

FEMALE EMPOWERMENT AND HIV

FIGHTING GENDER ROLES AND A DEADLY DISEASE



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1 Abstract

The aim of this study is to investigate the role of female empowerment and NGOs in HIV-prevention. A case study from Babati, northern Tanzania, is presented as part of my investigation and will affiliate theory with reality. Further the study is based on feminist and postcolonial theory as well as gender perspectives on HIV and AIDS.

A persons gender determines how vulnerable that person is to HIV and related consequences; I will claim that HIV and AIDS threaten women to a greater extent than men and that women's abilities to empowerment are negatively affected as well. I will also claim that female empowerment is a necessary mean to prevent HIV and that this involves a more profound change than solely equal distribution of resources.

My study will show how female subordination permeates all societal structures and how this is perceived by NGOs and others in Babati when addressing the HIV-pandemic and its effect on women. I will describe the grass-root actions taken by the NGOs to deal with this and what obstacles they encounter.

Keywords: **female empowerment, HIV-prevention, AIDS, Tanzania**

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3 Introduction

The spreading of HIV has taken different directions since the virus was first discovered, or more correctly, our *perception* of how and where HIV is spreading has changed over the years. Initially, men were infected to a greater extent than women but this has evened out and now women are identified as the most affected group together with youth and poor.¹ Consider that half of the youth are women and so is the majority of the poor, then perhaps one can understand the impact HIV has on women². There are also considerable differences in the global distribution of HIV and AIDS.³ The extended spreading of HIV to women also leads to an increased HIV-transference from mother to child via childbirth and breast-feeding. This might seem as an obvious consequence but one must also consider that it is possible to prevent transference to the child but many women lack the knowledge and the means for this.

In Tanzania women has been recognized as one of the most affected groups and according to TACAIDS this is due to economic, social-cultural, biological an anatomical reasons. The country's response to the HIV-pandemic consisted originally of national lead efforts, but the involvement of NGOs and community based organizations is increasing and many of them are focusing on women and youth as their main target groups.⁴ The NGOs that I have met holds poverty combined with women's lack of influence in social structures as the main reason for women's vulnerability to HIV and thus both issues are addressed in their work.⁵ However, this is the case not only in Tanzania; gender inequalities and female subordination globally permeates societal structures and when facing the HIV-pandemic it becomes alarmingly clear what the consequences of these structure are.⁶

Considering all this, it becomes obvious why HIV should be tackled from a gender perspective.

3.1 Aim and subject field

My aim is to study the HIV pandemic's effects on Tanzanian women and how the consequences of HIV and AIDS affect women's lives. Further I will investigate what actions are taken on a grass-root level to change the current situation and how

¹ Nationalencyklopedien, Keene 2001:3

² UNIFEM a), WOMENWATCH c)

³ UNIFEM a), Keene 2001:1-3

⁴ TACAIDS

⁵ Triphonia Temba 8/3, Nancy Josph 14/3, RCWG 14/3

Tanzanian women will benefit from these actions. My thesis is that empowerment is needed for the Tanzanian women and that this empowerment should origin from the women's own institutions, but HIV gravely threatens their possibilities to empower themselves. Further I will investigate if female empowerment can contribute to preventing HIV in Tanzania.

Based on interviews with NGOs working with such issues in Babati, northern Tanzania, I will present a case study that will serve as part of my investigation and exemplify my thesis.

4 Method

This is a qualitative study and the method I used for its performance consists of two parts: first I conducted a case study in Babati, Northern Tanzania that mainly consisted of interviews with NGOs and others. Second, I have carried out a literature study in order to set a theoretical framework and to make use of my case study on a wider and more general applicable perspective.

4.1 The case study

The case study was conducted during a period of three weeks in March 2006 in Babati, Northern Tanzania. This field trip was included in and organized by the Environment- and Development Program at Södertörn University College which gave me a preset and well-established contact net in Babati. This resulted in what I believe a fairly quick acclimatization and access to the community in Babati and served as a great advantage for the case study and this was also a prerequisite for achieving results during such a short time.

The contact with NGO's in Babati was mediated via local field assistants so I would explain what kind of NGO's and people I would like to interview and the field assistants would then arrange the meetings for me. Most interviews were conducted in English but with an assistant present in case that translation to and from Swahili was necessary.

4.1.1 Semi- structured interviews

I prepared for the interviews by reading Jan Krag Jacobsen's work on interview techniques and this gave a general approach on the art of interviewing.⁷

⁶ UNIFEM a), UNAIDS b)

⁷ Krag Jacobsen 1993

For the type of interviewing I conducted, semi-structured interviews seemed to be the most appropriate method as I wanted a set framework but also a platform for more elaborate discussions. I used the framework developed by Britha Mikkelsen to form and prepare for these interviews.⁸

I prepared a set of questions (see Appendix 1) for the interviews that were supposed to serve as a base for discussions. I tried to ask very concrete questions in order to eliminate the risk of misunderstandings and misinterpretations. I had prepared questions before arriving in Babati, but I found that it was necessary to change and adapt these as these were too vague and non-specific.

4.1.2 Interviewing Focus Groups

I also conducted interviews with two focus groups, one consisting of young men (Focus Group 1) and one of young women (Focus Group 2), both of age 18-25. The participants were students at Alder's Gate Secondary School, a Christian boarding school in Babati. The purpose of these interviews was to study the youth's perceptions on HIV and sex. For these groups I prepared a questionnaire (see Appendix 2) together with my co-interviewers that the participants filled in anonymously. We also had a translator present if something in the questionnaire (or something else) needed translation. Afterwards we discussed the questions raised in the questionnaire, and I believe that this method was successful as the participants got a chance to reflect over the questions before discussing them in a group. The reason for interviewing young men and women separately was to avoid shyness and to encourage openness as we assumed that mixed groups could inhibit the discussions.

4.2 Critical approach on the references

4.2.1 The case study

As English is not my or the interviewees' first language, there is a risk of misunderstandings and misinterpretation. Besides, there is also the risk of information-loss when conversing via a translator. I have no reason to assume that the translators deliberately changed or withheld information, but in cases when translation was needed I was completely dependent on the translator and there was no possibility for me to question his or her translation.

⁸ Mikkelsen 2005.

I did not have the necessary insight in the community for arranging the interviews myself in such a limited time, thus I was fully dependant on the field assistants for this.

Concerning the interviews with the two focus groups at Alder's Gate Secondary School, the students we interviewed were not randomly selected, but appointed to us by the head teacher. There might be reasons to believe that the students were expected to give certain answers as Alder's Gate is a Christian school and the interviews concerned such issues as HIV and sex.

I can only assume that this affected the head teacher's selection of students. Whether this was the case or not, I cannot say.

All the interviewees were asked whether they wanted to be anonymous or not, except when interviewing the Focus Groups were I together with my fellow-interviewers decided that anonymity was to be preferred in order for the interviewees to feel comfortable discussing possibly sensitive questions.

