categories. The first step was to determine which of the categories were the most predominant.

From all of the data collected I derived 12 distinct categories. The categories were: (1) loss of values; (2) economic need; (3) cultural attitudes; (4) lack of a sense of loyalty amongst women; (5) adaptation to a new social reality; (6) knowledge different than behavior change; (7) lack of formal and informal education; (8) existing laws are not enough and/or are not applied; (9) lack of role models; and (10) no social reward for good (safe) behavior. Furthermore, when the data from casual conversations and media were included two more categories were added: (11) acceptance, and; (12) old cultural habits vs. new religious attitudes.

Taking into account the participants' views during the second phase of the data collection, categories one through four as well as six, nine and ten, were the most predominant ones and were recognized by the participants as the ones most likely to contribute to the question of concurrent relationships.

Next I determined what were the properties embedded in each of the categories. The properties are conceptual elements or aspects of a category (Glaser & Strauss, 1967). For example, in analyzing category 10, I realized that this category rested on basic cultural beliefs that a respectful and powerful man should have more than one woman and, furthermore, being faithful to one's wife or girlfriend is considered a sign of weakness, making this category fall into the cultural theme (Oyebade, 2007).

In the final analysis the themes looked as follows: the categories (1) loss of values; (3) cultural attitudes; (10) no social reward for good behavior; and (12) old cultural habits vs. new religious attitudes; were placed under the theme of **culture.** Category number (2) economic need was placed under the theme of **fulfillment of economic needs.** Category (6) knowledge different than behavior change was placed under the theme of **knowledge.** Finally, categories (4) lack of a sense of

loyalty amongst women and (9) lack of role models were placed under

gender relations. At the end of the process I had four themes, (a)

culture, (b) fulfillment of economic needs, (c) knowledge, and (d)

gender relations.

Once the themes were created from the relevant categories I

returned to the data and tested the themes by applying them to all the

data collected to ensure that there was evidence of those themes in the

interviews, the observational data, as well as the media sources (Harry

et al., 2005). Although the process appears linear it should be clarified

that there is a lot of moving forward and backward between the codes,

categories and themes in an effort to ensure that the results are a fair

representation of all data collected during the research process.

EPISTEMOLOGY

My research will be approached from the constructionism

epistemology.

Social constructionism considers knowledge a result of social

interaction and refuses the traditional view of a universal truth. Gergen

(1999) argues that our understanding of the world is linked to social artifacts

as products of historically situated interchanges among different people.

Berger and Luckmann (1966) refer to the "sociology of knowledge" that is

concerned with analysing the social construction of reality. They maintain that perceptions of knowledge and its translation into reality vary within and between societies. Another essential feature of social constructionism is the importance attached to language in the process of knowledge construction. To know anything is to know it in terms of one or more discourses (Davies & Harre, 1990). Social constructionism also emphasises the hold culture has on us: Culture influences the way we see (and even feel) things and shapes our view of the world (Crotty, 1998). Crotty also quotes Clifford Geertz as discusses meaningful symbols that constitute culture as an indispensable guide to human behavior:

> Thinking consists not of 'happenings in the head' (though happenings there and elsewhere are necessary for it to occur) but of traffic in what has been called, by G. H. Mead and others, significant symbols— words for the most part but also gestures, drawings, musical sounds, mechanical devices like clocks, or natural objects like jewels— anything, in fact, that is disengaged from its mere actuality and used to impose meaning upon experience. (Geertz, 1973, p. 45 in Crotty, 2008, p. 53)

Language is closely linked with social constructionist epistemology. Social constructionists maintain that understanding language is essential to

understanding the realities of everyday life. In fact, our use of language

constructs reality (Gergen, 1999). An actor's understanding and experience

of his or her social identity, the social world, and his or her place in it are

discursively constructed (Frazer, 1989). Frazer also added that girls'

experience of gender, race and class, their personal-social identity, can only

be expressed and understood through the categories available to them in

discourse. How does the prevalence of a certain type of male discourse

affect the construction of female identity? Davies and Harre (1990)

recognize of the force of discursive practices on the ways people are

positioned as a result and their influence on individual subjectivity. This

individual subjectivity can be linked with discourses that construct the

perceived role of women inside and outside of the household. The more we

are accustomed to hearing a certain discourse, the more it becomes

generalized and the more likely we are to construct ourselves in that way

(Gergen & Gergen, 2004). McNamee and Gergen (1999) describe our

actions as coordinated with others, and with them emerge rituals, rules, and

patterns, as well as expectations and standards of behavior, corresponding

beliefs, and values. In the case of Luandan women, years of dominant

patriarchal discourse by the media and their male counterparts has

influenced their perception of the reality of who they are and the values

they adhere to; the discourse that has prevailed for many years makes it

difficult for change, renewal, and the acceptance of a new dialogue to

occur.

Chapter Four: Findings

In Angolan society a 'real man' must have several women (Participant 1).

FINDINGS OF THE STUDY

The purpose of this study was to discover Luandan women's perceptions of concurrent relationships, or in the local lingo the issue of "the other" ("*a outra*"), the other women, with whom more often than not men carry out concurrent relationships. The study intended to find whether Luandan women would characterize concurrency as a problem in their lives. Furthermore, to discover whether they perceived concurrency as correlating with the HIV rates in Luanda, and if so, how they define such a relationship.

Moreover, the study also looked into defining what the participants saw as their role in dealing with concurrency, if any, both individually—as mothers, daughter, sisters within their family units—and as members of the larger community—in religious groups, community and grass roots organizations, political parties– which take into consideration their cultural reality.

Values and Culture

In this section I will revisit the interviews conducted during the research process in order to try and make a connection between the behaviors and the cultural values held by the participants. Indeed all of the findings are a result of the interviews carried out with the

participants, media data, and observations. I will attempt to argue that

the actions of the participants are more often than not driven by cultural

values embedded in their day-to-day lives and passed on to them

through years of conversations and by actions witnessed in everyday

relationships for generations. In this section I want to examine this

concept from the women's points-of-view and determine what they

perceived as their cultural reality.

Most of the women interviewed had never been encouraged to

examine culture-based reasons in order to understand themselves and

their perceived problems. I refer to the participants as participant one

through eight when making references to their statements.

Values and Concurrent Relationships

> A real man in our culture must have several women, if
> they don't have several women even their own friends
> make fun of them and say they are not real man…they all
> have, some are just more discrete than others, it is our
> culture. (Participant 1)

Partner reduction is often a strategy of not-for-profit

organizations to fight HIV/AIDS in Luanda. However, having

concurrent relationships is an accepted part of the local cultural reality,

and in Luanda has no negative cultural connotations attributed to it. On

the contrary, men that do not take part in this practice are likely to be

labeled as weak and socially unsuccessful, and are mocked during social gatherings with other males.

Participants 1 to 7 agreed with the statement that concurrent relationships are part of the local culture. I mentioned earlier in *Chapter Two*: *Angola, Cultural and Historical Context*, that the literature on Angola's culture supports this statement. Historically, men in Luanda usually had more than one sexual partner, including more than one wife.

In the past, having more than one partner was not considered a problem or necessarily wrong (Participants 2, 3, 4 & 5). A man had several wives or women for a variety of reasons: in order to have more children, as a show of higher social status, because they traveled away from home for work, because there was a civil war and families were separated (Participants 1, 3). In all these examples there were always a number of culturally valid and locally accepted reasons for having concurrent relationships.

The Portuguese colonialists never really forbade the practice as long as it was kept in the rural areas away from their "civilized" world (Bascom & Herskovits, 1959; Chabal & Vidal, 2007). Subsequently, after independence from the Portuguese, multiple legal relationships

become illegal (Bascom & Herskovits, 1959; Chabal & Vidal, 2007). Although concurrent relationships were illegal on paper, they never lost their appeal and the values that were attributed to them all along. Men of all social classes continued to have those relationships though they were still illegal (Participants 1, 3, 6).

The Other

What about those other women? The ones that are, most of the time, knowingly having a relationship with a married man or one who is in an established relationship? It takes two to form a relationship, and men would not be able to continue to have these relationships if women where not willing to have them as well.

Arguably there is more than one reason why women are willing to enter into these relationships, and I will discuss some of those other reasons in the next chapter, but considered from the context of cultural values, they are no different than married women. These women are looking for a family, a husband, and children. "Yes I would like one day to get married and have children" (Participant 3). Popular Angolan singer, Matias Damasio sings of the 'other' woman; in a popular 2009 song called *I am the other* he talks of the other women with sympathy, and portrays them as women that are looking for love, just like

everyone else: "I know he is married…but what can I do I love him, I just want to be happy like everyone else" (Matias Damasio, *I am the other*, 2009).

There has also been much talk about re-legalizing polygamy in Angola. Senator Moreira from the New Democracy party introduced a bill exactly to this effect. Senator Moreira's biggest argument was that since the practice was still widely used, formally legalizing it would bring order to the status quo—bring order to the state of affairs and guarantee basic rights to the women involved in these situations (*Angonoticias*, 2009).

The position of the "other woman" in the context of Luanda has evolved. During the times of my grandfather's generation, everyone knew who the "other women" were. In most cases, these women visited each other on special occasions like family marriages and funerals. There was a certain hierarchy amongst them that was respected and maintained. "The older generations are still more open about these "other" relationships and often refer to the other women as wives or partners" (Participants 3, 5).

During my interviews, Participants 5, 6, and 7 told me that in the more modern relationships the *other* is, more often than not, kept a

secret; not only does the man keep her a secret, but also she only discusses her relationship with close friends and sometimes relatives.

This does not mean that most people close to someone engaging in these sorts of relationships are unaware of the *other*'s existence. However, with times changing and younger generations exposed to new cultures and values either through travel or the media, where concurrent relationships are portrayed as improper or a lower class attribute, a new, more discrete posture has been adopted. As one participant stated, "The man I am in a relationship with is very respectful, you know. We don't go out in public; he does not want people to see him with me and know about us; he respects his wife. I love him even more for that" (Participant 3).

In a largely Catholic city like Luanda, there is a sharp contradiction between what is culturally accepted and religiously questionable. The religious element attributes to concurrency a slight sinfulness. It is not easy to disregard the opinion of the church and absolve oneself of confusion and guilt; for Catholics, adultery and concurrent relationships are undoubtedly a sin (Ryan & Jetha, 2012). Angolan pop singer Heavy C talks of the sins of concurrent relationships in his song "Homem Casado Não Da." ("Married Man Is

No Good") (2009): "The bible says one man for one woman, if you are married you must stay only with the one you married, not anyone else, God does not like that."

> Yes, I know he is married, but I love him so I will just stay with him and see what happens… (Participant 5)

The "other women" do not take responsibility for the start of these relationships; "he came looking for me" (Participant 5). There is a sense that if the man came looking for her, she is fulfilling a need of his and it is her duty to do so. As one participant explains: "If everything was well, I don't think he would come looking for me. If he is here it is because he needs something from me" (Participant 3). Another woman with whom I talked casually about concurrent relationships told me that "if the man is the one that is married, he is the one that has to control himself. It is not my responsibility to remind him of his status. I do not feel any responsibility for the married woman's unhappiness. That is her husband's responsibility, not mine" (Field notes, 2010, p. 23).

During the interviews, half of the participants (Participants 1, 3, 5, 8) agreed that like most women, the "other woman" wants to start a family and have children in order to join the higher hierarchy group of the mothers and also to fulfill her duty as a woman. On some rare

occasions, a man will leave his wife and start a new family with this "other woman," but more usually they do not. As another participant notes: "I heard stories of men that do leave their families to start new ones here in Luanda, but it is rare. It almost never happens, but I still hope" (Participant 5). Instead they will start a parallel, essentially secret family. "They never really leave their wives or official girlfriends; I mean it is rare—they will just carry both relationships at the same time" (Participants 5 and 8). In another, more informal conversation, one woman said to me, "It seems every guy I fall in love with is married or about to be. When you are in a relationship you want it to work, you want to believe them when they tell you they are not happy in their marriage; you want to believe this time it will work out. It never really does. It kills me" (Field notes, 2010, p. 25).

The rest of society neither praises nor ostracizes the "other women." A common response to these situations by participants was: "Most people do not really care about it" (Participants 3, 6, 7). Participants 3, 4, 6, and 8 concurred that families will sometimes support these relationships and sometimes will not. They are more likely to be supportive if the woman ends up having children with the man, and he recognizes them as his "other" family. Participants 3, 4, 5

and 8 also agreed that oftentimes, families support such relationships if the man in question is providing not only for the "other woman" but also for her family. Economic motivations will be discussed later in this chapter.

The "other women" do not feel personally responsible for the way things are developing in Luandan society. They, like most women in Luanda, feel they have the right to be happy. "I know he is married, but I love him, so I will not leave him. We will just see what happens" (Participant 5).

Summary

There are cultural values that support men having concurrent relationships. With the exception of religion (mainly Catholicism), there are no outward social punishments for men who carry on such relationships. To the contrary, men with these relationships are often respected by their peers. Most of the women who leave these relationships do not perceive themselves as doing anything wrong, and while they do see the connection between the behavior and HIV, they tend to believe that their relationships are the exception to the rule and that HIV is generally something that happens to other people, hence not their problem.

Participants also reminded me that concurrent relationships are not new to our society. They have existed for generations, and while the manner in which they are maintained nowadays is different, the fact remains that the phenomenon is not new.

The Motherhood Dilemma

Happiness often comes from fulfilling a social responsibility. Participants 1, 2, 3, 6, and 7 agreed that among the most important social and personal responsibilities for women in Luanda is having a child. These relationships put them closer to having children and a family, and at the end of the day, society does not condemn them for that. "In Angola, as long as you have a kid, everybody is happy, even if the father is married" (Participant 3).

The positive cultural values attributed to having children remain, even if negative attributes can be assigned to the behavior of having a child with a married man; its value or what is achieved with it continues to guide the behavior (Brislin, 2000).

> …I guess you can adopt a child, but here (Luanda) it
> is not really the same. I mean you must give birth to
> your own child; otherwise your husband can actually
> leave you…or go and have it with somebody else.
> (Participant 8)

On the other hand, there is a serious stigma on adult women who do not have children. The stigma of being childless is articulated by one participant: "If you get to be an adult woman and you don't have a child, people will talk behind your back, and if they know you well enough, they will even talk right in your face" (Participant 5). Another states that, "In the end, you will be asked by society, during social gatherings, at family get-togethers, etc., 'When are you having a baby?' The questions will come even when most of the people present are aware that you do not have a stable relationship" (Participant 5).

I did not have my first child until I was thirty-one-years-old. I remember the pressure I received from my family and friends to start having children. The subject came up every time I was around, and there was a lot of open disapproval for childlessness. I still recall my mother making excuses for me when people found out I had no children at the time. My mother acknowledged that she felt stressed every time the subject of children came up, and that I really should have one sooner rather then later.

Artificial insemination in Luanda is expensive and not widely available, and adoption is not culturally considered the same as having your own child. To date, as in the past, men are encouraged by their

families to look for other women to have children with, if their current relationships are not producing any offspring. Men are justified in looking for other women to have children with even if they have children in their current relationship, but their partner does not want to have more. During one conversation, a woman told me, "I already have three children. I don't want any more babies. I don't understand why he cannot be supportive of me on this; his family already told me not to be surprised if he has a child out of wedlock" (Field Notes, 2009, p. 9).

