“The Other”: A look into concurrent relationships from women’s perspectives in Luanda Angola

Proefschrift

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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