None of the interviewees representing NGOs wanted to be anonymous and therefore I see no reason in concealing their names.

4.2.2 The literature

The references consist of literature, reports and research concerning HIV, gender, feminism and postcolonialism. Internet has been a valuable source as it has given me quick and easy access to reports and such that might otherwise have been difficult and time-consuming to receive. I have also used the United Nations website and affiliated links (UNIFEM, UNFPA et cetera) as well as SIDA, TACAIDS and other websites for background information and basic facts.

Information found on the Internet must always be critically viewed as there is the risk of information being manipulated or false, but I have found no indication of this. As for the published literature (and for the non-published literature as well), most of the writers holds feminist views and this obviously influences the perspectives from which the literature is written, however this is fully intentionally and consistent with my aim and subject field.

4.3 Delimitation

The case study is limited to a geographical area and serves as an example for my study, therefore it can not be claimed as giving a fully comprehensive view of HIV

and gender in Tanzania, although I believe it to be useful in a wide context as long as one remembers its limitations.

My aim of this study is to investigate actions taken on a grass-root level and thus I have limited the case study to interviewing representatives from NGOs, therefore the Tanzanian government's standpoint or action plans will not be mentioned more than briefly. Also, my approach on empowerment is that it is a grass-root movement and therefore governmental politics is not relevant for my study. By this I am not denying the need for government actions, this is simply not addressed here. As for my aim to study the effects of HIV on Tanzanian women, I believe the interviews have given a satisfactory base for this together with the chosen literature.

4.4 Outline of the study

Chapter 5 consists of my theoretical base and here I have chosen to present the different theories separately to facilitate for the reader as the theories will be more or less interwoven in chapter 6 (results and analysis). In chapter 4 my choice of method was described and explained as well as the case study and critical reflections on that. The case study will be analyzed and tested on my theoretical approach and the discussion will be interwoven in the text. Chapter 6 displays the results and analysis of my study and chapter 6.3 contains my concluding discussion. In chapter 6.4 I will present some personal reflections and comments as well as suggestions on further research. Chapter 7 contains my references.

5 Theoretical approach and background

5.1 Feminism in a postcolonial world

5.1.1 Feminist theory

Feminism is both an intellectual and a political movement, and in my theoretical approach I focus on key conceptions elaborated by the scholarly field of feminism. However, the line between intellectual and political feminism will be crossed while analyzing the case study as these in reality are more or less interwoven.

Feminism holds two essential ideas: 1) Women are subordinate to men and 2) This condition should change. A keyword in feminist theory is *patriarchy*; this defines the societal structure which makes women subordinate to men and this structure can be found everywhere in the world. This female subordination is expressed with for example that male members of a society tend to predominate in positions of power and the male view sets the normative framework as the female view is considered as

the exception. Patriarchy is profoundly embedded in all societal structures and in its members.⁹

Gender is another keyword in feminist theory and is in this study defined as societal beliefs, norms, customs and practices that define feminine and masculine attributes and behaviors. Gender influences what is accepted for men and women to do and not to do and it defines our social roles.¹⁰

The gender contract is a set of terms that regulates gender relations within families and other institutions and this contract controls power relations in which women are subordinate to men.¹¹

5.1.2 Postcolonial feminism

Postcolonial feminism is focusing on conditions for women as a collective in a postcolonial environment and the political movements therefore emphasizes issues such as social and political campaigns for material, legal, and cultural rights. More specific issues that tend to be addressed could be domestic violence, rape, child abuse and honor killings. The political movements also tend to be more grass-root roots based, rather than functioning on a party-level, due to a declining interest in political parties and national-level party organization.¹²

Postcolonial feminism as a scholarly field holds the perception that the postcolonial state is shaped by its colonial legacy and that institutions formed by the colonizing state after independency was handed over to other elite groups.¹³ For the feminist movement this means that it faces *two* oppressing structures and Michelle Rosenthal explains what I think is a crucial element when discussing feminism from a postcolonial perspective; that the feminist movement in a colonized state prior to independency did not address gender inequalities within their own societies since their was another goal to reach – freedom for the state. When this is achieved, the feminist movement can turn their focus to women’s rights within the state without the risk of jeopardizing the struggle for freedom.¹⁴ Postcolonial feminism also addresses factors as racism, class and ethnicity something that white, middle-class feminism often neglects.¹⁵

⁹ Wilton 1997:9, WIKIPEDIA

¹⁰ Gupta et. al. 2003:5

¹¹ Kapustina 2005: 1-2, WIKIPEDIA

¹² Young 2003:113-117

¹³ Ibid:109-110

¹⁴ Rosenthal 2001:97

¹⁵ Loomba 2005:222- 225

With the transition to democracy (as is the case in Tanzania today¹⁶) a platform is offered to reflect over traditional values, attitudes and beliefs, as some of these values et cetera might cause gender inequalities. These inequalities can within the process of democratization be challenged.¹⁷

Robert Young develops this further:

“Women’s struggle make clearest the fact that while the anti-colonial campaigns were directed against the colonial regime towards the political goal of sovereignty, postcolonial struggles are directed against the postcolonial state as well as against the western interests that enforces its neo-colonial status”.¹⁸

Young draws the same conclusion as Rosenthal; that the postcolonial feminist movement can challenge the domestic institutions when independence is achieved, and that foreign influences are challenged as well (thus, *two* oppressing structures). Independence for the state and ability to engage in politics and economic/social decision-making (democratization) is according to both Rosenthal and Young crucial elements for women to organize for empowerment.¹⁹

5.2 The conception of empowerment

Empowerment is a concept that illuminate the importance of social, political and economic factors in regard to the strength of oppressed groups and individuals..²⁰

The empowerment process was originally an alternative grass-root movement where the discriminated group took the initiative themselves, and in a feminist context a reaction to western feminism, but lately empowerment has been adapted into mainstream development thinking; both the UN and the World Bank holds empowerment as a key factor in development.²¹

Today there are several ways of understanding empowerment and a problem with the concept described above is its simplicity; it lacks to describe and address the power relations that justify the existence of the oppressing systems.²²

¹⁶ SIDA a)

¹⁷ Rosenthal 2001:117-119

¹⁸ Young: 2003:109

¹⁹ Rosenthal 2001:117-119 , Young 2003:113-115

²⁰ WIKIPEDIA

²¹ Furevik & Olsson 2004:17-18

²² Ibid.