While there is no social punishment for being the "other woman," there are clear rewards for being associated with a man, and more importantly, having his child. This was expressed by two women who stated, "There is no denying; when you have children, people treat you differently. Even your own relatives" (Participants 2, 3). Another said, "My sister is younger than me, but she had her son before me. My mom started treating her differently, with more respect then she treated me with, even though I was the eldest" (Participant 2).

In the end, the rewards outweigh the disadvantages, and the choice is quite clear. Two participants maintained relationships with married men and had children with them. They were proud mothers like any other, and no one could take that away from them, regardless of the

fact that they only visited their partners occasionally, and did not maintain formal relationships with the father of their children. "My daughter is everything to me, and he gave her to me. How can I not love this man?" (Participant 5).

These women belonged to the group that all women in this cultural context want to belong to, and that is the highest social reward for them (Levitt & Dubner, 2005). Emphasis on the *other* is less to draw attention to the behavior itself, and more to focus on the meaning that this behavior has in their lives (Brislin, 2000).

Summary

Having children is paramount for Angolan women. Being able to procreate and continue the family bloodline is a social and cultural duty, and women are willing to make sacrifices in order to fulfill this duty, as it will also make them a productive member of both their family and society. The downsides associated with having a relationship with a man already in another relationship, whether through marriage or other means, are offset by the honor of being a mother. Mothers belong to an unspoken higher hierarchy, and men are socially justified to seek alternative relationships if their partners fail to conceive a child.

Economic Need

Author and Angolan psychologist Noelma Viegas de Abreu wrote an article for the Angolan magazine *Opinião* (*Opinion*, 2010) discussing the possible causes and meaning of the increase in female crime, and the increasing numbers of women in prisons in Luanda. In the article, the author argues that well-remunerated, legitimate jobs can be difficult to come by, especially for women; she states that women who want to achieve higher financial status might resort to criminal actions, as they find themselves in a society where people are increasingly judged by their material well-being. In the view of some participants, this desire for economic stability that could lead women to resort to criminal actions is the same desire that might push them to seek relationships with married men of a higher financial status.

During the interview process with the participants in this study, the point of economic need came up quite frequently. When talking of why women entered concurrent relationships knowingly, economic need was mentioned by all of the participants at least once.

> I believe that the women that trade sexual relationships for goods, you know? Stuff they want. That is the biggest problem. (Participant 2)

Participant 2 commented that there are women who start relationships with men whom they know to be married, but who have solid financial standing, in order to gain access to a better life.

There are many women who are single, attractive and working; however, life in Luanda is very expensive. Luanda has been classified as the most expensive city in the world by the *Financial Times* (Rodrigues, 2011)*, The Economist* (2010), BBC News (Redvers, 2012), and Mercer surveys (http://www.mercer.com/press-releases/1420750). These women are working, but they still cannot afford the luxuries that are now available for purchase in the city. In order to have access to those luxuries that would otherwise be out of their reach, they engage in transactional sex: sex in exchange for material goods, both big and small.

Depending on the status of the man they are involved with, they can receive gifts like perfumes, or credit for their pay-as-you-go cellular phones, or, if the man is wealthier, the gifts could include cars, expensive handbags, and even apartments and houses. Participant 4 stated that there are many women who want luxury items that are far from their reach, but if they cannot get these items themselves, they will find a man who can get the items for them.

Luxury items are not the only motivation for engaging in these relationships. During my visits to Luanda, a young girl told me that it was only because she had a married man with financial means as a lover that she could afford to go to university. She stated that university was expensive, and she could not afford it without having a good job; in order to have a job, she would have to work during the day, and go to school at night; however, she lives in the outskirts of the city, and going to university at night would prove both dangerous and impractical. She has a boyfriend. He is married. He pays her college tuition. She loves him, but knows that he will never divorce his wife and that is okay—they will just continue their relationship as it is, as he provides for her financial needs, and meet and have sex when he can (Field Notes, 2009, p. 3).

Transactional sex in Luanda, as in other parts of Africa, is not considered the same as prostitution. As explained by Dr. Epstein, those relationships are motivated by a combination of physical attraction, emotional rapport, and financial calculation. In these relationships, there are also feelings involved and that makes them more complicated than prostitution. Epstein concludes that transactional relationships

provide a support system for women, and a source of power and self-

esteem for men.

> …Sometimes, even those girls' families encourage them to enter those relationships with older, richer man so that the family can get favors and material things… (Participant 8)

Participants talked about the issue of families encouraging young girls

to have relationships with older more powerful men. Participant 2 said,

"Forget about their families talking about the wrongness of it, they are

the ones that tell them [the girls] to leave a boyfriend if he does not

have money to provide for her and her family." Likewise Participant 6

added, "Life in Luanda is hard. Parents want to look out for their

daughters. They think if she finds a man with money, he will take care

of her, and maybe even her extended family, and they [the parents] will

not have to worry about it. Who knows, maybe they can even benefit

from the relationships themselves." Participant 5 did not believe this

was a generalized situation. In her opinion, "No well-educated parent

wants their daughter to end up being a lover to some old guy, even if he

is powerful." In her own experience, although the father of her child has

a powerful job, her family is not encouraging her to stay with him. On

the contrary, they all know he is married and urge her to leave him.

However, she admits that, in addition to having received an education,

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she and her relatives are well-off financially, which might make the difference.

As seen in Chapter 1, there was a tradition in the Bantu culture of offering the family of the bride material goods in exchange for taking her from her family. The goods at that time consisted mostly of cattle and land. Father Altuna explained in his book *The Bantu Culture* (1973) that the tradition was not about paying a price for the women, as it is often perceived by cultural outsiders, but rather compensating the bride's family for taking away a large part of their workforce, considering that, at that time, the woman was the one who worked the land in addition to managing all domestic tasks. There was a true loss in terms of production when a woman left the family. Hence the family of the bride would receive, in exchange for their loss, a previously agreed upon compensation, called *alambamento* in Angola. *Alambamento* is still used today by some families in Luanda. Clearly, cattle are no longer used as the dowry in most cases, but other material goods such real estate, cars, clothing etc, agreed upon by the families in question.

However, Participant 6 noted that *alambamento* is not the same as what is being done now. She stated that "now is more like, if you are sleeping with a man with money, he better be giving you something in

return. They [the women] give those men their bodies, in return they get

stuff…"

> …The problem is that if you are involved in a
> relationship where the man is financially helping
> you, you cannot demand anything from him, not
> faithfulness, not even demand that he uses a
> condom… (Participant 7)

Being in a transactional relationship, as asserted by Dr. Epstein, does

put the man in a position of power. Women are with them not only

because they like them, but just as importantly, because they need them.

In talking about HIV/AIDS and how concurrent relationships

might be at the heart of its rapid spread in Africa, Participant 2

commented that the risk becomes even worse when the women are in

transactional relationships. She added that when one is in such a

relationship, the relationship becomes more hierarchical, and the

women are even less likely to demand safe sexual behaviors from their

partners, as they will be afraid of losing them, and with them, an

important part of their financial sustenance. "They think why am I

going to bother him with this, he is just going to leave me and find

someone else that is easier and gives him what he needs, so they don't

ask any questions and don't demand anything, as long as the gifts and

the money continue to come" (Participant 2).

Very often, married women find themselves in the same kind of predicament. As Participant 7 commented, "if you are married and your husband is the breadwinner of the family, and you find out he is being unfaithful, you don't just leave him. How are you going to sustain yourself and your children? It is not easy; you have to think about all of these things." Participant 1 said:

> The worse part is that now, in order to be able to survive, you cannot depend only on one man, unless he is really very wealthy. Otherwise, you have to have more then one: the one that helps with school, the one that pays your clothes or phone bill, hairdresser whatever, the one that puts food on your table. I mean it is not just men that have more then one sexual partner anymore. Now women are also doing it, and they need to do it just to survive. So it is not just the men cheating. Everybody is cheating on everybody. It is war over here, and it is crazy.

I often heard this expression during my interviews and conversations in Angola. "It is war, a gender war. Men have concurrent relationships because they can; women have concurrent relationships because they need to. And that is how it goes in a place where your value is measured by your material worth" (Participant 1).

War references can hardly be a coincidence in a country that was in a state of civil war for nearly 37 years. As stated by Henda Ducados, an Angolan founding member of the women's group Rede Mulher, in

her 2004 article in *Conciliation Resources,* "Angolan women in the aftermath of conflict," children and the elderly comprise about 80% of all internally displaced people in Angola and are amongst the most vulnerable groups in the aftermath of the war. Many of these displaced women have ended up in the shanty towns of Luanda. Ducados further added that the war has increased women's workload as well as their responsibilities, including providing for the household. Women also find it harder to marry or remarry due to war trauma, and when they do, they are more likely to accept polygamous relationships.

In the 2008 meeting of the Commission on the Status of Women with the priority theme of "Financing for gender equality and the empowerment of women," the Angolan government, in the person of Vice-Minister of Family and Promotion of Women, made a commitment to improve the well-being of the population, especially the rights and equality of women, as well as to continue to play a role in the reduction of poverty in households led by women (Republic of Angola). However according to the latest study on the well-being of the population (IBEP), produced in Angola by the Angolan National Statistics Institute, as well as a report by the European Community Desk on Gender (2005), women continue to earn half as much as men,

have less access to jobs and rely on low-paying self-employment

(IBEP, Angola, 2010).

Women's literacy levels are 53% compared to men's 82%.

Hence, while there are a few wealthy women and there has been a slight

increase in the number of middle class women, the majority of women

in Luanda still live in poverty, are illiterate, and have little or no access

to basic services like water, health services, and electricity. They also

find it very hard to sustain themselves and their families, including their

daughters, which perpetuates this cycle of poverty.

According to Ducados, the organizations created to help these

underprivileged women are few and far between, lack a clear focus and

agenda, and are generally underfunded. This includes the above-

mentioned Ministry of Family and Promotion of Women, who at the

time of Ducados article had the lowest budget of all ministries in the

nation.

> It does not help when you know that there are people
> that have so much and you have so little. It just
> makes you want those things, those expensive things
> even more, and you start doing crazy stuff to get it.
> (Participant 4)

Luanda is a city that has doubled in population size in the past

ten years. It has changed, and it has grown. However, as the city grows

and more material goods are available in the market to those who can afford them, the shanty towns also continue to grow in size, generating with them huge problems of marginality, poverty and violence that are associated with suffering, low moral and ethic values (Abreu, 2010). According to Trocaire, an Irish not-for-profit agency that is active in the fight against poverty in Angola, and also according to the United Nations, about 20% to 25% of Angola's total population lives in Luanda; of this, approximately three quarters live in informal settlements or shanty towns and participate in an informal parallel economy.

Summary

Luanda is growing city were the standard of living is very high. The women, while starting to get more education and job opportunities, continue to earn less and to have fewer formal employment opportunities. A lot of these women sustain themselves and their families through menial and underpaid jobs in the informal parallel economy.

Economic need was thought by the participants to be one of the main factors that aids in the continuation of the concurrent relationships. According to the data, many women try to claw their way

out of poverty by associating themselves with richer, older men, including married ones. There, transactional relationships are thought to help women fulfill material needs, big and small. A transactional relationship however, places women in a vulnerable position, from which it is difficult to negotiate safe sex measures, as their power is highly diminished by their dependence on men.

GENDER AND GENDER RELATIONS

Below, I analyze the manner in which the genders relate and interact with each other, and amongst themselves, as well as the role each has in maintaining the prevalence of concurrent relationships in modern Luandan society.

Women and Men

Men have no respect for women in Luandan society. (Participant 1)

This was one of the first statements made to me in participant interviews. Participant 1 went on to explain that this treatment was pervasive. "They really just do not care." She added, "even when it starts well, as soon as you sleep with them forget it, it is all over." In Participant 1's opinion, there is not only a problem with the relationship between men and women in Luanda, but also with the relationships amongst women.

Participant 1's comment on men's lack of respect for women was prompted by my question about her perception of the state of gender relations in Luanda. She believed there were differences in the way men treated women, based on their level of education and also whether they were raised in an urban or rural location. In her opinion, more educated, urban men participate more in family life, are more discrete about their extra-marital relationships, and in general appear to be more concerned with their families' well being. She stated that the less educated men have more hierarchical relationships in which there is a clear distinction between the functions of men and women. If a woman has a job, she is still expected to carry out all of the domestic chores by herself when she returns home from work. When less educated men have extramarital relationships, they tend to make less of an effort to hide them, and will generally refuse to discuss it with their wives. She also added that they tend to spend less time with their family. Ultimately, she concluded all men will have other women, but the way they go about doing it will be different; a more educated man might be more concerned about keeping up appearances and protecting his spouse's feelings, but not concerned enough to change his behavior (Participant 1).

Participant 3 believes men do not look at women as their equals at all, especially at home. In her opinion, even when a woman has a job, when she returns home she has to take care of all the domestic duties on her own. Men expect it, especially in the lower income households, where they cannot afford any kind of domestic help.

According to Ducados in her 2004 article "Angolan Women in the Aftermath of War," in many lower income households, the women take on informal jobs in order to provide financially for their families. When they return home from work, they are still expected to take on all the household chores, and care for the children. Failure to do so could result in violence from their partners who are often unemployed or under-employed.

Participant 2 also thought there was a general lack of respect from men toward women. In her opinion, most men believe women are available sexual objects. Participant 2 believed that this general lack of respect was aggravated by low self-esteem on the part of women, and women's general behavior around men. Participant 2 stated, "It is also our own fault. Sometimes those men don't respect us. We behave like we are for sale, asking for things and giving our affections to the highest bidder. If it is not about material things, it is about having

babies or having a husband. We are desperate and confused. Somehow we started measuring our value through men, and it is strange."

Participant 2 is perhaps unaware that, as discussed earlier in Chapter 2, the value of a woman in Angolan society has, for a long time, been intrinsically associated with her relationships with men. Hence, while a young woman today might not be completely aware of the reasons for her behavior, she has inherited a legacy of attitudes and beliefs that perpetuate this strong desire to be associated with a man in order to receive respect from society.

My own personal experience growing up resonates with Participant 2's above statement. As a child, I spent a lot of time at my grandparents' home. My grandfather had three wives that I was aware of, all of them known to each other, and all of their children known to each other. My grandfather divided his time between the different houses. I have never once heard my grandmother, or even my own mother, say anything negative about my grandfather. In our society, my grandmother was a respected married woman.

Participant 7 said that in her opinion, what has been happening is a general loss of moral values, respect for each other between men and

women, self and the concept of family. Speaking of her grandparents'

generation she said,

> These things (concurrent relationships) already happened,
> but there was a series of unspoken rules that guaranteed
> that certain boundaries were not crossed. A second wife
> knew that she was exactly that: a second wife. She had no
> business confronting the first one, and if she did so, she
> could risk being scolded and even abandoned by her
> husband. There was a clear obligation for the husband to
> keep things under control, and each person in their place.
> The relationships were as much about men as they were
> about status and showing power; they (the relationships)
> were more personal and less public, allowing for a woman
> to have more self-respect. The other woman respected the
> first wife, and the men generally made sure that it
> happened that way. If a second wife did not respect the
> first wife, it was because the man could not control her and
> that was not a good thing. If the man controlled his other
> women and made sure they respected his first wife, the
> wife could also have a sense of respect for herself; it is
> mostly not the case today. (Participant 7)

Participant 5 concurred with the idea of public concurrent

relationships; she added that her own mother was surprised to find a

picture of her father on a social magazine at a party with his (known)

other woman. She said,

> That really hurt my mom's feelings. It was not that she did
> not know about this woman, but my father having his
> picture taken with her for a social magazine was like a slap
> to her face. It was just disrespectful. He did not even
> acknowledge it to my mother—he told her she was being
> dramatic. She was really hurt, and since then it has
> happened again. It is like once you accept it one time, you
> are done because now they [the men] know that you will

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take it, so they can do it again and again with no regard to
your feelings; they are always trying to stretch the limits.
(Participant 5)

Generally, participants agreed that for at least the past fifteen

years, the general moral state of the country has been declining.

However, while behavior itself is not changing, there seems to be an

attempt by men in urban settings, most likely due to their higher level

of education and exposure to a different set of social constructs, to keep

up appearances and be more discrete about their affairs. The change in

attitude but not the behavior could be a direct consequence of the

heightened contact with the West, both inside and outside the country.

> Even if women are becoming more financially and
> economically independent, men know we are still
> very much emotionally dependent on them…we are
> programmed to be this way… (Participant 5)

In fact, Participant 5 believes that women's acceptance of men's

behavior is indeed tied to the examples of their mothers and

grandmothers. She stated, "We have to accept these situations. We

already witnessed our mother and grandmother doing the same. Those

are the kinds of behavioral references we have from the past."

She guessed that it would probably be no different for her own

daughter, who she believes, like her, will most likely be well-educated

and a professional. Despite her young age, her daughter is already

witnessing her father coming and going, and wondering why he does not live with them in the same house. In the words of Participant 5, "This is by no means the classic family, but is has become normal to my daughter, so she will likely have no problem accepting the same situation for herself." She added that she is the reference for her daughter on how to treat, and be treated by, men, and so she is contributing to the perpetuation of this status quo despite her professional status.

The statistics agree with Participant 5; in the past 15 years, the presence of women in government has almost tripled. In fact, according to the Angolan News Agency, the number of women in the Angolan National Assembly represents 39% of the total number of parliamentarians, and the figure meets the world quota (*ANGOP*, 2010). Likewise, according to the UN Development Group's statistics and monitoring session, the educational gap between males and females has also been steadily decreasing, even if male attendance is still higher among the poorest population (2008).

Participant 4 said, "[In Luanda] men are still machos; they want their friends to know they are powerful, in many ways having several women and showing them off for them means just that: power." Gender

specialist Henda Ducados agrees, "Angolan society remains predominantly a 'male preserve' in which women's rights are often violated for the preservation of a patriarchal structure inherited from African traditional values" (2004, p. 1).

Not all women accept it, but fighting back comes with a price. Participant 8 tells stories of being beaten by her husband when he feels she is complaining too much about his relationships with other women. "He beats me if I talk too much, but I speak my mind anyway. I don't care, he can kill me if he wants" (Participant 8). I asked her if it would not be easier to just leave him—why stay with a man who not only has other women, but is also abusive? At this point, the response from Participant 8 was no longer a surprise: "…and be by myself? raise my kids alone? I would probably just end up being someone else's lover anyway" (Participant 8).

Angola's first lady, Ana Paula Dos Santos, conceded during a public speech that in Angola men continue to use force and violence against women as a way of showing authority and supremacy (Agência Angola Press, 2009). Violence against women has been growing steadily in Angola in the aftermath of the civil war. Ducados agrees

with the Angolan first lady. In a September 2004 IRIN news article, she

stated that:

> Because of the war, a lot of men are unemployed and unable to contribute to the household on a regular basis. It seems many feel undermined by the fact that women are bringing home the earnings. Their frustrations have often led to greater drug and alcohol consumption and violence against women…In the past, when a couple got together, they needed the consent of both sides of the family and the community would usually follow the life of the couple and try to resolve any problems they had. However in peri-urban areas, people no longer care what the community is going to say about extra-marital affairs or the forming of secondary households…Even if they're in an abusive or violent relationship, women's perception is that they would be worse off without a man around because they appear more vulnerable and insecure in the eyes of the community. (Ducados, 2004, p. 1)

Indeed, the consensus is that relationship between women and

men continues to deteriorate, especially at the household level,

where women carry on struggling to earn respect from their

partners as they see themselves without hope or other options.

Summary

The consensus amongst participants is that, despite women's

gains in politics, education, and the economy, relationships between

men and women are still very hierarchical. The relationship between

the two genders is still heavily influenced by old cultural constructs that

place men higher socially.

Women suffer from both physical and emotional violence, yet endure abuse in relationships because it allows them to maintain these relationships and their status. Men suffer no punishment for their behavior and are likely to be seen by their peers as powerful and successful.

Women and Women

> We women are not a united front; many times we are our own worst enemies. (Participant 4)

Participant 7 discussed how, as the years passed and she became older, her mother and other women in her family continuously asked her when she was going to have a baby. In one conversation, she recalled her mother's answer to her defense of not having a steady relationship with a man who would help her raise a child: "Don't worry. Just find someone to have a baby with. We [the family] will help you take care of the child." She discussed at length how she did not feel right until she finally did have a child due to the pressure from the female members of her own family. She added, "Marriage really is what every mother wants for their daughter, but if you cannot get married by a certain age, then at least have a child. You are nothing without one." Her mother, not her father, told her this.

While failure to conceive a child in a couple can be attributed to both husband and wife, in Angolan society it is generally assumed that it is the fault of the wife. In my field research, I had a conversation with a woman who had struggled to conceive for many years with her husband, and even though she had a child from a previous relationship, all fingers were pointing at her. As she puts it, it was the women who were the most critical; they called her *mbaca*, the depreciative name given to a woman who cannot conceive—an equivalent expression does not exist for men. She said, "It was crazy. I already had a child. I had nothing to prove, but these women kept making gossip about my inability to conceive children, and I could not believe it" (Field Notes, 2009, p.10). She was not surprised that fingers were being pointed at her; her surprise was that it was by other women. Other women called her derogatory names, called her unworthy. In her book, *Gender Talk,* author Susan A. Speer (2005) examines how language reflects and subordinates the female position in society. In Angolan society, the language of subordination is perpetuated by other women, not just men.

Participant 2 agreed, "We [women] don't stick together. We don't need men to create problems for us. We do it all on our own." Indeed, that was the general feeling amongst participants. Participant 5

recalled that it is a woman's own best friend, or female cousin, or sister, sometimes, even her own mother, that will tell her that a certain married man likes and wants to have a relationship with her. Women cannot count on a word of wisdom from their friends, and as she stated, the worst part is, "Our lack of sympathy. We just have lost our ability to put ourselves in someone else's shoes; you could be the wife and someone else could be sleeping with your husband, how would you feel? Nobody cares" (Participant 2).

Mothers are failing their daughters, according to Participant 4, who talked about how she wished her mother had talked more with her about relationships. In her opinion, these conversations stopped taking place. Older generations are not teaching the newer ones how to behave, and no longer passing along the basic standards of mutual respect and mutual responsibility that were once in place. "In the past, we cared for our neighbors, for our relatives, for our friends. Now, we have become very individualistic. We only care about ourselves, not the person next to us. I think that is why there is no respect" (Participant 4).

I was discussing my work with a group of women at an event in Luanda. One of them confessed her past relationships with married men, and that she felt no guilt about her behavior. According to her, "It

is not my responsibility. He is the one betraying his wife, not me. Why should I feel bad about it?" I asked her if she did not at least feel a bit of guilt as a fellow woman, or even as a human being for causing, according to her words, pain to the other women. She replied, "No. I really do not feel it is my problem. He looked for me, so that is his problem, not mine" (Field Notes, 2010, p. 21).

As discussed in Chapter 2, Angolan society, since gaining independence from the Portuguese, has been rapidly changing and moving from a community-oriented society to a more individualistic one. Western culture is being absorbed at a rapid rate from television, music, and daily contact with foreigners, as well as with Angolans who have steadily been returning to Angola since peace was established. They are drawn from all over the world, especially to Luanda, the capital, with new visions, different habits and changed attitudes. The resulting mix of old and new has elevated individuality to a prevalent value. Singer-rapper Yannick from the group Afroman talks about this new phenomenon in his song "*Vizinho*" ("Neighbor"). In it, he discusses how, in the old times, a child was raised by the community. A neighbor was family, and people watched out for each other. Now, the

focus is on the self: neighbors no longer trust each other, and are forever competing in the quest to find who has more.

Relationships between men and women are changing with the times. Indeed, women are more powerful in the community, but the domestic and emotional struggle with men continues and has arguably become worse as women try to find a healthy place at home. This could be a sign of eventual changes for the better, or, at a minimum, a sign that women are, if slowly, starting to challenge the status quo. The relationship between men was not analyzed in this study.

Summary

According to participants, Luandan women relate to each other in a competitive, negative way. They actively participate in the perpetuation of language of subordination of the female gender, and fail overall to support each other.

While social groups are formed, such as friend circles, social clubs, etc., participants reported a general absence of both trust and the ability to rely on other women for support and counsel, as women have a tendency to be very critical of each other and are, for the most part, unsympathetic, though there may be exceptions in close relationships. This reality is less true in family settings where there were reports of a

perpetuation of old gender-hierarchical values by the older generations

of women. These values are oftentimes not helpful, and can make

younger women more vulnerable to men.

LAW AND EDUCATION

Law

What laws exist in Angola to protect and elevate women, and

how are they publicized and implemented? How do women fare in

education compared to men, and does their level of education influence

their ability to make healthier and safer personal choices?

> Men and women are equal in the family; they have
> the same rights and are subject to the same duties
> within the family. (Republic of Angola, Article 3,
> 2009)

"Yes, we have laws," said Participant 6, but she also noted that

the women in Luanda who are most in need of protection come from

poorly educated backgrounds, and are therefore not aware of their legal

rights. She continued, saying that in the peri-urban areas (communities

at the border of big cities, generally populated by lower income

population), where the level of illiteracy is high, there should be

alternative ways to get information to those who need it. "If people

cannot read, the information cannot be only available in books"
(Participant 6).

Men in Angola often father children whom they either never recognize legally or, even if they do, they simply do not provide for financially. Women do not know how to get fathers to provide for their children. Although there is legal provision for childcare support and paternity, it is not widely known. Even for women who are aware of their legal rights, it is often difficult to find information about how to get the process started, particularly in the cases where men have not declared paternity. Because of the general ignorance surrounding their legal rights, many women still believe that they have to get the fathers of their children to physically sign a document in order to prove legal paternity (Participant 6). In fact Angolan law provides that "a non married mother, can declare the paternity of her child during the life of the father up until one year after the birth of the child, as long as the father can be notified of such declaration" (Article 172, Family Law, Republic of Angola). Furthermore, according to Article 251 of the Family Law, once paternity or maternity is established, there are legal provisions for the non-caregiving parent to provide financially for the child, should it be requested by the caregiver parent.

Participant 8 also agreed that the laws are not well-known, not only regarding parental rights but also regarding violence against women. According to her, if women complain too much to their husbands, they risk being beaten by them. "One can call the police, but they don't always come, and even when they do, they don't really do anything; it happens to me when my husband does not come home or does not give me money for the kids, I tell him off. Sometimes he beats me up but I don't care. I don't really call anybody; I don't think it would help anyway" (Participant 8). She is not alone; while there are no official figures on the levels of domestic violence nationally, a survey conducted by *Organizacao da Mulher Angolana* (OMA, or Angolan Women Organization) in 2008 found that in one low-income neighborhood alone there were approximately ten incidents of domestic violence per day (Redvers, 2009). The United States Department of State, through their representations in countries, embassies, non-profit organizations, and USAID collect information on human right issues. According to the February 25, 2009 Human Rights Report on Angola by the United States Bureau of Democracy, Human Rights, and Labor, a branch of the Department of State:

> Violence against women was common and pervasive, particularly in urban areas. Domestic violence is not illegal; however, the government occasionally prosecuted it under rape, assault, and battery laws. A 2007 preliminary study on domestic violence in Luanda indicated that 78 percent of women had experienced some form of violence since the age of 15. While 27 percent of the total reported abuse in the 12 months preceding the study, 62 percent of women living in the poor outskirts of Luanda reported abuse during the preceding year. Common-law husbands or boyfriends perpetrated the majority of violence. The Ministry of Family and the Promotion of Women (MINFAMU) operated a program with the Angolan Bar Association to give free legal assistance to abused women; the ministry also opened counseling centers to help families cope with domestic abuse. Statistics on prosecutions for violence against women under these laws during the year were not available. (Session 5)

OMA operates one shelter to lodge women victims of domestic violence in the city of Luanda, an inadequate support for a city that is home to almost 5 million people.

Solange Machado, a lawyer who works at the OMA shelter, declared in a 2004 interview to IRIN, the communication arm of the United Nations Office for the Coordination of Humanitarian Affairs, that:

> There's been an increase in violence against women. . . Machado said that in addition to the psychological effect of war, its material impact has played a significant role in the increase in gender violence. Today most of Angola's 13 million people live in dire poverty…Many people don't have homes—you can have a whole family living in one room—that creates problems. Many people are

unemployed and when they have jobs they tend to be badly
paid. Everyone knows that when people don't have bread
to eat they often turn to violence. (p. 1)

Since Mrs. Machado's interview, the social situation she refers to has

not changed. However, Cesaltina Major, the chairperson of the women

parliamentarians' caucus of the National Assembly and MP of the

parliamentary seat of the ruling MPLA party, said in an interview with

the *Jornal de Angola* on June 5, 2009, that a bill was lodged in

Parliament for a new law against domestic violence. A bill against

domestic violence and making it a public crime was passed in

September 2011

While the government, as stated in several publicized interviews

and news clips, has vowed to increase protection for women, as well as

provide support services, the women I spoke to continue to believe that

there are few laws to protect them, and that the ones that do exist are

obscure and mostly unknown, especially to women from poorer

backgrounds. Participant 6 thought that the laws that do exist do not

really deter men from practicing violence against women, and do not

encourage women to come forward and report abuse. If a man beats

them, they just take it; if he does not bring money home, they go out

and get jobs themselves; if he has other women, she still takes him back

when he shows up. Being with a man, even if he is abusive, is still seen as a better alternative to being alone. Angolan women live in fear of being thrown out of their homes along with their children and ending up with nothing.

Summary

In Angola, there are laws that help promote and protect women rights. These laws, according to participants are still few and not well publicized. Despite pledges from several government figures to make laws clear and more accessible to women, they are still not well known and hard to understand; especially for the under-educated or illiterate population that most needs it.

Education

Humanitarian specialists agree that laws alone will not help women obtain an education: material conditions must also improve, and there is also a great need for programs that work on basic tolerance and psychological help for those who need it.

> …There is not enough education, not in schools or at home, these new generations are being educated by TV. (Participant 6)

"Parents are not involved enough in the education of their kids" (Participant 4). In her opinion, the biggest problem is that mothers have

stopped talking to their children and stopped teaching them right from wrong. Fathers are mostly absent due to work or splitting their time between several households, leaving their children's education the sole responsibility of the mothers, who often do not have the time because of their own workload.

Ducados discussed the issue of women-led households and their related problems. In her article, she stated that fathers in Angola could be absent for a variety of reasons. Some died in the war; others simply never came back; and some simply abandoned their families. This left women with the added burden of not only being the main caregiver and provider of education, but also the primary income earner for the family. Because women had to take on menial jobs with low pay, this resulted in them spending hours away from home, leaving their children to fend for themselves with little or no discipline.