5.2.1 More than power over resources

For a more profound and insightful approach to female empowerment I have chosen the work of Srilatha Batliwala to serve as my theoretical standpoint on empowerment.²³

Power over resources can be defined as power over material, intellectual, productive and human resources and Batliwala holds *power* as a key factor in the conception of empowerment, but states that *more than power over resources* must be included in the definition of empowerment.²⁴ She describes what she calls the *ideology* that forms the power relations. This ideology includes value systems, attitudes and beliefs that lies deep in both men and women and this explains why a more equal distribution of resources isn't always enough to change gender relations. Institutions and structures such as the family, the educational system, the religion, legal and political structures et cetera are all shaped by this ideology and therefore these systems constantly continue to produce the same power relations. To change the power relations in these systems the ideology behind them must change, it must be challenged so that beliefs, attitudes mind-sets and practices that creates unequal resource distribution can be eliminated. According to Batliwala, merely changing the distribution over resources will not empower women.²⁵ She also states that the gender contract must be rethought *especially* on a household level and that this might seem difficult, but Batliwala claims that this is not the fact; as those who are oppressed somehow always know that they are oppressed and the challenge lies in creating an environment where their oppression can be expressed²⁶. Batliwala also states that:

“Empowerment has to be a process that addresses all structures and sources of power. It is not enough to give women education, access to the labour market and employment. The process has to work on both an individual and a collective level. Women have to be organized and they have to be acknowledged as an political force”.²⁷

Batliwala here refers to *intrinsic* and *extrinsic* change, where re-distribution of resources represents the latter and intrinsic change stands for increasing the

²³ Batliwala is an activist and a researcher from the National Institute of Advanced studies at the India Institute of Science, Bangalore, India. Furevik & Olsson 2004:21.22

²⁴ Furevik & Olsson 2004:21-22

²⁵ Batliwala 1997:1-7

²⁶ Ibid.

²⁷ Ibid.

women's self-confidence. The change must take place in both senses and according to Batliwala consciousness-raising and organizing women can create a social environment that allows necessary reflections and a platform for empowerment.²⁸

5.3 Gender, HIV and AIDS

The reason for studying HIV and AIDS from a gender perspective is that a person's sex and gender will determine how vulnerable he or she is to the infection and also his or hers access to treatment.²⁹ Tamsin Wilton presents a view on gender, HIV and AIDS that shows issues necessary to address for thorough theoretical approach on this.

First of all the construction of women as victims (*victimization*): as this is difficult to avoid when writing about HIV and gender. Wilton points out the difficulty to describe women's oppression without presenting them as weak and fragile victims to patriarchy.³⁰ By showing that women lack power in political, social and economic institutions might contribute to prejudices of women being weak and helpless victims. On the other hand, describing the HIV pandemic without addressing women's oppression will be "radically flawed and hopelessly inadequate".³¹ One must also remember that both gender and patriarchy vary in meaning in different contexts and societies when studying gender and HIV.³²

Further Wilton claims that women very often lack power within heterosexual relationships, as the majority of women are economically dependent on the male members of her family (often their sexual partners) and this dependency is profoundly normalized. Women that can choose whether to engage in heterosexual relationships or not, form a very small minority of the world's women.³³ This is according to Wilton due to material inequalities between men and women that can be found everywhere in the world. Within this context, women's ability to negotiate safe sex can be limited or even non-existent. Wilton also points out lack of education and biological factors as reasons for women's vulnerability to HIV.³⁴

²⁸ Batliwala 1997:1-7

²⁹ Gupta et. al. 2003:9

³⁰ Wilton 1997:9

³¹ Ibid:14

³² Ibid:14-15

³³ Ibid:29-31

³⁴ Ibid:29-31

5.3.1 Triple jeopardy

The spreading of HIV among women has over the past years increased rapidly while it has stabilized among men. Thomas Keene claims that this is due to economic, social and biological factors, the so-called *triple jeopardy*.³⁵

Examples of biological factors:

The risk for a woman to be infected with HIV during unprotected vaginal sex is two to four times higher than for men. Women have a larger surface area that is exposed to their partner's secretions and are therefore more vulnerable to the infection..³⁶

Examples of social factors:

Education is presented by Keene as a key factor to HIV-prevention. In Sub-Saharan Africa the number of young men that attend primary and secondary schools is much higher than the number of young women. It means that illiteracy tends to be higher among women than men, and therefore written information about HIV and AIDS is more available to men than women. The major reasons for this gender bias are, according to Keene, family obligations high costs for education and traditional beliefs.³⁷

Examples of economic factors:

Due to economic hardship, school fees and healthcare can get little priority and especially if it contradicts traditional beliefs. This can be the case on a governmental level as well, if the government is economically pressed, healthcare and education specialized for women tend to be neglected. Economic factors can also influence sexual behavior; sometimes prostitution can be the only alternative for a woman to support her family or to pay her, or her children's school fees. This is not uncommon and of course increases the risk of getting infected with HIV.³⁸

³⁵ Keene 2001:8-9

³⁶ Ibid:13-15

³⁷ Ibid:17-20

³⁸ Ibid:12-23

6 Results and analysis

6.1 The NGOs

The Inter African Committee (IAC) and the Anti-female mutilation Network (AFNET) are NGOs that deal with changing what is referred to as Harmful Traditional Practices (HTP³⁹) and HIV-prevention. Their methods are very much alike and are based on conducting mass-meetings and seminars concerning HTP in villages and other forms of societies in Manyara region. In these meetings the NGOs introduce themselves, what they do and why they do it. They have defined women and children/youth as their main target groups as, according to Triphonia Temba and Nancy Joseph (two NGO representatives in Babati), HTP's effects befall women to a greater extent than men.⁴⁰ The meetings are followed by seminars given to a smaller group that is supposed to further spread the information.

When addressing the issue, the NGOs carry out discussions on the village meetings about their traditional practices and then *together with the participants* make out which are harmful and which are not (according to Temba, *most* are harmful).⁴¹ In this study HTP mainly refers to female circumcision but also the institutions that form women's role in the society (as this is how the interviewees presented it), such as early and predetermined marriages, lack of education and property rights and finally the lack of influence in their families (concerning family-planning and economic decisions). As HTP is considered to contribute heavily to spreading HIV, due to for example sharing razor, scissors and other sharp tools for circumcision, the NGOs have included HIV-prevention in their work as well.⁴²

Another NGO that I interviewed is UMATI that works with reproductive health and childcare, but lately they have formed strategies for HIV-prevention as well. Along with about family-planning they also inform about HIV and encourage parents to discuss this with their children. UMATI also advice pregnant women that are HIV-positive on how they can avoid infecting the child and there is a special women's

³⁹ HTP as an expression was used by the interviewees without any of us interviewees using it first. Triphonia Temba 8/3 2006 and Nancy Joseph 14/3 2006

⁴⁰ Triphonia Temba 8/3 + 13/3 2006 and Nancy Joseph 14/3 2006

⁴¹ Ibid.

⁴² Ibid.

counselor that see to women's reproductive health and encourage women to practice family planning.⁴³

AFNET, the IAC and UMATI address both men and women at the same time as a part of their strategy; the advantages being saving resources (time and money), reaching all societal levels and encouraging openness between men and women. Shyness among the women is a problem with this strategy and I was told that it had happened that women had hidden or run away from meetings.⁴⁴

It is also worth mentioning some of the strategies that the NGOs worked with, as the content of these and the moral standpoints they resemble gives a better perspective on what advantages and disadvantages that the NGOs have with these strategies.

ABC stands for Abstinence, Be faithful, Condom use and this principle is taught by AFNET and UMATI for spreading information on how to prevent HIV. Abstinence is presented as to be the safest and most morally correct preventative method, as you shouldn't engage in pre-marital sexual relations and if you are in a relation; being faithful will keep you from getting infected. Condom use is presented as an alternative if you *fail* A and B, so therein lies a view on how you should act in order to act correct.⁴⁵

However, the principle is not accepted by all since it is considered by some to encourage immoral behavior to inform about condom use. Joseph explained this; when AFNET deal with religious leaders, for example, they are sometimes not allowed to inform about B and C and then AFNET only advocates A. The advantage is that they reach the religious leaders with HIV-information that can be further spread by the preachers in their prayers, and religious leaders often possess significant societal influence.⁴⁶ A presumable disadvantage is that those who engage in sexual relations then might lack knowledge about how to protect themselves, but this was never addressed during the interviews.

The Women's Roman Catholic (RCWG) Group in Babati is lead by Sister Mary Fransiscanus and three other sisters (nuns) from the same parish. The group consists of women from various societal levels, some are business women, some are housewives, some are educated and some not. The RCWG started as project to

⁴³ Zakayo O. Gwandi and Margareth Mashani 7/3 2006

⁴⁴ Triphonia Temba 8/3 , Nancy Joseph 14/3 and Zakayo O. Gwandi and Margareth Mashani 7/3 2006

⁴⁵ Zakayo O. Gwandi and Margareth Mashani 7/3 2006 and Nancy Joseph 14/3 2006

provide books for the schools in Babati, as the schools, according to this group, is suffering from a shortage in books. The work has so far consisted of building a bookshop, fund-raising and asking for book-donations. This work is being performed by women in the RCWG and today there are 58 of them doing this work. The profit from selling the books is meant to be shared among the women in order for them to contribute to their families.⁴⁷ They also conduct youth activities about HIV, in which they teach abstinence and the pro-life principle⁴⁸ to gender mixed groups and the groups are then meant to spread their knowledge to other youth. They tell the youth that they shouldn't misuse their lives and by this referring to pre-marital sex, abortion and the use of condoms. The RCWG teach and believe that condoms can not protect one from getting infected with HIV and that condoms encourage immoral behavior.⁴⁹

6.1.1 Analyzing the NGOs

As presented in chapter 5.2, the ideology forming power relations must change in order to empower women and this ideology consists of values, beliefs, traditions and attitudes.⁵⁰ The interviews with the IAC and AFNET confirms this theory, that harmful traditions (part of the ideology) must change since they cause gender inequalities on both economic and societal levels. I must add that none of the NGOs had female empowerment explicitly on their agenda but it is clearly a part of their goals as such issues as described above was presented as "problems" or "obstacles" and could (according to the NGOs) be solved with education, women's participation in decision-making (on all levels) and legislative changes (for example concerning property rights, marriages and divorces).⁵¹ When discussing the NGO's strategies they all, at some point, named *encouraging women* as part of their work; they were encouraging women's participation in discussions and decision-making concerning family matters, part-taking in politics, eliminating HTP and HIV-prevention.⁵²

There was an unanimous agreement that women should be empowered even though the expression female empowerment was not used per se by the interviewees (however, I used the term when interviewing).

I asked what means was necessary to empower women and Temba claimed that education was the most urgent necessity. She also mentioned leader positions in the

⁴⁶ Nancy Joseph 14/3 2006

⁴⁷ RCWG 14/3 2006

⁴⁸ Pro-life = opposition to contraceptives, abortion, cloning, stem-cell research and euthanasia etc.

⁴⁹ RCWG 14/3 2006

⁵⁰ Batliwala 1997:1-7

⁵¹ Triphonia Temba 8/3 + 13/3 2006 and Nancy Joseph 14/3 2006

society and ability for women to organize and perform activities and then sharing the income. I asked what she thought would happen and what would change if women were to be empowered, and she said that women then could obtain education and that education leads to employment and independency. If women were independent and employed they would not have to rely on men for economic and social safety.⁵³ To the question if female empowerment can prevent the spreading of HIV the answer was yes among the NGOs, but the conception of empowerment varied slightly. UMATI naturally focuses on women's role in family planning and reproductive health but they also support young women who get pregnant before finishing school by providing training, different projects and activities for the women to improve their situation.⁵⁴ The IAC and AFNET focus more on changing harmful practices affecting women, encouraging education and multi-level participation; especially within the woman's own family as her position there is considered to be crucial for HIV-prevention.⁵⁵ The RCWG saw the need of empowering women as well and increased education for women and influence over family matters was viewed as important factors.⁵⁶

The need for economic safety, changing family relations and education were themes that kept reoccurring during the interviews, something that affiliates to feminist theory concerning gender contracts and Wilton's claim that women are dependant on the male members of their families.⁵⁷ This, as well as the matter of education, will be addressed further in this study.

Considering the concept of *triple jeopardy*⁵⁸, it becomes clear that all three factors are closely interwoven when interviewing the NGOs. The economic factor (poverty) forces women into dependency on men (not necessarily male family members) or even prostitution, the social factor makes it difficult for them to obtain necessary education and the biological factors are enhanced by female circumcision. There is no clear pattern showing which factor causes what consequence as the weave is

⁵² Triphonia Temba 8/3 , Nancy Joseph 14/3 and Zakayo O. Gwandi and Margareth Mashani 7/3 2006

⁵³ Triphonia Temba 8/3 2006

⁵⁴ Zakayo O. Gwandi and Margareth Mashani 7/3 2006

⁵⁵ Triphonia Temba 8/3 + 13/3 and Nancy Joseph 14/3 2006

⁵⁶ RCWG 14/3 2006

⁵⁷ Kapustina 2005:1-2, Wilton 1997:29-31

⁵⁸ Keene 2001:8-9

very complex, but the ideology consisting of traditions, beliefs and attitudes serves as the platform that normalizes the three factors.⁵⁹

6.1.2 Men are more powerful than women

“Men are more powerful than women; women have no say in the family. Mostly it is so.”⁶⁰

When discussing women’s roles within their own families both the IAC and AFNET state that women seldom have a say in the family and that this severely limits the possibilities to make decisions concerning their sexuality. For example, a woman’s husband can have unprotected sex with a prostitute and then have unprotected sex with his wife, and there is not much the woman can do to prevent this. It is very rare that women are able negotiate safe sex and it is just as rare for women to have a say in men’s habits of using prostitutes. If women have no education or employment of their own, they are also depending on their male partners for economic and social well-being. Since a woman who protests to her husband using prostitutes risks getting beaten, divorced or abandoned it is very rare that women confronts their husbands. This means that women seldom risk to jeopardize their marriage, *i. e.* her economic and social safety, which in turn makes it hard for women to prohibit their men to have sex with prostitutes. The IAC tries to discuss the consequences of using prostitutes on their meetings with both men and women, but the issue is difficult to address since having sex with prostitutes and prostitution in itself is considered shameful and takes place in the hidden.⁶¹