Participant 5 stated that even though she would not want her own daughter to get involved with a married man, or a man already in a serious relationship, she does not discuss these issues with her daughter. In her opinion, it is hard to talk about these things with your own child. She believed that children and teenagers could learn a lot from television programs, such as soap operas, and she stated that, in her

opinion, "soap-operas teach good values and give important messages to young people, who are more likely to listen to the soap-operas than their parent. They just ignore their parent's advice anyway."

Participant 7 also believes that lack of formal education is a significant problem, since the majority of children are taught by their parents at home. Just like Participant 6, she knows that an entire generation in Luanda grew up with absent parents due to the effects of the civil war. Fathers were away fighting and mothers were busy trying to support their families financially. This generation is now becoming parents, often with more than one family to provide for. They grew up in fragmented families and are perpetuating the behavior of absentee parenting. Their children see them sporadically, as they move from one household to another, and also see them becoming involved in casual relationships. They witness their parents arguing and being violent towards each other. Girls see their mothers sad and alone and struggling, and they do not want the same life for themselves, so they often end up making bad relationship choices for fear of turning out like their mothers. Boys will just follow in their fathers' footsteps. As Participant 7 lamented, "The vicious cycle continues."

Participant 3 also believed that you cannot count on formal education or schools to educate your children. In her opinion, not everybody has access to schools, so what really matters is what the parents teach at home. She stated that if a man has learned family values and respect at home, he will treat a woman better. He might still have other relationships, but he will put his family first. He will be discrete, less likely to have casual relationships, and will not have children with other women. In Participant 3's opinion, how a man treats his wife or girlfriend is directly related to how he saw his father treat his mother, and what was taught at home.

> Girls cannot get good jobs because they are under-educated. The state must guaranty education for girls. (Participant 1)

According to the Country Gender Profile for Angola, developed and published by the African Development Bank in August 2008, the illiteracy rate in Angola is at about 36.9% overall. Male illiteracy is at 28.4% and female illiteracy is at 45.2%. According to the same source, girls also represent 29.6% of early dropouts due to early pregnancy and their involvement in housework. In their report of the education sector in Angola, they identified an imbalanced female/male ratio regarding the lack of access to school and education, limited skilled teachers and

the need to reduce teenage pregnancy. All these are seen as the main issues to be tackled in dealing with education.

Participant 6 did not refer to statistics, but she did believe there is also a general lack of formal education. She stated that,

> There are very low levels of education in Luanda. There are not enough schools for everybody; the schools we do have, people cannot afford. Even in state schools, you have to bribe administrators to get your child into the school. There is more demand than offer. The several private schools that continue to be created in the city are just not affordable for most, and the government does not subsidize them to make them affordable for people who cannot get a place in a state school. (Participant 6)

Participant 4 concurs that there are very low levels of education. She added that, in her opinion, "[I]t is worse for girls. Unfortunately, if they have to choose, parents will send boys to school instead of girls. Girls are needed to help with younger siblings and general housework. It makes this entire situation even worse. These girls with no education have very few choices, so they make poor ones" (Participant 4).

During my fieldwork, I did find tensions regarding this theory. In one particular conversation, a woman told me that she saw it as a question of motivation. She agreed that girls end up in relationships with men who are married or in committed relationships because they see it as a way out of their poverty-stricken circumstances. However,

she also pointed out that it is not only poor women who choose these relationships: well-off, educated women also engage in these them. So while lack of education could be a contributing factor for this behavior, it was not the only explanation. As seen earlier, a desperate need to be associated with a man or to conceive a child can also influence the behavior (Field Notes, 2010, p. 17).

Alan Whiteside, author of *HIV/AIDS: A Very Short Introduction* (2008) would agree that engaging in risky behavior is not particular to lower income, poorly educated people. In his book he noted that HIV prevalence is not disproportionally higher among poorer, less educated adults in sub-Saharan Africa. He noted that, with the exception of Ghana, across the whole sub-Saharan region, the trend is that the wealthier a person is, the more likely they are to be HIV positive. Whiteside concluded that, when controlling for confounding and mediating factors such as mobility and urban residence, wealthier adults are at least as likely to be HIV infected as poorer ones due to their ability to travel and come into contact with more people, their economic status, which can make them targets for transactional relationships, or even the fact that they live in urban areas, where sexual norms tend to be more liberal.

Public health experts still have not agreed on how educational attainment and social status affect HIV vulnerability. Several studies have been conducted in sub-Saharan Africa to answer just that question. A 1999 journal article concluded, "Education attainment is a significant predictor of HIV risk in rural Uganda, in part because of risk behaviors and other characteristics among better educated individuals. Preventive interventions need to focus on better educated adults and on school aged populations" (Gray, Smith, Konde-Lule, Li, Lutlo, Nalagoda, Serwadda, Sewankambo, &Wawer, 1999, p. 1).

Hargreaves, Morison, Chege, Rutenberg, Kahindo, Weiss, Hayes, & Buvé (2002) examined the link between socioeconomic status and risk of HIV infection. The authors concluded, "Risk profiles suggested men and women of lower social economic status maybe at greater risk of newly acquired HIV infection. New infections may now be occurring fastest among young women of lowest social economic status" (p. 1). Other researchers agreed that more educated young adults, especially females, have become more likely to respond to HIV/AIDS information and prevention campaigns by effectively reducing their sexual risk behavior (Jukes & Desai, 2005).

While the debate continues, another persistent conclusion is that in the earlier years of the spread of HIV, infection populations from higher socioeconomic status and higher education were more vulnerable due to their mobility. They were more likely to live in urban areas with higher HIV prevalence, change sexual partners more often, etc. However, as the pandemic evolved, the higher educated were also more likely to have access to preventive education, understand it, use condoms and decrease their number of sexual partners. More highly educated women are also more likely to be older when they have their first sexual experience. They are more willing to negotiate condom use and avoid riskier behaviors due to more access and better understanding of prevention messages. A different study also concluded that "more educated populations are initially particularly vulnerable to HIV but are also better equipped to mount effective responses" (Gregson, Waddell, & Chadiwana, 2001, p. 2). Likewise, UNICEF also asserted that the most successful strategy for decreasing HIV vulnerability in girls is to increase access to education.

Summary

Education both formal (in schools) and informal (at home and in family) is in crisis, according to the collected data. Fathers are absent;

mothers are busy, or not well-equipped to pass on adequate messages. Young people rely on media and peers for guidance.

Formal education is limited. Girls still have a higher school drop-out rate due to early pregnancy. Many parents also cannot afford to send all of their children to school, and generally give priority to boys. While there are tensions about how and to what extent education affects HIV rates, public health specialists do agree that there is a correlation between the level of education and HIV rates.

Chapter Five: Conclusions

Relationship concurrency is deeply entrenched in Luandan society.

In the past decade, many researchers have argued that relationship concurrency in sub-Saharan Africa is the main culprit for high HIV rates in the region. In this dissertation, I examined how women in Angola, as well as the Angolan media in general, perceived relationship concurrency, its relation to HIVAIDS, and also what they see as collective and individual cultural resources that can be adopted for safer sexual practices in the face of HIV.

Using the grounded theory methodology, I conducted face-to-face, in-depth interviews with 8 women of different socio-economic backgrounds who resided in the capital city of Luanda. The interviews focused on getting a better understanding of their views on the question of concurrency; their insider opinions on what cultural values can and should be used in order to address HIV; as well as giving them the opportunity to define the problem, and suggest culturally acceptable, realistic and contextually feasible solutions. Additional data was collected from media sources that included radio, television, music, newspaper articles, and informal conversations with women not officially invited to the study, as well as observational notes taken during my two field visits to Luanda.

I discussed the findings developed through the process of examining collections of data, specifically the main factors that influence relationship concurrency, including how media influences popular behavior, the role of culture, the role of government, and the role of each adult person in society.

In this last chapter, I will make a short overview of the findings and discuss what meanings can be constructed from the data, specifically: (1) individual vs. community, (2) the power of language, (3) harm reduction vs. behavior change, and (4) the definition and implications of women's empowerment. I will also discuss recommendations, limitations of the study, and the grounded theory gathered from my data analysis.

Data analysis demonstrated that the level of concurrent relationships in Luanda was high, which was attributable to 4 main reasons:

Cultural Values

Local cultural values play a strong role in the local population's behavior. Data showed that in reference to relationship concurrency, awareness of the possible danger of infection is not enough to deter most from having several sexual partners at the same time. Their

ancestors considered having several sexual partners a symbol of status, and it is still the same today. A man with several sexual partners is considered successful and more virile in the eyes of his peers; this value is highly entrenched in people's minds and plays a vital role in the perpetuation of the behavior.

An influx of petrol dollars and foreigners with different cultural habits, forming a new class of rich and powerful people, especially men, plays a role in the concurrent relationship behaviors, as do the Catholic values adopted during the Portuguese occupation. Some perpetuate concurrent relationship behaviors; others stand at odds, creating conflicting emotions.

Women are also motivated by older, traditional values into entering concurrent relationships. Being a mother is a very important milestone in Angolan culture. A woman who becomes a mother fulfills what is viewed as her *raison d'être*, and women are willing to take risks in order to achieve this condition. Women therefore have a very high tolerance for men's infidelity, and see it as an almost inevitable part of life, a view that was found to permeate through popular media, such as music and television.

Participants frequently referred to the old ways as a reference for their behavior, and when speaking of change, they referred to a change in attitudes and the embracing of old values, such as family and hierarchic values, and not about ending the behavior itself. In reality, participants were talking about harm reduction and not behavior change. They all agreed that having more than one family was an integral part of being Angolan, and while some of them saw it as an issue, more were concerned with the lack of family values and respect that men subjected women to by engaging in risky and irresponsible casual relationships, and by not providing for the families they were creating. The cultural studies reviewed in the literature also concur that when asked, most people in the region do not believe that concurrent relationship practices can be completely eradicated but rather, as was the case in Uganda, they can be sharply reduced in order to lessen the harm they cause (http://www.avert.org/aids-uganda.htm).

Economic Need

Luanda is the most expensive capital in the world (*The Economist Online*, 2010, Redvers, 2012). Rich in oil, Angola has had an influx of both money and people willing to invest in it. With this investment came modernization to the capital city, as well as

international companies, including banks, marketing companies, insurance companies, oil companies and smaller service businesses. There is a wide availability of luxury items, such as cars, designer clothing, handbags, and watches. However, basic survival items like food and petrol, as well as prospects like access to school and universities are also extremely expensive. Employment opportunities and salaries have increased but the majority of these jobs are highly specialized and require a high degree of education.

Women still have less access to better-paying jobs and often engage in transactional relationships to gain access to material things that they would otherwise not be able to afford. These can be luxury items like high-end cars or handbags, or the only way for them to afford an education for themselves or their children. Transactional relationships, as explained in Chapter 3, are not considered the same as prostitution. They do, however, carry similar risks, as these relationships place women in a vulnerable position from which they cannot negotiate safe sex conditions, such as partner reduction or condom use, since they are financially dependent on the men.

Gender and Gender Relations

Despite recent progress, Angola remains a patriarchal society. The number of females attending institutions of higher education has risen in the past few years; however, in lower income households, boys are still given priority in attending school, while girls are expected to stay home to help with younger siblings and household chores, making it harder for them to eventually sustain themselves. Women with a low level of education turn to a parallel economic system, finding underpaid odd jobs that make them more vulnerable to men's financial power.

In the higher economic stratum, where women have more access to education and well-paid jobs, they are still vulnerable because, despite their newfound economic independence, they remain chained to cultural values that prompt them to take risks. While most women would prefer to marry and raise their children with a father, that is not *sine qua non,* and women are willing to have children with men who might not be able to raise children with them. This drives them into concurrent relationships with men exposing all participants to dangerous behavior.

Participants referred not only to the lack of respect from men, but also from other women. In their opinion, there is little solidarity amongst women. They considered that, as a gender group, women are

not united. They do not look after each other, and in order to gain a man's affection, women are quick to turn against each other. The desire to be associated with a male figure is stronger than the sense of loyalty for one another. There is very little sense of community and responsibility for other women. They feel unsympathetic to each other's struggles and pains. In the participants' opinions, they cannot gain respect from men or achieve better places in society until they start respecting themselves and each other. They feel that while a lot of work must to be done with men in order to change the status quo, women also need help to empower themselves and form reliable support systems within their female community.

Law and Education

Violence against women has been increasing in Luanda. Until recently, there were no laws against domestic violence, and although a law to protect people from abusive spouses was drafted in 2009, it has not to date been approved by the Angolan Senate.

The laws that do exist to protect women are, for the most part, unknown to those who need them. In part, this is due to the high levels of illiteracy, particularly of women from low-income families. According to the participants in this study, women with a low level of

education are less likely to seek help. Additionally, they believed that even were they to seek help, in most cases the police would be unsympathetic, or would be of no help at all. The lack of legal support and fear of abuse from their husbands and partners inspire fear of reprisal in women, should they try and negotiate safer sexual practices, and as such, the women felt they had no incentive to prompt a change in behavior.

Participants also stated that the laws are not widely advertised. For example, many women do not know that they can legally make the father of their children pay child support, should he refuse to do so willingly, or that by law, the burden is on the man to prove the child is not his, not the mother's, as long a relationship between the two can be established by a third party.

Although more women are attending university in Luanda, many of lower economic status are unable to attend even basic educational institutions due to high fees. Participants talked of a new, growing trend of girls wanting to make "easy" money, thinking they can skip school and simply engage in transactional relationships to obtain the things they want. It was unclear from the data whether this is because they cannot afford school or are simply making more calculated choices.

As discussed in the literature review, there are other factors that serve to encourage concurrent relationship behavior, such as economic migration and civil war. In the case of Angola, a large number of internally displaced persons came from the interior of the country and made Luanda their new home. These people generally had low levels of education, making the women particularly vulnerable to men's sexual behaviors.

Other concerns raised by the participants and observed during the field visits was a clear complacency on the part of society in general towards concurrent relationships, secret or not. When multiple relationships are discussed in the media, they are rarely defined as a problem, except sometimes in song lyrics, where a few popular artists tackle it as a societal issue and attempt to bring it to light. However, as seen in Chapter 4, one can find just as many lyrics that revere men who have many women and describe them as successful.

DISCUSSION

Individual vs. Community

It is patent from the conversations with the participants that a big concern among the women is the loss of community values and attitudes. A society that was built on a strong sense of community has

become individualistic. The family has transitioned from extended to nuclear. The neighbor is no longer a friend or potential ally, but rather an unknown, or worse, a competitor. People no longer concern themselves with each other, focusing only on themselves. So although concurrent relationships can be extremely stable and enduring, at a time when the sense of responsibility for other people has diminished, and considering the prevalence of HIV, the behavior becomes an issue.

As seen in Chapter 2, there has been plenty of research conducted to establish whether concurrent relationships are indeed the cause for the high numbers of HIV infections in sub-Saharan Africa. Both camps, for and against this theory, make valid points in their arguments. However, during this study I have established that women are less concerned with the behavior itself than the degeneration of it. Participants viewed a man who has unprotected sex outside his household and then returns to do the same with the mother of his children as selfish, as a man who is not concerned for the future of his children and family. This behavior was what astonished participants the most. The question they had was how they could make men regain family values and adjust their priorities.

Contrary to what one might conclude from the literature, concurrency is not only an African practice. As demonstrated by some high-profile stories in the Western media, infidelity is widespread. In the United States, former President Bill Clinton was accused of infidelity during his tenure at the White House; former United States Governor of North Carolina, John Edwards, had a scandalous case of infidelity, having conceived a child out of wedlock; more recently, Arnold Schwarzenegger confessed to having fathered a child outside his marriage; in Europe, Italian president Silvio Berlusconi has become notorious for his infidelities; in the UK, Prince Charles was unfaithful during his marriage to Princess Diana; the list could go on, but the point has been made: concurrency exists worldwide in varying degrees. However, it is how each culture, society, and individual chooses to address the situation that matters.

In most societies, there are clear social and economic consequences for infidelity. Besides possible individual satisfaction, society in general does not condone the behavior; hence, while we can still make the individual choice to be unfaithful, we take into consideration how our actions will affect those closest to us. We also take into consideration the view of the society we live in, and how our

behavior will be perceived and judged. The community and the consequences it can impose on the individual form a type of informal barrier to the behaviors considered unacceptable in a particular society. Once a person belongs to a community, they must live by the rules the community sets, otherwise the consequences can be harsh, possible including isolation or financial loss. Fear of consequences, formal or otherwise, is an important deterrent for any kind of perceived misbehavior.

Participants in this research were concerned with both the lack of sense of community and the consequences of risky behavior. They were aware that the consequences of HIV infection are not immediately apparent, and the symptoms can take several years to appear. Within households, individuals are also acting without concern for each other. A person who is engaging in relationship concurrency is endangering their partner and possibly their nuclear family. According to participants, the sense of community and of helping and caring for one another is rapidly disappearing in Luanda, a city that is growing at a fast pace and struggling to understand which old values to keep while having to rapidly adapt to emerging ones.

The Power of Conversation

     Data and the literature review from this study pointed to the need for more intergenerational conversations: mothers talking to daughters, fathers talking to sons, families talking to each other about HIV, about safer sex practices, about older, positive values and about respect. Participants explained that these types of conversations no longer take place in their families, even though there is a lot of institutional talk about HIV. There are neighborhood public health campaigns, workshops, and conferences run by local activists, but what is not happening is conversation at home. In the West, some public figures have come forward to acknowledge they have contracted HIV, but this is not the case in Luanda, and this, along with the reluctance to open up dialogues within the home, perpetuates the perception that HIV is a disease of the marginalized members of society. In her research, Epstein also mentions the problem of acknowledging HIV and calling it by name; she mentions how in many communities, people had different names by which to refer to it, and felt rather uneasy saying the words HIV and AIDS.

     In my field notes, I observed how people became invariably uncomfortable when I mentioned HIV, only relaxing when I explained that I was not going to ask them about their HIV status. The discomfort

and unwillingness to discuss HIV was the same regardless of social status. People were, however, willing to discuss concurrency, but most acknowledged that, on the whole, the behavior was so entrenched in the culture that few were warned against it at the family level, or even by friends, and feared that was not likely to change in the near future.

By not having the HIV conversation, the general population is allowing the issue to be defined by big government institutions and big non-governmental organizations, national and international. Allowing others to define this problem means that local voices are not heard, and that solutions are more likely driven by politics, availability of funds, or other variables rather then local needs.

Harm Reduction vs. Behavior Change

Harm reduction programs focused on condom use and partner reduction, and behavior change programs focused on fidelity and delayed sexual debut, do not have to be at odds with each other. Both have their place and can play a determinant and not mutually exclusive role in reducing HIV rates. Green (2003), however, believes that harm reduction programs that focus not on changing a risky behavior, but rather on taking measures to mitigate risks—such as programs that claim one can continue to have multiple sexual partners, but would be

encouraged to use condoms consistently to reduce one's risk of infection—are a paternalistic approach that the West has employed to deal with HIV in Africa. They simply replicate what Westerners were doing within their own culture, in place of finding local solutions. Green believes that the model of harm reduction is admitting defeat, as it implies that the behavior cannot be changed, and the best that can be done is to reduce the risk.

While I am strong opponent of Western-driven program designs in HIV prevention in Africa, I disagree with Green, as I believe harm reduction is the first line of defense. Human behaviors are complex and changing them can be a long and difficult process. Starting harm reduction programs where needed is not a mistake, but is rather a way to get people to begin reflecting on their actions, and making changes at a pace that is acceptable to them and their culture.

There is not one formula that works universally in sub-Saharan Africa. Every country is different, and even within countries, there are different realities depending on the region. Green defends behavior change programs, such as delaying sexual debut. While this is a valid tool for HIV prevention, it will not necessarily work across the continent. In some regions, girls are married quite early. Sexual

activity, in many of these cases, is not permissible until marriage, and so these unions serve a vital purpose for the family and community. These marriages are a source of pride for girls and their families, as they are significant cultural milestones. In such circumstances, communities do not respond well to outsiders telling them they can no longer perform these marriages. In such situations, harm reduction programs that focus on partner reduction, avoidance of casual sex or contact with commercial sex workers on the part of the men, and faithfulness to their wife or wives are more culturally acceptable.

A program that focuses on delayed sexual debut is, however, adequate in a more urban setting, where girls are in school and there is an underlying objective of keeping them there for as long as possible, preventing intergenerational sex (young girls having sex with older men), giving them tools to find better jobs in the future and become more financially independent. Delaying sexual debut in these circumstances will also prevent early pregnancy. According to additional research, girls who delay their initial age of sex are also likely to have fewer sexual partners, and consequently decrease their likelihood of contracting the HIV virus. However, Kalipeni (2008) disagrees with this theory, arguing that there is no evidence to support

it. Either way, tools such as delayed sexual debut (DSD) cannot be generalized, and like many other methods, they must be used in the context of the local reality.

If programs are locally driven, it is the actual target population that will decide which approach is more suitable for them and more likely to produce reliable results. Therefore, the issue is not solely deciding whether we should focus on reducing harm or changing behavior, but also *who* is making that decision. If the target population is an integral part of the decision-making process, they can also offer solutions based on their insider knowledge of their contextual and cultural reality that outsiders would likely be unaware of.

As program designers, it is inappropriate to assume that we know what is best for the target population. Condom use, partner reduction, DSD, faithfulness, etc., all have a place in the path to defeating HIV. One is not necessarily superior to the others, but rather more or less suitable depending on the context.

Women's Empowerment: What Does It Mean?

When discussing HIV in sub-Saharan Africa, the topic of women's empowerment almost always arises. The main issue within women's empowerment is that of financial independence: women need

to be given the same financial opportunities as men; the same rights to land and of inheritance; opportunities to improve their social status, in order to guard against their dependency on men and give them more power to negotiate their sexuality and safer sexual practices.

Women also voice a need for equal educational opportunities. Access to education will empower women, leading to better jobs and other financial opportunities. Education will also inform women of their civil rights, and allow them to be better advocates for the creation of such rights in their absence. Education will allow for women to thoroughly understand the dangers of HIV, and while information alone will not have an impact, it is at least the start of change. Empowerment also means establishing conditions to make women less vulnerable to men's physical abuse by drafting and enforcing laws that protect them against that violence and adequately punish the men who practice it.

However, I discovered in this research project that the empowerment of women entails much more than wealth, education and human rights. It includes less tangible goals, like freeing women from the old values that keep them entrenched in behaviors that are harmful to them, and supporting them in unpopular decisions, such as divorcing an abusive man, without being ostracized by society. This is a reality

for many women, and freedom from such fear would serve as a source of empowerment. Empowerment also encourages women to have a unified voice, and become each other's example of positive behavior, creating a standard that is both safe and acceptable to them. Women would not be condemned for being childless if they chose not to have them, were unable to conceive them or had no male partner to conceive them with, women would not be encouraged to put themselves at risk in order to become a mother. Women should be given the tools to create support systems within their own peer groups. They can also learn or be taught to develop these powers themselves as both individuals and community members. This type of empowerment is rarely mentioned in research, and because it is unconventional, the path to it is less straightforward and harder to achieve.

As discussed in this research, a lot of time has been spent in the public health field trying to find the single cause for the high rates of HIV in sub-Saharan Africa. Authors, researchers, public health experts and others continue to debate in an attempt to find the "one" truth that will bring light to the problem. Epstein (2007) proposes concurrency; others speak of the low immunodeficiency of Africans due to local diseases such as malaria, yet others propose that overwhelming poverty

is the main cause, and some suggest that cultural habits such as low age of sexual debut, local rituals that involve cutting objects, unsafe blood transfusion systems, etc., are at the root of the problem. A lot of time and money has been spent trying to prove some theory correct while others wrong.

Epstein and Morris (2011) and Lurie and Rosenthal (2009) wrote critiques of each other's theories, explaining at length why one was right and the others wrong. The best solution to the HIV crisis is also a point of dissension. Kalipeni et al. (2004) vehemently oppose what they view as paternalistic Western approaches, such as DSD, because they believe that these approaches ignore local traditions and do not take into consideration the will of the local people; these authors call for more participant-driven research, with particular attention paid to women. However, Kalipeni et al. (2004), wrongly and perhaps even naively, in my opinion, believe that concurrency does not play a role in the high rates of HIV in the region. On the other hand, I do believe that he is correct in criticizing the tendency of Western researchers to consider Africa, or even only sub-Saharan Africa, as one state, when in reality it encompasses many countries with different ethnic groups and cultural

habits that need to be addressed individually, based on their very specific realities and contexts.

Green (2003 is an outspoken critic of many programs implemented in Africa, particularly those that focus on harm reduction, and has written at length about why behavior change is a better solution for Africa. In his opinion, cultural values need not always be taken into consideration when designing interventions in the region. To make his point, Green gives the example of the rape of virgin babies or very young virgin girls as a way to cleanse one's body of the HIV virus; such practices were used by unscrupulous men in certain African countries. However, the example Green chooses to make his point is misplaced, as the virgin "myth" is not a cultural value, but rather an urban legend that spread rapidly, mostly by the way of false healers and desperate people. This urban legend was and continues to be condemned by most governments in the region, which in some instances went as far as designing national campaigns in order to discredit such harmful and horrendous crimes. In most countries in the region, perpetrators of such crimes are prosecuted by local and state laws that condemn the rape of children. Green has chosen extreme,

unfounded aspects of culture to prove that values in Africa should not

be taken into consideration.

Cultural values must always be considered in designing

prevention programs without moral judgment, and regardless of the

beliefs of those involved. Judgmental minds and exceedingly moralistic

attitudes based on value systems acquired in other societies are a

deterrent to the development of effective prevention programs.

Conversely, Africans must also take a harder and more critical look at

their own societies, and make difficult decisions for the benefit of the

community.

Moreover, researchers on HIV prevention methods must spend

less time trying to disprove each other, and more time figuring out how

their colleagues' findings might complement their own. It is my view

that there are many factors that contribute to the rapid spread of the

HIV virus in sub-Saharan Africa, not one specific cause; they simply

coexist together and must be looked at as whole in order to understand

how they interconnect.

Based on participants' research and in relationship to HIV, this

research found that, rather than fighting with one another, researchers

must work together. A public health researcher working on condom use

could benefit from the scientist who is studying local cultural habits. The condom is alien to African culture, and rather than simply knowing how many people are or are not using the condoms, it is also important to understand *why* they are or are not using them. A study that focuses on cultural attitudes will gauge how people feel about condoms, and what cultural values are a deterrent to its use. If HIV prevention program designers understand what those values are, they can address them at the local level and/or determine that, for a given group, condom use (as mentioned above) might not be the appropriate primary solution. Determining that a solution is not right for a given population does not imply abandoning it per se, as suggested by Green, but rather that the focus, time and money should be shifted to an intervention that is more likely to produce reliable and lasting results.

We can look at the miners in South Africa as an example. Research shows that, due to the distance from families, isolation, etc., miners are likely to look for solace and sexual gratification with local women, including sex workers. A faithfulness program would be impractical in this situation, while one that focuses on condom use and on making positive choices, such as not drinking alcohol if planning to have sex, is more appropriate. This would not mean the abandonment of

all other strategies, as Green suggests. Indeed, there are those who are willing and capable of making these difficult choices; however, less time and money should be invested in strategies that would likely produce fewer results. This approach does not seek to remove responsibility from men, but rather to save lives in the short term while, in parallel, working on longer behavior change solutions if applicable.

The example of the miners is straightforward. However, in an urban setting like Luanda, potential solutions might not be so obvious. It becomes imperative that solutions be not only locally driven, but also that researchers collaborate, share their findings, and design programs according to what is more likely to produce effective, efficient and lasting results, their personal or moral feelings about those interventions notwithstanding. In short, all voices must be heard, and the voices of the community should be heard the loudest.

RESULTING GROUNDED THEORY

The people of Luanda are going through a transition regarding their beliefs and values. The large migration of returning Angolans and foreigners, as well as the end of the civil war and the economic growth of the city, has brought new and positive opportunities, but also an untimely wave of change that people are trying hard to keep up with.

People are thus struggling to balance new culture with old, and this struggle extends to the realm of gender attitudes and relationships.

Positive cultural values, such as family, respect, and responsibility are taken out of context and used to justify risky behaviors, while others, like community and family values, are being completely foregone. They see the perpetuation of the "concurrent relationship" phenomenon as another example of men's unwillingness to adapt to a new social order that no longer condones this behavior, a behavior that not only puts an economic burden on families, but also shows a lack of responsibility and respect.

Women are aware of and concerned about these phenomena, yet do not feel empowered enough to challenge these dominant forces and bring forward a more balanced dynamic in the new contextual reality. The idea of reframing traditions and consequently shifting cultural priorities is both attractive and frightening to the women of Luanda.

It is attractive because they currently feel overwhelmed by the responsibilities placed upon them as co-breadwinners with expectations just as high for them as for men, while they are unable to share domestic responsibilities with their male partners, who still feel and act as if those responsibilities are solely the role of women. It is frightening

because while they are concerned with the new social developments, women are even more concerned with the possibility of being ostracized by their communities if they dare challenge the established ways of being in their cultural reality. Being accepted by peers and fellow Luandan citizens by following cultural norms is ultimately their main concern. Because of this need for acceptance, they resign themselves to their overwhelming burden, and take risks in relationships. They also spend less time with the family educating their children.

The societal narrative is alarmingly supportive of the current set of cultural understandings, and also continues to foster beliefs of women's subjugation to the male power both economic and sexual. The long-standing usage of such language has become "culturally sedimented," taken for granted as literal and true (Gergen, 1999, p. 65). Voices of discontent against the status quo do exist; they are trying to construct new cultural ceremonies and a new language of respect and responsibility, but they are still few and weak, muffled by the louder, older constructs of local culture.

Luandan women are uncertain of what their role should be as things move forward, and do not speak with one united voice; however,

they do seem eager to join the movement that took the first step in

bringing acceptable new constructions of both old and new culture.

Limitations of the Research

During the length of this project, I had the opportunity to visit

Luanda four times. This consisted of two visits for official data

collection and two for personal matters. The personal visits also

allowed me to collect rich observational data in the form of field notes.

I had originally arranged to interview a larger number of women;

in the end, I was only able to interview eight. Of the initial ten

participants contacted, one dropped out once she discovered the topic of

the research, and another recruit simply never showed up to her

interview. With the benefit of hindsight, if I carried out a project like

this one again, I would plan for a much larger pool of participants in

order to account for the no-shows and possible dropouts.

Taking part in in-depth, personal interviews of this nature is not

common in Luanda, and women do not always feel comfortable

discussing personal affairs with a stranger. This stands in contrast to

studies in Western countries, where people are more used to

participating in health and other surveys and long-term studies.