This confirms Wilton’s claim, that women in heterosexual relationships to a great extent are economically dependent on the male members of her family and that women seldom can negotiate safe sex.⁶² As claimed by Keene, a woman’s obligation to see to the family’s needs, also affects her possibility to interfere in her husband’s business as she risks the well-being of the whole family by doing this.⁶³

The RCWG discussed women’s roles within the family as well and said that women in general are too dependant on their male partners. Education was said to play an important role as illiterate women tend to have no say in the family. The women

⁵⁹ Wilton 1997:29-31 & Batliwala 1997:1-7

⁶⁰ Triphonia Temba 8/3 2006

⁶¹ Ibid. + 13/3 2006

⁶² Wilton 1997:29-31

⁶³ Keene 2001:12-23

within the RCWG try to encourage each other to discuss with their men as misunderstandings between the man and woman is common and a cause of problems like prostitution and unfaithfulness. Also, the RCWG provides a platform for women that are unhappy with their husbands as many women are afraid to confront their husbands since this might damage the marriage. The RCWG wishes for women to develop their lives and that the society should be equal for both men and women, but they believe that traditions are complicating this change.⁶⁴

As described above, some of the interviewees stated that it is hard or almost impossible for women to negotiate safe sex, *i.e.* to demand the use of condoms, and if a condom is used it is often the man who decides that.⁶⁵ If, according to the described ABC-principle, using a condom holds the meaning that you have failed abstinence and faithfulness, I would presume that this makes it even more difficult for women to negotiate safe sex.

6.1.3 Behavior change

The need for a behavior change was often expressed during the interviews as an urgent necessity to prevent HIV. The conception of what this change would involve was fairly unanimous among the interviewees: it involves changing sexual behavior. To practice safe sex and abstinence are behaviors encouraged by most of the NGOs, but for example the IAC and AFNET also encourages men to change their behavior towards their wives in order to empower the woman within the context of her family. This would, as stated by the NGOs, contribute to preventing HIV, as women then would have influence over their own and their husbands sex-lives.⁶⁶ Once again this agrees with Batliwala's conception of empowerment; that women must gain power within their families in order to empower themselves in other structures as well.⁶⁷

Prostitution often occurred when discussing behavior change and HIV-prevention, and it became clear that both the prostitutes and those using them should change their behavior. For example, the preventative work carried out by the hospital in Babati focus (partially) on educating barmaids and guesthouse attendants⁶⁸ on how

⁶⁴ RCWG 14/3 2006

⁶⁵ Triphonia Temba 8/3, Nancy Joseph 14/3 and Focus Group 2 15/3 2006

⁶⁶ Triphonia Temba 8/3 + 13/3 and Nancy Joseph 14/3 2006

⁶⁷ Batliwala 1997:1-7

⁶⁸ According to the interviewees, barmaids and guesthouse attendants often works as prostitutes.

HIV spreads and how it can be prevented.⁶⁹ The IAC have also identified barmaids and guesthouse attendants as being groups that need behavior change, but according to Temba it is hard to ask them to stop working as prostitutes since they often have no choice. The IAC instead encourage the use of condoms and tries to discuss prostitution openly in their meetings, but since prostitution is not socially accepted it is difficult to address. Temba also states that prostitution is a habit for both men and women and in order to eliminate this, the women must get education and a job so that prostitution doesn't become an alternative.⁷⁰

Women's lack of choices how to sustain themselves is a key factor when discussing behavior change. According to what is described above; the choice to not work as a prostitute is rarely an option for these women, thus the NGOs and the hospital do not focus on encouraging that. This shows that material inequalities is a cause for prostitution and in turn a cause for the spreading of HIV among women; thus a person's gender determines ones vulnerability to HIV.⁷¹

Temba's claim, that lack of education and employment are reasons why women turn to prostitution, agrees with Wilton's and Keene's standpoints: due to various social and economic factors women tend to lack education to a greater extent than men which make women more vulnerable to HIV and poverty.⁷²

The RCWG presented a slightly different view on behavior change and HIV-prevention. As presented above, they advocate abstinence and pro-life. The fact that some bars and guesthouses distribute free condoms is considered to be part of the problem as this encourages immoral behavior and since the RCWG doesn't believe that condoms protect against HIV, this behavior contributes to the spreading of HIV instead. The RCWGs view on prostitution is that one should not be unfaithful and that prostitution is a sin, they teach what is right and wrong, the rest is up one's own consciousness. A woman can prevent her husband of using prostitutes by loving him dearly; if a woman is not behaving well toward her husband, this might cause him to use prostitutes. The group further explained that a woman's workload is very heavy and that the men seldom help out at home, thus she might be too tired to tend to her husband the way he wants her to.⁷³

⁶⁹ Hamadi. A Kuria 7/3 2006

⁷⁰ Triphonia Temba 8/3 + 13/3 2006

⁷¹ Gupta et al. 2003:9, Wilton 1997:29-31

⁷² Keene 2001:12-23, Wilton 1997:29-31

⁷³ The RCWG 14/3 2006

Women's subordinate positions within the family is clearly displayed here, it is even considered to be the woman's fault if her husband uses prostitutes although it is clearly stated that the husband should change his behavior towards his wife as well. The gender contract presented here shows within what framework women can influence her husbands sexual behavior and as shown above (chapter 6.1.2), she might risk her marriage and health if she acts outside the boundaries of this contract.

6.1.4 Facing obstacles and resistance

The NGOs were sometimes facing resistance to their work during meetings and seminars but it was said not to be common. When resistance occurred, it was mostly the men protesting when the NGOs tried to encourage women's participation; the men then referred to their traditions and disagreed with them being harmful. This view was sometimes expressed by women as well, especially concerning female circumcision and the habit of sharing tools for the procedure. The women would say that this is our tradition and therefore not harmful. Another problem the NGOs are facing is a reluctance to believe in the existence of HIV and AIDS, something that according to Temba is more common in rural areas than urban.⁷⁴

Temba also argued that early and arranged marriages are an obstacle to prevent HIV-spreading. Many women get married with older men who have had several sexual partners and thus increasing the risk of being infected and infecting the wife.⁷⁵ This is also a problem for young men, as they might have unofficial girlfriends before getting married to someone they don't love. Temba claimed that this would change if young people were allowed to choose whom they wanted to marry so they could marry out of love. This would encourage couples to stay faithful and to get tested for HIV before marrying. She also said that there has been a change in this over the past ten years and that it will continue changing.⁷⁶

If women were to choose their own partners one could assume that this would also come hand in hand with an increase in women's participation in family matters, something that, as described above, AFNET, the IAC, the Roman- Catholic Women's group hold as central for HIV-prevention.⁷⁷

⁷⁴ Triphonia Temba 8/3 + 13/3 and Nancy Joseph 14/3 2006

⁷⁵ Gupta et al. 2003:17-25 + Triphonia Temba 13/3 2006.