Furthermore, because of the speed at which Luanda is growing, traffic

has become a big problem, and even trips within the city limits can take up to several hours. This meant that on some occasions, when I had scheduled two interviews in a day, I was only able to do one, because it took participants too long to get to the interview location. Had I taken traffic, distance, and lack of public transport into consideration, I would have planned to stay in Luanda for longer in order to have the time to talk to more participants.

Follow-up interviews were conducted during the second visit after the original interview data had been transcribed. These interviews were intended to clarify any ambiguous statements, confirm participant information, and check that participants agreed to what had transpired during the interview—a process also known as member-checking.

Unfortunately, although the plan was to do member-checking with all of the original participants, not all of them were available to do so for several reasons; some were no longer available through the contact information they had provided me, while others they were busy and could not meet with me during my second visit. Again, I did not accurately estimate the time needed in Luanda, and should have planned for a longer stay.

Another possible limitation is that, because the paper is written in English, I could only seek the opinion of one fluent English-speaking Angolan who worked in the field of HIV and prevention. Although other English-speaking people working in different aspects of HIV and nonprofit program designs had a chance to read and evaluate my work, I feel the paper would have benefited from the reading and input of more Angolan professionals, particularly women.

I decided against formal focus groups, instead choosing informal gatherings of female family and friends as a source of data. This allowed for more honesty, due to the less academic and more relax atmosphere. However, in order to achieve this setting, I was unable to tape conversations, relying instead on note-taking as my recording method. This might have caused me to miss some details.

My primary research goal was to understand and discuss women's views on the causes of and potential solutions to the spread of HIV/AIDS in Angola; I therefore decided that all of my participants should be women, with the exception of conversations with Angolan experts in different fields, such as Bantu culture and Luandan urbanization, including emigration and migration. However, having completed my thesis, and based on the feedback I received from the

participants, I think that the findings would be enriched if I had chosen to talk to men as well.

In reading this paper, one might also consider existing criticism of the grounded theory method, or as Mjøset called it, the "extreme inductivism and the adhoccery of grounded theory" (Mjøset, 2005, p. 4). I would defend grounded theory as a choice for this paper for exactly that reason: Grounded theory relies on context and current reality, and accepts not only that those things can change in time, but also that there can be more than one perceived reality in a given context. Only through the analyses of those perceived realities can one come to conclusions and build theory. As cited by Mjøset, grounded theory and this paper ultimately aim at developing "representative concepts […] and ultimately to build a theoretical explanation by specifying phenomena, in terms of the conditions that give rise to them, how they are expressed trough action/interaction, the consequences that result and the variation of these" (Mjøset, 2005, p. 5).

Furthermore, in terms of contribution to the field of HIV prevention, it is my view that in-depth qualitative research is of higher value in devising realistic solutions. Quantitative studies are run routinely in the form of KAP studies by both the government and other

national and international nonprofit organizations in Luanda. Such

quantitative data is widely available, while there are a limited number

of in-depth qualitative studies.

Recommendations

Luanda is a rapidly growing city. During the 27-year civil war,

many Angolans fled the country to find safety, both in neighboring

countries and further away in Europe and in the Americas. Since the

end of the civil war in 2003, not only are Angolans returning in ever-

increasing numbers and with greater speed, but foreigners who view

Angola as a land of opportunities are also coming. Foreign investment

is escalating, and the face of the country is rapidly changing, especially

in Luanda.

Both returning Angolans and foreigners bring with them new

visions, cultures, habits, and attitudes. As I explained in Chapter 2,

Angolan society was built on strong community values, and the

emphasis on family was the norm. Men were in charge, but were also

responsible for the well-being of their families, not only providing for

them but also protecting them. Marriages had a communal value, as

marriages contributed to the continuation and prosperity of the

community. This research is not proposing a return to arranged

marriages or a more patriarchal society, but instead looking towards the potential rebirth of those same community values that were the mainstay of Angolan society. Participants in this research expressed concerns about how the modern Angolan society is rapidly changing into a more individualistic, Western-type one; more attention is being given to the self, rather then to the well-being of the collective.

McNamee and Gergen (1999) discuss how this view of individuals as fundamental atoms of society, and hence of moral responsibility, affects cultural life. Indeed, participants in this research referred repeatedly to the fact that such an individualistic stance is their biggest concern regarding Luanda's modern life style. Because of the legitimization of the individual culture, each person prioritizes their own well-being and relegates the well-being of the community, including family, to second place. Participants in this study attributed the loss of moral responsibility to the lack of preoccupation on the part of men for their families and partners.

McNamee and Gergen (1999) argue:

Liberal philosophies of justice (from Kant to Rawls) are based in a conception of an individual self, capable of rational deliberation independent of the surrounding context of values, personal

relationships, or community influences. However they continue, as Sandel argues, "a self that is prior to values, relationships, and community is essentially empty." (p. 8)

According to these authors, critics are also concerned with the negative effects of individualistic ideology on collective well-being. They continue stating that it is then important to find new ways to act. More specifically they once more quote Sandel in saying "the development of intelligibilities that invite encourage or suggest alternative forms of action" (McNamee & Gergen, p. 10).

A return to a more collective way of thinking and living is imperative to the well being of Luandan society. Communities must be given an opportunity to talk about the problems that affect them and enabled to find realistic plans of action they can work on together. During the height of the HIV crisis in Uganda, community groups were created to discuss, prioritize, and find community-friendly, realistic solutions for what they decided were the main issues that needed to be tackled. The foremost issue raised at the time was how to deter people, principally men, from having unprotected casual sex, and also to increase condom use for sex workers and their clients. The issue of unprotected casual sex was dealt with both at the constitutional level,

with the nationwide "Zero Grazing" campaigns ("Zero Grazing" was the catch line for decreasing one's number of sex partners, especially casual ones), as well as at the community level, where several different groups were created, including groups of concubine women or secondary wives, who got together to discuss and organize plans of action. They demanded more control over their sexual lives, including safer sex, and demanded accountability from their partners. Men took part in the action as well by forming "buddy groups" that stayed together during outings, especially where alcohol was involved, similar to the "designated driver" system, and made sure their friends did not make bad decisions while under the influence of alcohol. These "bad decisions" included going home with someone they had just met and possibly engaging in casual sex. These grassroots initiatives worked because the community was united.

McNamee and Gergen (1999) proposed that "it is out of relationships that we develop meaning, rationalities, the sense of value, moral interests, motivation and so on" (p. 10). While not proposing that total abandonment of the individual belief they do suggest that:

[…] descriptions and explanations of individual

functioning are everywhere in use; the discourse of the self

indeed functions as a literal language in the culture at

large. In contrast, relationships seem artificial contrivances

born out of individual efforts; the challenge then is to lend

to the language of relationship a palpability that grants to it

the same rhetorical and pragmatic power as the

intelligibility of individual minds. (McNamee &Gergen,

1999, p. 11)

A solution to this could be to use the mass media to initiate this

new language of relationships. First, it is imperative that the media

understand the pivotal role they play in informing and forming popular

opinion. Second, in relation to HIV, the media can play a more active

role, not by playing moral police, but instead by engaging viewers and

listeners with new conversations: conversations about responsible

relationships, relationships that are based on trust and respect for one

another. The mass media sets language trends and influences the

cultural narrative. Thus, there is no one better to introduce to the culture

a new discourse of relational responsibility that brings forward new

attitudes.

This research it is not suggesting a restriction on freedom of

speech, but rather educating those in charge of the media machine, thus

prompting them to want to change their language based on a new understanding. This can be achieved by giving them a front row seat on the evaluation, design, and implementation of public health programs, allowing them to have a clear view of both the problem and the solutions, as well as understanding of the importance of their own role. We must allow the media to stop being mere spectators, and become participants in the process of change.

In regards to HIV, "relational responsibility" might mean acknowledging and understanding that "meanings are generated, sustained and disrupted in relationship, as it is reasoned actions themselves have no meaning; they only acquire meaning as they are supplemented by actions of others" (McNamee & Gergen, 1999, p. 14). Hence, we are responsible for what meanings and realities we create with our own language and actions, and how those are likely to influence the meanings and actions of others. If, as proposed by McNamee and Gergen, our individual actions are not ours alone, but rather bear the mark of many others, our actions and language can affect those with whom we interact.

Therefore, if we employ language and actions that express responsibility and value—not only for our own lives, but also for the

lives of others—our actions are likely to be echoed by those with whom we interact daily, as we create meaning together.

Gender relations are another important piece of the puzzle of HIV prevention. The participants in this study often explained that even if they decided to change their behavior and, for example, demand the use of condoms from their partners, or take into consideration a man's marital status before dating him, they were quite positive other women would not do the same. Therefore, they believed that the men would leave them, as they would appear unreasonable in comparison to other women. They felt they could not trust other women to follow suit, but they also admitted they had never really talked about these issues with fellow women. In Chapter 2, I asked whether women in Luanda had subjected themselves to a dominant discourse. This research found that women have not only subjected themselves to a dominant discourse, but have in fact adopted this discourse as their own, allowing it to become the "normal" discourse. Hacker, in a paper that discusses the issue of women as a minority group, describes this as a gender tendency to

"group-self hatred" and the tendency to denigrate other members of the group to acceptable dominant groups, [in this case man]. Women frequently exceed men in the

violence of their vituperations of their sex; they are more

severe in moral judgment, especially in sexual matters.

Women conceptions of themselves derive as much from

their interactions with men as they do from their

relationships with other women. (Hacker, 1951, p. 60)

A rejection of this dominant discourse is then imperative in order to start healing conversations.

In Angolan society, more platforms need to be created to allow women to discuss common interests and concerns. In this regard, there already exist established women's groups like the Angola Women's Organization (*Organizacao da Mulher Angolana*, OMA) and the Angolan Women's Ministry. These groups need to play an active role in head-starting the process of change, and engage women in conversations that will allow them to come together. Relationships between women need to be mended, and it will take a change in attitude and in language. A new language of understanding and support for one another must be created collaboratively: for women, by women.

Sex education should start in secondary school and be age-appropriate; it should include gender awareness and responsibility. For the most part, this research found that discussions about sex are not

happening in the house, but rather, sexual behavior is learned from television, radio, and largely misinformed friends. Children can make better decisions if they have the correct information to start with, so they can create peer groups where they can discuss their particular concerns. The preoccupations of the young are not the same as those of adults. Their voices must also be heard, so their views can be taken seriously and incorporated into interventions designed for their age group. Schools can also take initiative in educating parents on how to engage their children in dialogue on all issues, including sex, drugs, alcohol and, where appropriate, HIV. Schools in Angola should be allowed to seek public funding to run such programs with supervision and guidance by specialized agencies, but with agendas and goals set by the schools and the students, based on their specific needs.

The government and local nonprofit organizations can enlist public trendsetter female figures to pioneer a new women's movement that focuses on self-esteem, respect for self and others, and trust within the group. If the issues start being seen as gender issues as opposed to individual ones, a sense of community and togetherness can allow women to empathize with each other in a way that would allow them to

reflect on their actions and how those actions affect other women and men.

Mandatory workplace HIV prevention programs for all companies, large or small, which operate in Angola, can be outsourced or run in-house. These should include not only basic HIV prevention education, based on each company's own micro-culture and the composition of their work force, but also gender issues and women's groups to allow discussions on other issues they feel comfortable discussing in the workplace. The programs should ultimately be outlined by employees based on what they decide to be priorities.

As a united group, women are also more able to lobby for laws that protect and empower them—for example, allowing all girls to stay in school in order to receive a basic education regardless of their socioeconomic background. This could be achieved by giving financial incentives to poorer families in the form of scholarships or similar financial aid. Working groups that focus on laws to protect women, and educate them on topics such as violence business and education, must be created within the Ministry of Women and other organizations. They could also work on lobbying and the swift passing into law of pro-women legislation. More money needs to be allocated for the creation

of police task forces that specialize in gender issues, including domestic violence and rape. This should be accompanied by the creation of a line of public defenders (similar to the US legal aid system) to protect those who cannot afford lawyers in domestic prosecutions, including paternity, violence, laws of property, etc.

Women can formally (through grassroots groups) or informally (through friendships and family) make lasting changes to the status quo of mistrust amongst themselves, and the disrespect they receive from men, along with its consequences of abuse and risky behavior. What this research suggests is not an "us against them" attitude, but instead the opening of a frank dialogue between and within genders. Lastly, more economic opportunities must be created with women in mind. These include special financing opportunities for small businesses owned by women, especially those with low literacy and less of a chance to find other job opportunities, and continued work on laws to better protect "domestic help," one of the main forms of employment for uneducated women. Laws mandating equal pay for equal work and more technical training to place women in same footing as men when applying for jobs must also be passed.

In the end, I borrow from McNamee and Gergen in that this work

it is not the end, but rather the beginning of a conversation to which I

hope others will join and contribute.

References

Abreu, N. V. (2010, April 12) Crime e violencia Femenina [Crime and

Female violence, *Opinião* [Opinion], 67.

African Development Bank. (2008). Agricultural & Agro-industry Department

North - East & South Regions (OSAN). *Country Gender Profile*.

Retrieved from

http://www.afdb.org/fileadmin/uploads/afdb/Documents/Project-and-

Operations/ADB-BD-IF-2008-210-EN-ANGOLA-COUNTRY-GENDER-

PROFILE.PDF

Agência Angola Press (ANGOP) [Angolan News Agency]. (2009). Homens

encontram na violência forma de supremacia - Ana Paula dos Santos

[Men establish supremacy in the form of violence - Ana Paula dos

Santos]. Retrieved from

http://www.portalangop.co.ao/motix/pt_pt/noticias/sociedade/2009/2/13/

Homens-encontram-violencia-forma-supremacia-Ana-Paula-dos-

Santos,76429608-efc4-41ee-af94-bf725d3e502d.html

Agência Angola Press (ANGOP) [Angolan News Agency]. (2010). Angola

respeita quota estabelecida para mulheres no Parlamento [Angola respects

established quota for women in Parliament]. Retrieved from

http://www.portalangop.co.ao/motix/pt_pt/noticias/politica/2010/2/9/Angola-

respeita-quota-estabelecida-para-mulheres-Parlamento,3f10e094-c310-

4cd6-ab0c-08d0cba98e66.html

Akeroyd, A. V. (2004). Coercion, constraints, and "cultural entrapments": A

further look at gendered and occupational factors pertinent to the

transmission of HIV in Africa. In E. Kalipeni, S. Craddock, J. R.

Oppong & J. Ghosh (Eds.), *HIV and AIDS in Africa: Beyond*

epidemiology (pp. 89-103). Malden, MA: Blackwell.

Altuna, R. R. (1973). *Cultura Tradicional Banta* [*Traditional Bantu Culture*].

Sao Paulo, Brazil: Edições Paulinas.

Angonotícias. ND quer instituir a subversão moral [New Democracy wants

to establish moral subversion]. (2009, January 24). Retrieved from

http://www.angonoticias.com/Artigos/item/21060/nd-quer-instituir-a-

subversao-moral

AVERT: HIV and AIDS Charity. (2011). *HIV and AIDS in Africa*. Retrieved

from http://www.avert.org/hiv-aids-africa.htm

Bascom, W. R., & Herskovits, M. J. (1959). *Continuity and change in African*

cultures. Chicago, IL: University of Chicago.

Berger, B. L., & Luckmann, T. (1966). *The social construction of reality: A*

treatise in the sociology of knowledge. Garden City, NY: Anchor Books.

Bollinger, L., & Stover, J. (2007). *Global resource needs estimates for*

HIV/AIDS: Methodology for care and treatment interventions (UNAIDS

Methodological Annex III). Glastonbury, CT: Futures Institute.

Brislin, R. (2000). *Understanding culture's influence on behavior* (2nd ed.). Fort Worth, TX: Harcourt Brace Jovanovich.

Brummer, D. (2002). Labour migration and HIV/AIDS in Southern Africa. *International Organization for Migration Regional Office for Southern Africa*. Harare, Zimbabwe: Equinet.

Campbell, C., Foulis, C. A., Maimane, S., & Sibiya, Z. (2005). The impact of social environments on the effectiveness of youth HIV prevention: A South African case study. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV, 17*(4), 471-478.

Castelo, M. A., Gaspan, M., & Felix, B. V. (1999). *A cultural approach to HIV/AIDS prevention and care: Angola's experience* (UNESCO/UNAIDS Research Project, Issue 4). Retrieved from http://unesdoc.unesco.org/images/0012/001206/120612e.pdf

Chabal, P., & Vidal, N. (2007). *Angola: The weight of history*. London, England: C. Hurst.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Los Angeles, CA: Sage.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London, England: Sage.

Damasio, M. (2008). "A Outra" ["The Other"]. Amor e Festa na Lixeira [CD]. Luanda, Angola: Matias Damasio.

Davies, B., & Harre, R. (1990). Positioning: The discursive production of selves. *Journal for the Theory of Social Behavior, 20,* 43-63.

Dos Santos, N. C., & Ducados, H. (2000). *Beyond inequalities, women in Angola*. Harare, Zimbabwe: Southern African Research & Documentation Centre.

Ducados, H. (2004). *Angolan women in the aftermath of conflict*. London, England: Conciliation Resources. Retrieved from http://www.c-r.org/accord-article/angolan-women-aftermath-conflict

EngenderHealth. (2003). *Comprehensive counseling for reproductive health—Participant's handbook*. New York, NY: EngenderHealth. Retrieved from http://www.engenderhealth.org/files/pubs/counseling-informed-choice/ccrh_ph.pdf

Epstein, H. (2007). *The invisible cure: Africa, the West, and the fight against AIDS.* New York, NY: Farrar, Strauss and Giroux.

Epstein, H., & Morris, M. (2011). Concurrent partnerships and HIV: An inconvenient truth. *Journal of the International AIDS Society*, *14*(1), 13.

European Community Gender Help Desk. (2005). *Angola: Gender information brief.* Turin, Italy: Author. Retrieved from http://ec.europa.eu/development/icenter/repository/gender_info_brief_angola_en.pdf

Fallers, L. A. (1965). *Bantu bureaucracy: A century of political evolution among the Basoga of Uganda.* Chicago, IL: University of Chicago Press.

Frazer, E. (1989). Feminist talk and talking about feminism*. Oxford Review of Education*, *15*(3), 281-290.

Gergen, K. J. (1999). *An invitation to social construction*. London, England: Sage.

Gergen, K. J., & Gergen, M. (2004). *Social construction: Entering the dialogue*. Chagrin Falls, OH: Taos Institute.

Gergen, M. (1988). *Feminist thought and the structure of knowledge*. New York, NY: New York University Press.

Glaser, B. G., & Strauss, L. A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.

Global HIV Prevention Working Group. (2008). *Behavior change and HIV prevention: (Re)considerations for the 21st century.* Retrieved from http://www.globalhivprevention.org/pdfs/PWG_behavior%20report_FINAL.pdf

Goldstein M., Grivin, J. G., Habyarimana, J., Pop-Eleches, C., & Thirumurthy, H. (2008). Health worker absence, HIV testing and behavioral change: Evidence from western Kenya, Department of Health Policy and Management, UNC-Chapel Hill, (Working paper.) 36.

Gourevitch, P. (1998). *We wish to inform you that tomorrow we will be killed with our families: Stories from Rwanda.* New York, NY: Picador.

Green, E. C. (2003). *Rethinking AIDS prevention: Learning from success in developing countries.* Westport, CT: Greenwood.

Gregson, S., Waddel, H., & Chadiwana, S. (2001). School education and HIV control in sub-Saharan Africa: From discord to harmony? *Journal of International Development,13*, 467-485.

Gupta, G. R. (2000). Gender, sexuality, and HIV/AIDS: The what, the why, and the how. *Thirteenth International AIDS Conference*, Washington, DC: International Center for Research on Women. Retrieved from https://sfol.net/HEART/030106/Gender,Sexuality,andHIV.pdf

Hacker, H. M. (1951). Women as a minority group. *Social Forces*, *30*(1), 60-69.

Hargreaves, J. R., Morison, L. A., Chege, J., Rutenberg, N., Kahindo, M., Weiss, H. A., Hayes, R., & Buvé, A. (2002). Socioeconomic status and risk of HIV infection in an urban population in Kenya. *Tropical Medicine and International Health, 7*(9), 793-802.

Harry, B., Sturges, K. M., & Klingner, J. K. (2005). Mapping the process: An exemplar of process and challenge in grounded theory analysis. *Educational Researcher, 34*, 3-13.

Heavy C. (2009). "Homem Casado Não Da" ["Married Man Is No Good"]. On Não Largo o Amor [CD]. Luanda, Angola: Heavy C.

Herskovits, M. J., & Bascom, W. R. (1959). *Continuity and change in African cultures.* Chicago, IL: University of Chicago Press.

Instituto Nacional De Estatística [National Statistics Institute]. (2010). *Inquérito Integrado Sobre o Bem Estar da População (IBEP)* [Integrated Survey on Population Wellness]. Luanda, Angola: Instituto Nacional de Estatística. Retrieved from http://cnsc2009forum.bligoo.com/media/users/4/211695/files/23110/Grelha_de_Indicadores_IBEP_2010.pdf

Integrated Regional Information Networks (IRIN). (2004, September). *In-depth: Our bodies - Their battle ground: Gender-based violence in conflict zones*. Retrieved from http://www.irinnews.org/pdf/in-depth/GBV-IRIN-In-Depth.pdf

Jukes, M., & Desai, K. (2005). *Education and HIV/AIDS* (UNESCO Global Monitoring Report 2005). Retrieved from http://unesdoc.unesco.org/images/0014/001460/146012e.pdf

Kalibrados. (2006). "Gajo de Gajas" ["Man of Bitches"]. On *Negócio Fechado* [CD]. Angola: EMI.

Kalipeni, E., Craddock, S., Oppong, J. R., & Ghosh, J. (2004). *HIV and AIDS in Africa: Beyond epidemiology.* Malden, MA: Blackwell.

Kemmis, S., & McTaggart, R. (2000). Participatory action research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp. 567-607). Beverly Hills, CA: Sage.

Kesby, M. (2000). Participatory diagramming and the ethical and practical challenges of helping Africans themselves to move HIV work "beyond epidemiology." In E. Kalipeni, S. Craddock, J. R. Oppong & J. Ghosh (Eds.), *HIV & AIDS in Africa: Beyond epidemiology* (pp. 217-228). Malden, MA: Blackwell.

LeBeau, D., & Yoder, P. S. (2008). *Alcohol consumption, sexual partners, and HIV transmission in Namibia*. Calverton, MD: ICF Macro.

Levitt, S. T., & Dubner, S. J. (2005). *Freakonomics: A rogue economist explores the hidden side of everything*. New York, NY: William Morrow.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Thousand Oaks, CA: Sage.

Lorber, J., & Farrell, S. A. (1991). *The social construction of gender.* Newbury Park, CA: Sage.

Lurie, M. N., & Rosenthal, S. (2009). Concurrent partnerships as a driver of the HIV epidemic in Sub-Saharan Africa? The evidence is limited. *AIDS Behavior, 14,* 17-24.

Macintyre, K., Brown, L., & Sosler, S. (2001). It's not what you know but who you knew: Examining the relationship between behavior change and AIDS mortality in Africa. *AIDS Education Prevention, 13,* 160-174.

Maquet, J. (1972). *Civilizations of black Africa.* London, England: Oxford University Press.

McNamee, S., & Gergen, K. J. (1999). *Relational responsibility: Resources for sustainable dialogue.* Thousand Oaks, CA: Sage.

Mingas, R. (1965). "Monanganbé." [Recorded by Collete Magny.] On *Memória* [CD]. Angola: Strauss. (1985).

Mjøset, L. (2005). Challenges to grounded theory. In *The World Congress of the International Institute of Sociology,* [Conference paper.] Stockholm, Sweden (pp. 5-9).

Mock, N., Duale, S., Brown, L., Mathys, E., Maonaigh, H., Abul-Husn, N., & Sterlling, E. (2004). Conflict and HIV: A framework for risk assessment to prevent HIV in conflict affected settings in Africa. *Emerging Themes in Epidemiology, 1*(6), 1-16. doi:10.1186/1742-7622-1-6

Morris, M., & Kretzschmar, M. (1997). Concurrent partnerships and the

spread of HIV. *AIDS, 11*(5), 641-648.

Neto, A. (1961). "Havemos de Voltar." [Recorded by Ilê Aiyê.] On *Canto

Negro* [CD]. Angola: WEA Latina (Recorded 2003).

Novo Jornal [*New Journal*]. (2011, December 2). 202.

Oppong, J.R. & Agyei-Mensah, S. (2004). HIV/AIDS in West Africa: The

Case of Senegal, Ghana and Nigeria. In E. Kalipeni, S. Craddock, J.R.

Oppong and J. Ghosh (eds.). *HIV and AIDS in Africa: Beyond

Epidemiology* (pp. 70-82). Malden, MA: Blackwell.

Owen, H., & Rothwell, P. (Eds.). (2004). *Sexual/Textual empires: Gender

and marginality in Lusophone African literature*. Bristol, England:

University of Bristol Press.

Oyebade, A. O. (2007). *Culture and customs of Angola*. Westport, CT:

Greenwood Press.

Painter, T. M. (2001). Voluntary counseling and testing for couples: A high

leverage intervention for HIV/AIDS prevention in Sub-Saharan Africa.

Journal of Social Science and Medicine, 53(11), 1397-1411.

doi:10.1016/S0277-9536(00)00427-5

Patton, M. Q. (2001). *Qualitative research & evaluation methods.* Thousand

Oaks, CA: Sage.

Pérola. (2009). "Doida" ["Crazy"]. *Cara e coroa* [CD]. Angola: Heavy C.

Pietrzyk, S. (2005). AIDS and feminisms. *JENdA: A Journal of Culture and African Women Studies, 7*. Retrieved from http://www.africaknowledgeproject.org/index.php/jenda/article/view/111

Populations Services International (PSI). (2003). *Knowledges, Attitudes, & Practices Survey (KAP)*. Luanda, Angola: Populations Services International.

Populations Services International (PSI). (2004). Concept paper. Luanda, Angola, September 2004.

Prasad, K., & Somayajulu, U. V. (2008). *Vulnerability of women in Asia and Africa*. New Delhi, India: The Women Press.

Prewitt, K. (1988). *AIDS in Africa: The triple disaster.* In N. Miller & R. Rockwell (Eds.), *AIDS in Africa: Social and policy impact* (pp. ix-xv). Lewiston, NY: Mellen Press.

Redvers, L. (2009, April 29). No law to stop domestic violence. *Inter Press Service News Agency*. Retrieved from http://www.ipsnews.net/2009/04/angola-no-law-to-stop-domestic-violence/

Redvers, L. (2012, February 1). Living in the world's most expensive city. *BBC News Business*. Retrieved from http://www.bbc.co.uk/news/business-16815605

Republic of Angola. (2008). "Statement by her Excellency Mrs. Ana Paula S. Sacramento Neto, Vice-Minister of Family and Promotion of Women." *Permanent Mission of The Republic of Angola to the United Nations*.

New York, NY: Commission on the Status of Women. Retrieved from

http://www.un.org/womenwatch/daw/csw/csw52/statements_missions/a

ngola.pdf

Republic of Angola. (2009). *Codigo da Familia* [*Family Code*]. Lobito,

Angola: Escolar editora [Academic publishing]. ISBN 978-989-669-008-

3.

Rodrigues, V. (2011, July 12). Expats, beware of Luanda - the world's most

expensive city. *Financial Times Tilt*. Retrieved from http://tilt.ft.com/ -

!posts/2011-07/25116/expats-beware-of-luanda-worlds-most-

expensive-city

Rose-Innes, O. (2006). Socio-cultural aspects of HIV/AIDS. *Health, 24*, 20.

Ryan, C. & Jetha, C. [2012]. *Sex at Dawn: How We Mate, Why We Stray,*

and What It Means for Modern Relationships. New York, NY: Harper

Perennial.

Saethre, E., & Stadler, J. (2009). A tale of two "cultures": HIV risk narratives

in South Africa. *Medical Anthropology*, *28*(3), 268-284.

doi:10.1080/01459740903073414

Sawers, L., & Stillwaggon, E. (2010). Concurrent sexual partnerships do not

explain the HIV epidemics in Africa: A systematic review of the

evidence. *Journal of the International AIDS Society*, *13*(34).

doi:10.1186/1758-2652-13-34, p. 1.

Shoepf, B. G. (2004). AIDS, history and struggles over meaning. In E.

Kalipeni, S. Craddock, J. R. Oppong & J. Ghosh (Eds.), *HIV & AIDS in Africa: Beyond epidemiology* (pp. 15-28). Malden, MA: Blackwell.

Seidman, I. (1998). *Interviewing as qualitative research: A guide for researchers in education and social sciences.* New York, NY: Teachers College Press.

Smith, J., Nalagoda, F., Wawer, M.J., Serwadda, D., Sewankambo, N., Konde-Lule, J., Lutlo, T., Li, C., & Gray, R. H. (1999). Education attainment as a predictor of HIV risk in rural Uganda: Results from a population-based study. *International Journal of STD & AIDS, 10*, 452-459.

Smith, L. T. (2002). *Decolonizing methodologies: Research and indigenous peoples.* London, England: Zed Books.

Speer, S. A. (2005). *Gender talk: Feminism, discourse and conversations analysis.* New York, NY: Routledge.

Stead, M., & Rorison, S. (2009). *Angola.* Guilford, CT: The Globe Pequot Press.