⁷⁶ Triphonia Temba 13/3 2006.

⁷⁷ Triphonia Temba 8/3 + 13/3, Nancy Joseph 14/3 and RCWG 14/3 2006

Again this confirms Batliwala's claim, that the struggle against the ideology forming power-relations is perceived as something that needs to change as those traditions and values referred to here (see 7.3) are presented as obstacles for HIV-prevention and empowering women.⁷⁸

Prostitution was more or less considered by all the interviewees to be one of the main obstacles for preventing HIV. Poverty as well as prostitution was claimed by all as key factors to the spreading of HIV, and a link between the two was assumed. As for the causes of poverty and prostitution the explanations varied, but most claimed that prostitution was a consequence of poverty as many (women⁷⁹) lack other means of survival.⁸⁰ Male prostitution was only mentioned once, and then not referred to as "prostitution" but rather as a situation when a widow could take a young lover and then help him out with money or other favors. It is interesting that the same situation was described as prostitution if a woman did had sex to obtain something from a man. It was also described the other way around, as *the woman seeking favors from the man* compared to *the woman taking a lover and then doing favors for him*.⁸¹ I mean not to draw any specific conclusions from this other than that it might be an indication on perceptions of prostitution.⁸²

6.2 The Focus Groups

"Afraid? We are crying"⁸³

When studying the questionnaires, a pattern showing a clear gender bias appears. On question 1, 2, 3 and 5 (see appendix) there is a prevailing notion within both groups that "prostitutes" and (young) "women" are at a high risk of getting infected with HIV, should test for HIV, are among those most dangerous to have sex with and that prostitutes (together with foreigners) are responsible for the spreading of HIV in Tanzania. "Rich" and "young men" were also graded fairly high on the same questions. In general the groups also believed that more women in their age-group

⁷⁸ Batliwala 1997:1-7

⁷⁹ The words "prostitute" and "prostitution" were almost solely referring to women by the interviewees.

⁸⁰ Z. O. Gwandu & M. Mashansi 7/3, T. Temba 8/3+13/3, N. Joseph 14/3, RCWG 14/3, Focus Group 1 & 2 11+15/3 2006.

⁸¹ Focus Group 1 11/3 2006

⁸² Prostitution in this case should of course not be viewed as equal with cases where prostitution is the only way of survival as there are no other alternatives.

⁸³ The response given on the question if they were afraid of HIV. Focus Group 1 11/3 2006

(18-25) were infected with HIV than men and that women have had sex with more partners during the last six months than the men had.⁸⁴ I can not say whether this agrees with “reality” or not, but due to early initiation to sex and early marriages this might well be the case.⁸⁵ Hence women are considered to be both victims to HIV as well as responsible, directly and indirectly, for its spreading.

Question number 4 concerns the perceptions of women who carry condoms and what signals possession of condoms sends out. Four out of six participants (in both groups) chose alternatives that indicated that a woman carrying condoms wants to have sex, that she does not trust her partner, that she is unfaithful or even a prostitute. Two in each group indicated that she is careful and responsible. The same question (number 16) concerning men was only given to Focus Group 2⁸⁶ and the answers were the same as on question four, there were no difference in perception on women and men carrying condoms.⁸⁷

Question 16 concerned the definition of a safe sexual partner and everyone except two claimed that a faithful partner equals a safe partner. The two who presented different definitions both said a safe partner is tested for HIV (one of them added faithfulness as well) and they were both from Focus Group 1 (*i.e.* young men).⁸⁸

These answers indicates several things: firstly it is obvious that that abstinence (A) and being faithful (B) has been taught to these young people and that condom use (C) is considered negative (with a few exceptions). The second thing is, as described above, that women are perceived as more sexually active and by this engages in risk behavior to a greater extent than men. This could of course be partially due to the perception of prostitution’s role in spreading HIV since prostitutes were solely referred to as women.⁸⁹

On question 9 and 10 the groups were to estimate the percentage of men and women in their age group that are infected with HIV. The answers varied between 10 – 70%, but most answered that around 40% of the men and 50% of the women were

⁸⁴ Focus Group 1 & 2, 11/3 + 15/3 2006

⁸⁵ Keene 2001:17-20, TACAIDS

⁸⁶ This question was forgotten in the questionnaire given to Focus Group 1.

⁸⁷ Focus Group 1 & 2 11/3 + 15/3 2006

⁸⁸ Ibid.

infected.⁹⁰ I have not been able to find reliable and updated statistics concerning this, and according to TACAIDS it is very difficult to estimate the number of HIV-infected due to inadequate reporting of HIV-cases. However, TACAIDS points out that there are extensive differences in the distribution of HIV-infected and the number of infected range from three to 44 % depending on what group is studied.⁹¹

I assume that it must be very stressful for a young person to believe that half of the people in the same age group carries the HIV-virus and that this belief influences the perceptions of sex and relationships. Considering the perception of women as more likely to be infected than men and engaged in more sexual relations, it is presumable that women faces even more stress.

6.2.1 Discussing HIV – protection, prevention and perception

The discussions following the questionnaires differed greatly between the groups as the discussion with Focus Group 1 was much more scientific and relaxed when talking about sex, and the discussion with Focus Group 2 was much more restrained and came to address matters like family, marriage and religion instead.

Focus Group 1 discussed condoms and condom use a lot, and in general they had little or no faith in condoms for protecting against HIV. They were taught in school that condoms were not reliable, as the HIV-virus could "slip through" the material due to its microscopically size. In general there was a lot of confusion and doubt over the use and the perceptions of carrying condoms.

When discussing the reasons for the spread of HIV, poverty and prostitution were claimed to be causing this and prostitution was presented as a consequence of poverty. What is interesting is that prostitution was exemplified with a woman trading sex for something that she needed for the moment, not as something that was her sole source of income. This could of course have been interpreted wrongly by me. Another example was that a man could need a favor from another man and then let him have sex with his girlfriend in order to obtain this favor.

The group said that women became prostitutes due to their lack of property rights that in turn causes poverty, and that changing this tradition, strengthening women's rights and providing education for women is necessary for preventing HIV.⁹²

⁸⁹ With one exception, see chapter 6.1.4

⁹⁰ Focus Group 1 & 2 11/3 + 15/3 2006

⁹¹ TACAIDS. (There are variations in geographical area, gender, age, social class et cetera.)

⁹² Focus Group 1 11/3 2006

When discussing the possession and usage of condoms in Focus Group 2, the group agreed that if you carry a condom it indicates that you want to have sex. There was also the same disbelief concerning condom use as protection for HIV as in Focus Group 1.

Themselves they would not carry condoms since it is forbidden to do so in school and they also feared that rumors would start, saying they were prostitutes, if it were to be known that they possessed condoms. They also stated that condoms are more accepted outside the school and that young people perceive condoms in a more positive way than older people. Old people would say that carrying condoms indicates that you have a lot of sex. I asked what was wrong with having a lot of sex and the answer was:

“Because you don’t know if you can trust people and you risk getting infected with HIV.”⁹³

Again, trust seemed to be of high importance and in the context of the perception the group had on the rate of HIV-infected people in their age group (see chapter 6.2), I assume that trust is a very sensitive issue.

In a relationship it could mean problems for women to demand the use of condoms as this would implicate that she does not trust her partner or that she is unfaithful. However, the group did not address what the woman would think if the man demanded condoms. They all agreed that using condoms should be a mutual agreement between the man and the woman, but it is likely that the man would decide, since men are the decision-makers.

We discussed the reasons for this and whether they wanted this to change or not, and they all wanted gender equality and pointed out that there are government directives on this and that men have, and will, change over the generations.⁹⁴

The most striking thing when conducting these discussions were the differences between the groups; while the young men (Focus Group 1) were talking very openly and had opinions about almost everything and a lot of questions for us, the young women (Focus Group 2) were very quiet and less eager to discuss and ask

⁹³ Focus Group 2 15/3 2006

⁹⁴ Ibid.

questions. This could be due to the subject of discussion and, as repeatedly expressed in this study, gender differences concerning sexuality and relations.

In these interviews, female subordination was directly perceived as an obstacle to HIV-prevention (women lacking property rights, men holding power over decision making et cetera), as well as women's dependency on their sexual partners and the likely negative consequences of negotiating safe sex.⁹⁵

⁹⁵ See chapter 5 on Batliwala, Wilton and Keene.

6.3 Conclusion

In Tanzania HIV is on the increase and especially among women. This gravely threatens women's (and people's) development and it is hard to predict what impact this will have on the future.⁹⁶

What is clear though, is that HIV is a severe threat to Tanzanian women's lives and not only from a medical perspective, but also from economic and social perspectives since HIV and AIDS shatter families and often leave women and children in poverty with the risk of being excluded from the society.⁹⁷

As presented in this study, there are organizations addressing female subordination and HIV-prevention as two closely linked issues, and those I have interviewed have strongly emphasized the importance of this linkage. However, this view is not a single phenomenon in Tanzania, but a global notion that, at least in theory, have gained much attention and support.⁹⁸ This notion calls attention to the fact that HIV and AIDS affects women and men differently and it is clear that women are more vulnerable to HIV due to biological, economic and social factors, the so called *triple jeopardy* (see chapter 5.3.1). This study shows that the triple jeopardy is normalized through existing institutions and this, I believe, is the key to women's vulnerability to HIV.

The NGOs I have interviewed all stated that women are suffering hard from the consequences of HIV and that this is due to various reasons. Firstly, women are more vulnerable to the infection due to HTP and inability to protect themselves. Secondly, since women lack institutional power it is hard for them to change HTPs and to obtain education and information about how to protect themselves. Finally, economic hardship and lack of employment creates a dependency on men, as men holds the economic and social power (due to tradition et cetera). Women are thus dependent on their husbands or other male partners which causes inability to demand behavior change (practice safe sex, stop using prostitutes et cetera) as this could mean jeopardizing economic and social safety.

⁹⁶ SIDA a)

⁹⁷ TACAIDS

⁹⁸ UNFPA d)

The NGOs are trying to change this by addressing several issues at simultaneously, something that I see as necessary as well, since the issues are closely interwoven. Women's participation in decision-making and institutional structures in general (including family, politics and educational systems) is being encouraged, as a part of the NGOs strategy. They also encourage women's abilities to become economically independent, as this would counteract the dependency on men. The IAC and AFNET also addresses HTP as they see these practices as a major cause of HIV-spreading and that the negative effects of HTP befalls women most severe. It is important to highlight the fact that the NGOs encourage *both* women and men, i.e. they see a need for changing men's attitudes as well as women's.

The conclusions drawn from interviewing the Focus Groups confirms what is discussed above but also adding the perception of women's role as both victims to and perpetrators of HIV. This view on women surely derives from the same ideology forming the oppressing structures, thus this view will change if the ideology changes.

Education and behavior change was besides changing harmful structures, presented by both the NGOs and the Focus Groups as necessary means to prevent HIV. Education involves both knowledge about HIV and AIDS, but also increasing the level of education among women in general as this would lead to employment and independency. Thus women could avoid prostitution or other forms of dependency one male heterosexual partners for economic safety. Unfortunately education for women is restrained due to traditions and economic hardship, meaning that information about HIV is less available to them and that possibilities for employment and economic self-reliance continue to be limited. Again, this point out the need of changing institutional structures as essential for women's empowerment.

In organizations where the activists consists almost solely of women and when their purpose is to change normalized gender roles, one can assume, from the perspective of female subordination, that their struggle would face extensive resistance. However, as stated above, resistance was not common and seldom expressed openly. The resistance seemed to be more institutional rather than directly spoken, something that (again) indicates that the institutions needs to be challenged.

Independency of the state and the ongoing process of democratization in Tanzania plays an significant role in creating an environment where these NGOs can express their views and carry out their work. As stated by Rosenthal and Young this is necessary in order for feminist movements to gain recognition as their work now is being conducted within legal boundaries.

With the process of independency and democratization together with government policies advocating gender equality, a platform is being created where this challenge can take place. The work of the IAC, AFNET, UMATI and RCWG is performed at a grass-root level, something that I believe creates a platform for change and acceptance that solely government directives could not create. This, I believe is also part of the reason why the NGOs seldom experiences resistance, the change is coming from within and below, it is not solely coerced from above.

To conclude this chapter I would like to add that the NGOs are playing an irreplaceable role in empowering women and I am now even more convinced that this is essential for preventing HIV. What else is essential is that men's attitudes towards women and the female gender must change as well, or a redistribution in power will be hard to perform.

6.4 Comments and reflections

In this study I have shown that women's lack of institutional power severely contributes to their vulnerability to HIV and this conclusion, I am convinced, can be applied globally. However, I am aware that by stating this I might contribute to the victimization of women, even though it is unintentionally. I would like to point out the *importance of being aware of what victimization means*, as this is the least one can do to prove the opposite. The women I met in Babati would surely not be happy to describe themselves as victims to patriarchy no more than I would, therefore I hope that I have presented a different view on women in this study.

I would also like to add that the concept of empowerment includes the lack of power, meaning that if someone needs to be empowered that person is lacking power and is negatively affected by that. Again this leads back to the thoughts of victimization, but as there is hardly any doubt that women lack institutional power one must address empowerment with awareness of this. One must also be aware of that the concept of empowerment probably differs down to an individual level and this might be a possible flaw in my study as, I could have interpreted the interviewees conception of empowerment wrongly.

For further investigation I would like to suggest the issues mentioned above as I believe it to be of importance that feminism and development as scholarly fields continuously tries to break its own boundaries. Since empowerment has become institutionalized and coerced into mainstream development thinking there is a risk of excluding those outside of this intellectual mainstream. I believe this can amplify victimization if not addressed.