Tallis, V. (2002). *Gender and HIV & AIDS.* Sussex, England: Institute of Development Studies. Retrieved from http://www.bridge.ids.ac.uk/reports/CEP-HIV-report.pdf

The Economist Online. The expensive continent. (2010, June 29). Retrieved from http://www.economist.com/node/21008007

UNAIDS (Joint United Nations Programme on HIV/AIDS). (1998). Gender

and HIV/AIDS: Technical Update. *UNAIDS Best Practice Collection:*

Technical Update. Geneva, Switzerland: UNAIDS. Retrieved from

http://www.unaids.org/en/media/unaids/contentassets/dataimport/public

ations/irc-pub05/jc459-gender-tu_en.pdf

UNAIDS (Joint United Nations Programme on HIV/AIDS). (2004). *2004*

report on the global HIV/AIDS epidemic. Geneva, Switzerland: World

Health Organization. Retrieved from http://data.unaids.org/Global-

Reports/Bangkok-

2004/unaidsbangkokpress/gar2004html/gar2004_00_en.htm

UNAIDS (Joint United Nations Programme on HIV/AIDS). (2007). *Review of*

Progress: United Nations Secretary-General's Task Force on Women,

Girls and HIV/AIDS. (UNAIDS PCB20/CRP2). Geneva, Switzerland:

UNAIDS Programme Coordinating Board. Retrieved from

http://data.unaids.org/pub/Presentation/2007/crp_sgtf_on_women_girls

_hiv_aids_en.pdf

UNAIDS (Joint United Nations Programme on HIV/AIDS). (2011). *Fact*

Sheet: Women, girls, gender equality and HIV. Geneva, Switzerland:

UNAIDS. Retrieved from

http://www.unaids.org/en/media/unaids/contentassets/documents/factsh

eet/2012/20120217_FS_WomenGirls_en.pdf

United Nations Development Group. (2008). *Thematic Paper on MDG 3:*

Promote Gender Equality and Empower Women. Retrieved from

http://www.oecd.org/social/genderequalityanddevelopment/45341361.pdf

U.S. Bureau of Democracy, Human Rights, and Labor. (2009). 2008 Human Rights Report: Angola. *2008 Country Reports on Human Rights Practices*. Washington, DC: U.S. Department of State.

Vallaeys, C. (2002). *Awareness is not enough: Gender in the HIV/AIDS pandemic in Africa*. Retrieved from Santa Clara University, Mark Kula Center for Applied Ethics site: http://www.scu.edu/ethics/publications/submitted/vallaeys/gender.html

Villar-Loubet, O. M., Cook, R., Chakhtoura, N., Peltzer, K., Weiss, S. M., Shikwane, M. E., & Jones, D. L. (2012). HIV knowledge and sexual risk behavior among pregnant couples in South Africa: The PartnerPlus project. *AIDS and Behavior, 16*(8), 1.

Van-Dunem, J. (UNAIDS). (2011, June 9). *2011 World HIV Day: H.E. Mr. José Vieira Dias Van-Dunem, Minister for Health*. Luanda, Angola. Retrieved from http://www.un.org/en/ga/aidsmeeting2011/angola.shtml

Wessells, M. (2007). Post-conflict healing and reconstruction for peace: The power of social mobilization. In J. White & A. J. Marsella (Eds.), *Fear of persecution: Global human rights, international law and human well-being* (pp. 257-278). New York, NY: Lexington.

Whiteside, A. (2008). *HIV/AIDS: A very short introduction.* New York, NY: Oxford University Press.

Wilson, D. (2004). Partner reduction and the prevention of HIV/AIDS. *British Medical Journal, 328*(7444), 848-849. doi: 10.1136/bmj.328.7444.848

Wilson, S. (2008). *Research is ceremony: Indigenous research methods.* Winnipeg, MN, Canada: Fernwood.

Wodi, B. E. (2005). Gender issues in HIV/AIDS epidemiology in Sub-Saharan Africa. *Wagadu, 2*. Retrieved May 1, 2012, from http://wagadu.org/Volume%202/Printable/wodi.pdf

World Health Organization (WHO). (2004). Women, girls, HIV, & AIDS. *Advocacy Note, World AIDS Day Campaign 2004.* Manila, Philippines: WHO Western Pacific Regional Office. Retrieved from http://www.wpro.who.int/hiv/documents/docs/WAD2004_Women_Girls_HIV_AIDS_F1F8.pdf

World Health Organization. (2011). Global HIV/AIDS response: Epidemic update and health sector progress towards universal access. *Progress Report 2011.* Malta: World Health Organization. Retrieved from http://whqlibdoc.who.int/publications/2011/9789241502986_eng.pdf

Yin, R. (2003). *Case study research: Design and methods.* Thousand Oaks, CA: Sage.

YouthNet. (2002). HIV: Voluntary counseling and testing. *YouthLens on Reproductive Health and HIV/AIDS (No. 3).* Arlington, VA: Finger. Retrieved from http://www.fhi360.org/NR/rdonlyres/ee3xovbfimxybdwuhrkrac3duoz4lvo

f6jrwguk4zydhzfqhy3duh5hptdd23og4rn4jusifamr5dn/vctno3802enyt.pd

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Appendices

A- Consent Form

<u>Consent for participation in a research study</u>

Title: Uncovering women's cultural empowerment to fight the spread of HIV in Angola
Principal investigator: Patricia Fernandes Da Silva
Institution: Taos Institute / Tilburg University

You are being asked to join a research study. The following information will explain the purpose of the study, what you will be asked to do, and the potential risks and benefits. You should ask questions before deciding whether you wish to participate. You will be told of any new findings that may change your decision to continue to participate. This study is being conducted under the umbrella of the Taos institute / Tilburg university PhD program.

The aim of this study is to assess how culture, defined here as a set of behaviours and beliefs, as well as language, religion, law and morality systems that are passed down from generation to generation, impact Angolan women's ability to adopt safer sexual behaviours, including behaviours that might prevent them from contracting the HIV virus. More specifically, my research will attempt to answer the question: what are the collective culture resources that can be adopted by women for safer sexual practices in the face of HIV/AIDS? You are being asked to participate because in order to answer the above question it is necessary that I conduct open ended interviews with 10/15 Angolan women of all demographic groups.

<u>HIV status is not relevant for this study and it will not be a question posed by the investigator during the interviews.</u> However, other type of personal questions may be asked. Participants may ask to see the questions before choosing to participate. If you choose to participate in this study, it will take 2/3 interviews of about one hour and a half to two hours, unless you choose to have fewer longer encounters. All interviews will be taped and later transcribed. Participants will receive copies of all transcripts for review of accuracy and in some cases further clarification. Participation in this study is strictly voluntary. While there are no known risks for participating in

this study, participants can choose to withdraw from the study at any time during the process.

Results of this study will be disseminated through a PhD dissertation and possibly a book. Excerpts of the interviews may be used on workshops, trainings, seminars or publishing articles. All names in the dissertation and transcripts will be replaced by numbers in order to protect the identity of the participants. There will be no remuneration financial or otherwise for participation in this study even in the event of it resulting on a marketable product.

If you have any questions about this study, myself or the Taos Institute you may contact my PhD advisor Dan Wulf at calgary_home@shaw.ca. A signed copy of this consent form will be given to you for your records.

You have read the above description of the research study, and all your questions have been answered to your satisfaction. You voluntarily agree to join this study and know that you can withdraw from the study at any time.

Participants name:

Participants Signature   :   Date:

Investigators Signature: Date:

B- UN-AIDS Luanda HIV prévalence report

HIV sentinel surveillance in pregnant women, 2004–2008

HIV prevalence (%)
- 0–0.9
- 1–4.9
- 5–9.9
- 10–24.9
- 25–39.9
- ≥40

△ Cities and towns
- - - Main roads

Population density (2005) (pers./sq.km)
- 0 – 10
- 11 – 50
- 51 – 100
- 101 – 250
- 251 – 500
- 501 – 750
- > 750

Data source: UNAIDS, WHO, CIESIN/FAO/CIAT, DCW, GeoNames, USCB.
Map production: Public Health Information and Geographic Information Systems (GIS), WHO

World Health Organization

HIV prevalence-Ages 15-49(%)
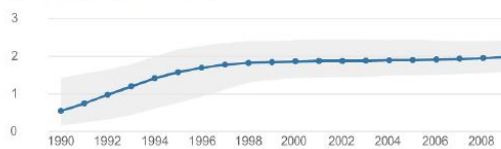
Number of people living with HIV
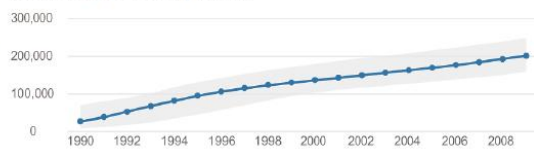
HIV incidence rate-Ages 15-49(%)

Number of new infections-All ages
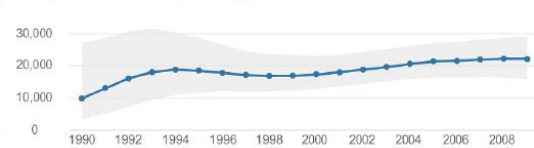
Annual number of AIDS deaths
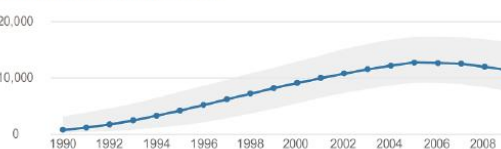
ART coverage (%) CD4<350

C- Translation of the Song "*Eu sou a outra*" ("I am the other")

by Elias Damasio

Eu sou a outra
(I am the other)
By: Matias Damasio

I am the other, the one everyone condemns; that next to me he is happy they never talk..
They only call me bad names and want to destroy me, they ignore my feelings, my eyes are always crying. In the street they see me and insult me, gold digger, and husband stiller; they say I don't love you and that I have other love affairs; I cry, I cry…
My mother does not talk to me, I am loosing my brothers…I cry, I cry…I sacrificed my family for you my greatest love.

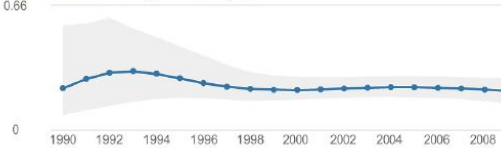I know that he is married, has a family, a wife, but what am I supposed to do my heart wants it this way, I would like to have a man just for me, but I can't do anything destiny did not want it that way; when his child is sick at his home I also cry, when he is sad I also feel it, I know he only comes Sundays and Mondays but I love him anyway, I love him anyway. There are plenty of guys who want to give me the ring but the true's is that with him I feel like I have already been to the altar…
I am sorry, I am the other, I also deserve to be happy, oh my lord please, I also deserve to be happy, and I deserve to be happy.

When his child is sick at his home I also cry, when he is sad I also feel it, I know he only comes Sundays and Mondays but I love him anyway, I love him anyway. There are plenty of guys who want to give me the ring but the true's is that with him I feel like I have already been to the altar… I am sorry, I am the other, I also deserve to be happy, oh my lord please, I also deserve to be happy, I deserve to be happy.

I cry, I cry, I cry, I cry and so I announce I am the other, I am the other, only God will judge me, I am the other, I am other, I am other, I deserve to be happy…

D- Translation of the song "*So se eu for doida*" ("Only if I was

crazy") by Perola

So se eu for doida
(Only if I was crazy)
By: Perola

They say I lost you for being silly and that I should insist
But if the true's is transparent I won't give up
They wanted me to be tolerant and be quiet
Even faced with disrespect and infidelity I should control my emotions
They say I should not be so strict and it does not make sense
These days I have to be tolerant and put up with the same husband
 They say I should be more submissive and put away this silly pride
even if I live unhappy, at least is with the same person

Only if I was crazy, only if I was crazy, only if was crazy
Crazy, crazy, crazy, only if I was crazy…and I am not…

I was not born to suffer I did not grow up to be beaten
I did not invest to fail; I am not putting up with any men
 They say I should not be so strict and it does not make sense
These days I have to be tolerant and put up with the same husband
 They say I should be more submissive and put away this silly pride
even if I live unhappy, at least is with the same man

Only if I was crazy, only if I was crazy, only if was crazy
Crazy, crazy, crazy, only if I was crazy…to live with a man like this
Only if I was crazy, only if I was crazy, only if was crazy
Crazy, crazy, crazy, only if I was crazy…and I am not…
I don't deserve it; I don't deserve it…only if I was crazy

E- Translation of the song "Gajo de gajas"

(Senhorita) Gajo de Gajas
(Senhorita ;Guy of bitches)
By: Kalibrados

They drop everything when I show up; you know how it works
The lights shine more when Kalibrados go by; I keep the girls
And drop their boy friends; I am full of bitches like a prisoner in jell
My phone list is full I have no more space; every once in a while
Another one falls in my web; I know a lot of bitches, when I show up
Everything blows no one can replace me…

They are a pain, I have to keep lying; I am so sweet they will end up
with diabetes, they call me poetic and stylish; bitches want me like a
patient wants his doctor; angels or devils, saints or sinners, either you
want it or not I am a guys of bitches…

Girl the body of this nigga drives you crazy, out of control, salivating,
you scream out of control until you can scream no more…
Girl the body of this nigga drives you crazy, out of control, salivating,
you scream out of control until you can scream no more…

Look, I have no lack of women, if you bad mouth me, my bitches will
get you, they will kick you I have faith, cause I am pimp, a pimp like
that…
They want me, I am their vice, they never want to loose me, if you are
with me it's all good we can share them…

I am great, a temptation to a lot any girl, my body is like pizza, my
mouth is like honey. Bitches I am busy today, but my phone keeps
ringing, I don't know which one to choose, I am the sweetest of all my
boys…

If women were water I would have a fountain, yes I am a guy of bitches
A guys of bitches, I am surrounded by them…
Girl the body of this nigga drives you crazy, out of control, salivating,
you scream out of control until you can scream no more…

Girl the body of this nigga drives you crazy, out of control, salivating, you scream out of control until you can scream no more…

Guy of bitches, we are temptation for all the women, we are guys of bitches there are no women that can resist us…
They try to touch my clothes, they try to kiss my mouth, the phone even when is off rings, I have a big heart, with space for all of the them, my fire never ceases, go for it quickly. I am guilty of your boy friend being cheated on…
I am no Don Juan, I am just a very stylish guy from the neighborhood, they say I am full of my self, but I am only for those who deserve me, not for those who want me; I have a doctorate in women, she can be a snob, but even she will recognize that I am charming and capable of getting any women, even married women…

Ye I am a guy of bitches, girl the body on this nigga drives you crazy, out of control, salivating, you scream out of control until you can scream no more…girl the body on this nigga drives you crazy, out of control, salivating, you scream out of control until you can scream no more…

Guy of bitches, we are temptation for all the women, we are guys of bitches there are no women that can resist us…guys of bitches…guys of bitches…

F- Member checking list

Questionario

Durante um processo de entrevista com varias participantes varias questoes foram postas para se tentar perceber a percepcao das mullheres de Luanda no que concerne o problema de:
"**Relacoes sexuais cuncurrentes, a sua relacao com a cultura Angolana, e a como estas relacoes cuncurrentes influenciam o HIV na cidade de luanda**".
Apos analise qualitativa do material recolhido abaixo encontram-se as principais razoes de acordo com as particpantes. O seu papel sera' ler tais razoes e decidir se concorda ou discorda com as razoes aqui prescritas. E' apenas permitida uma opcao por cada pergunta. Por favor sublinhe a sua resposta.

1. Perda de valores :

Concordo   Nao concordo   Nao sei

2. Necessidade financeira:

Concordo   Nao concordo   Nao sei

3. Atitudes Culturais:

    Concordo   Nao concordo   Nao sei

4. Falta de lealdade entre mulheres:

Concordo   Nao concordo   Nao sei

5. Adaptacao a uma nova realidade social:

Concordo   Nao concordo   Nao sei

6. <u>Conhecimento nao significa mudanca de comportamento</u>:

Concordo   Nao concordo   Nao sei

7. <u>Falta de educacao for mal e informal</u>:

Concordo   Nao concordo   Nao sei

8. <u>As leis existentes nao sao sufecientes ou nao sao executadas</u>:

concordo   Nao concordo   Nao sei

9. <u>Falta de exemplos positivos para seguir</u>:

Concordo   Nao concordo   Nao sei

10. <u>Nao existe compencacao por parte da sociedade por comportamento positivo</u>:

Concordo   Nao concordo   Nao sei