As for HIV and the consequences for women, female empowerment is needed but not enough. I have mentioned that the Tanzanian government have taken actions to address gender inequalities, which I believe is necessary as well. A follow up on these actions and the effect on women's abilities to HIV-prevention is recommended as a subject field. The reason for this is that I believe that men's attitudes and values needs to change as well as women need to be empowered, and multi-level influence will make this process more effective.

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7.2 Non-published sources

7.2.1 Interviews

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2. Zakayo O.Gwandu & Maragareth Mashansi. Chairperson and vice chairperson of UMATI branch in Babati District. 7/3 2006. Babati, Tanzania.
3. Triphonia Temba. Vice secretary for InterAfrican Committee, Manyara Region. 8/3 2006. Babati, Tanzania.
4. Triphonia Temba. Vice secretary for InterAfrican Committee, Manyara Region. 13/3 2006. Babati, Tanzania.
5. Nancy Joseph. Secretary General of AFNET, Babati branch. 14/3 2006. Babati, Tanzania.
6. Roman Catholic women's group (organized by sister Mary Franciskanus). 14/3 2006. Babati, Tanzania.

7.2.2 Interviews with focus groups

(questionnaire and discussion)

1. **Focus Group 1.** Six young men (age 18 - 25) from Alder's Gate Secondary School. 11/3 2006. Babati Tanzania.
2. **Focus Group 2.** Six young women (age 18 – 25) from Alder's Gate Secondary School. 15/3 2006. Babati, Tanzania.

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7.3 Acronyms and explanations

AFNET	Anti-Female Mutilation Network
AIDS	Acquired immunodeficiency virus
FC	Female circumcision ⁹⁹
IAC	Inter African Committee
HIV	Human immunodeficiency virus
HTA	Highway Transmission Area
HTP	Harmful Traditional Practices ¹⁰⁰
NGO	Non-governmental organizations
RCWG	Roman Catholic Women's Group
STDs	Sexually Transmitted Diseases
TACAIDS	Tanzania Commission for AIDS
UN	United Nations

⁹⁹ FC referred to in this study involves genital mutilation/cutting. Note that NOT all FC involves this. (see, for example, Amfred 2004:4-17)

¹⁰⁰ By this NOT saying that ALL traditional practices are harmful. Only referring to the traditional practices that the NGOs I interviewed stated as harmful (see chapter 6).

Appendix 1

Questions used for the interviews.

These questions were meant as a frame for the interviews, *id est* not all the questions were used every time, this depending on the way each interview took shape. Often these questions weren't necessary since the responding part answered them before I asked them and just as often more questions came up and was added during the interview.

Questions to the interviewees:

- Could you please tell me/us some about yourself?
- Your background?
- Your education?
- Why do you work with this?
- Your position in the organization? (Do you have any specific tasks for example?)
- Is this your full-time job? (paid/unpaid)

Questions concerning the organization:

- Could you please tell me some of your organization?
- How is it organized?
- Could you describe the structure?
- Do you have some kind of funding? From where?
- How many are working in it?
- Do you have members? If so, how many?
- Why was it created? Where did you get the idea/model?
- Who is your target group?
- Why?
- Who decides that?
- Are there differences between social groups, do you focus on a specific group (rich/poor/men/women, youth etc.)?
- How do you reach your target groups?

- How do you work with them?
- Any problems in reaching them? Obstacles?

Questions focusing on women:

- Are women at greater risk...
- to get infected with HIV?
- to suffer from the effects?
- if so, in what way?
- why is this?

Questions concerning empowerment:

- How do you work with empowering women?
- How do you define empowerment?
- How do you link empowerment and preventing the spread of HIV among women?
- What are the necessary means to empower women? What is needed? What conditions?
- Are there difficulties to empower women? What? Why?
- Why empowerment?

Questions concerning the situation in Babati:

- How are the conditions to empower women in Babati?
- How are the conditions to prevent the spread of HIV?
- Are there advantages/disadvantages with this (see above) in Babati (that differs from other areas)? Highway transmission area et cetera...
- How is your work viewed upon by the community in Babati? Why?
- Any problems/obstacles with empowerment that you think is specific with this area (Babati district)?

Concluding questions:

- Can you see any results of your work?

- Do you believe you are successful?
- Why? / Why not?
- Do you believe in what you do?
- What motivates you?
- Do you have a vision for the future?
- Is there anything you would like to change? What?

Appendix 2

The questionnaire

(Used with the two focus groups at Alder's Gate Secondary School, Babati.)

One group consisted of six young men, age 18-25 and one group consisted of young women, age 18-25. The students we interviewed was picked by teachers at Alder's Gate and not randomly selected.

1) Who are at risk of being infected with HIV? (Grade 1-7)

Men

Women

Prostitutes

Foreigners

Locals

Rich

Poor

(1 = highest risk, 7 = lowest risk)

2) Who should test for HIV? (Grade 1-12)

Young men

Young women

Married men

Married women

Prostitutes

Foreigners

Locals

Parents

Rich

Poor

Myself

My partner

(1 = test most needed, 12 = test least needed)

3) Which people are most dangerous to have sex with? (Grade 1-11)

Young men

Young women

Married men

Married women

Prostitutes

Foreigners

Locals

Rich

Poor

Urban

Rural

(1 = most dangerous, 11 = least dangerous)

4) What do you think of a woman that carries condoms? Circle the options you agree with.

She wants to have sex.

She is responsible.

She is vulgar.

She is careful.

She doesn't trust her partner.

She is not faithful.

She is a prostitute.

She is willing to have sex with any man.

5) Where lies the responsibility for the spread of HIV? (Grade 1-12)

Men

Women

Prostitutes

Foreigners

Locals

Parents

Authorities

Other ethnic and religious groups than mine

Rich

Poor

Myself

My partner

(1 = most responsible, 12 = least responsible)

6) What means do you find necessary to prevent the spread of HIV? (Grade 1-6)

Information and education

Money

Change of behavior

Change of attitude

Medicines

Other... what?

(1 = most needed, 6 = least needed)

7) How many sexual partners do you estimate that men in your age group have had the last six months?

8) How many sexual partners do you estimate that women in your age group have had the last six months?

9) How many men in your age group do you estimate are infected with HIV? (in percent, %)

10) How many women in your age group do you estimate are infected with HIV? (in percent, %)

11) How do you get infected with HIV?

12) How was HIV spread to Tanzania?

13) Would you use condoms if available?

14) From where did you get your knowledge about HIV?

15) How do you define a safe sexual partner?

16) What do you think of a man that carries condoms? Circle the options you agree with.

He wants to have sex.

He is responsible.

He is vulgar.

He is careful.

He doesn't trust his partner.

He is not faithful.

He is a prostitute.

He is willing to have sex with any woman.

(**Note**, this last question was only given in the questionnaire given to the group of young women. This is due to the fact that it was forgotten when the questionnaire was compiled.)