

Putting On and Taking Off the Capulana: How Mozambican Women Manage Oppression

by

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Abstract

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The original purpose of this study was to answer the following research question: How do women and girls navigate the HIV/AIDS situation in Mozambique? I used constructivist grounded theory, combined with the African philosophy of Ubuntu, as the approach to guide this study. I sensitized myself theoretically with the critical feminist theory of intersectionality to ensure I recognized important data during my collection process. Because grounded theory studies are developed inductively from a corpus of data, and evolve as data collection takes place, I discovered that participants' concerns went beyond HIV/AIDS and involved a bundle of oppressions. Therefore the problem that participants faced, at a broad conceptual level, was gender oppression. As a result, my study shifted slightly in that I aimed to understand how women and girls managed their lives in relation to gender oppression, how they become socialized into a context that systematically makes room for social and political dominance over them, how they cope with the manifestations of dominance, and how, if ever, they control the situational and characteristic realities of gender oppression. Consequently, I developed a grounded theory about how women and girls manage gender oppression in Mozambique. The basic social process in this theory is called **Putting On and Taking Off the Capulana**, which can be understood as how women and girls become socialized into gender oppression in Mozambique and how they inch their way out. The four main categories that comprise this theory include: (a) Putting On the Capulana, (b) Turning a Blind Eye, (c) Playing the Game, and (d) Taking Off the Capulana. Second level processes under Putting On the Capulana, for example, include processes such as *Adapting to Patriarchy* and *Living with Violence*, which demonstrate how women and girls navigate a context saturated in oppressions. Third level processes, such as being robbed of sexual self-determination and accepting inferiority, explain the consequences

of these processes that women and girls are forced to live through. This is a theory, grounded in the data and privileging the voices of women and girls in Mozambique, that is reflective of a constructivist feminist approach and Ubuntu philosophy. I argue that this study provides a nuanced understanding of the complexity of gender oppression in Mozambique, which can assist in developing relevant and meaningful policy.

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Acronyms

FRELIMO	The Liberation Front of Mozambique
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
MISAU	Ministry of Health, Mozambique (Ministério da Saúde, Moçambique)
MULEIDE	Women, Law and Development Association (Associação Mulher Lei e Desenvolvimento)
NGO	Non Governmental Organizations
OHCHR	Office of the High Commissioner for Human Rights
PARPA	Action Plan For The Reduction Of Absolute Poverty
RENAMO	Mozambican National Resistance Party (Resistência Nacional Moçambicana)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Education Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization
WLSA	Women and Law in Southern Africa

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Undertaking a PhD was as much about discovering myself, as it was about learning about the individuals whose life experiences and social worlds are so meaningfully different from that of my own. My PhD study was a result of incredible people that supported me, motivated and inspired me throughout this important journey.

First, I would like to point out that I had the opportunity to have two of the most amazing supervisors from both an academic and personal perspective. My supervisor, Dr. Rita Schreiber played a key role in guiding me through the process of this work, from her initial encouragement to do a PhD, to supporting my writing and grammar skills. She was always available to me, despite the difficulty with managing time zones. During my fieldwork in Mozambique she came to the country for six weeks to provide me with support and guidance. Her love for nursing research and women's development was a model I aspire to. She has become more than just a supervisor to me but a role model. I will always be grateful for her female strength, intelligence and unique spirit. It has been a privilege to work with her on this and other projects.

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I also thank my committee member Dr. Michael Prince for his expertise on social policy, and for supporting the improvement of my writing. I remember our meetings fondly, especially when we discussed the book by Howard S. Becker: *Writing for Social Scientists*, which helped me overcome academic writing anxiety.

I could not have completed this work without the love and support from friends and family. I thank my parents, Wally and Heather Tomm, for providing financial, emotional and childcare support during the many years of my graduate studies journey. I thank my husband for his continuous belief in me and his fervent critique of my ongoing analysis. I want to thank in particular Diane Allen who was always there to listen and give sound advice. Lastly, I want to thank Sun Kyung-Choi who time and again encouraged me to "get it done."

Participants are the heart of any good social science study, and naturally I relied heavily on my interview data. I am grateful for the time and honesty from everyone who spoke with me about women and girls' oppression. In particular, I am grateful to Maria Louisa from MULEIDE, she was central to my recruitment process and provided me with copious amounts of documents to augment my analysis.

Dedication

I dedicate this work to the women and girls in Mozambique who are longing and fighting for equality. May this work be but one of the stepping stones towards that goal.

I also dedicate this work to my family. To my husband Tito, you encouraged me to pursue a PhD and never look back. This work would not have been possible without you. You gave me the space and time to explore what I needed to in order to gain as much as I could from this journey and you never gave me the option to throw in the towel. Spencer and Nicolau, thanks for your love and patience when research for this PhD meant a grumpy or absent mother. To my brother, Jason, and Dad, Wally, I dedicate this to you because your pro-woman stance provided me with the courage to pursue everything in life in equal measures to that of a man. You both are feminists at heart. To my Mom, Heather, and sister-in-law, Angelyn, your gentle love and non-judging nature have helped me get to the end of this journey. Without my family this PhD would not have been possible, it is as much their achievement as it is mine.

Chapter 1 - Introduction

I began this work as an exploration to understand how women and girls navigate the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) situation in Mozambique. A grounded theory study, however, is developed inductively from a corpus of data and evolves as data collection subsequently takes place. I quickly discovered that participants' concerns went beyond HIV/AIDS and involved a bundle of oppressions, HIV/AIDS being just one of them. Therefore the problem that participants faced, at a broad conceptual level, was gender oppression. As a result, my study shifted slightly in that I aimed to understand how women and girls managed their lives in relation to gender oppression, how they fall into it, how they cope with it, and how, if ever, they resolve it. Consequently, I have developed a grounded theory about how women and girls manage gender oppression in Mozambique, called **Putting On and Taking Off the Capulana**.

Yet, HIV/AIDS, was the original angle from which I intended to investigate women's and girls' lives because it appeared to have a significant impact on women in Mozambique. HIV/AIDS, as a problem for women's and girls' ability to achieve equality in Mozambique, was an important angle because it remains one of the most devastating diseases in history and the leading cause of death in sub-Saharan Africa at 1.2 million in 2010 (UNAIDS, 2011). For example, according to UNAIDS (2011), at the end of 2010, HIV cases globally totalled 34 million, with sub-Saharan Africa representing 68% of the global HIV burden. The proportion of women infected with HIV remained stable at 50% globally; however, women in sub-Saharan Africa are more affected, at between 59-61% (UNAIDS, 2011). HIV/AIDS disproportionately affects women, through infection and their gendered position in society, rendering the epidemic a

women's issue. HIV/AIDS was a logical angle to pursue a study of women's and girls' experiences in Mozambique.

Although Southern Africa is the region most affected in the world by HIV/AIDS, and disaggregated data show that there are significant differences between and within individual countries in the region, studies on Mozambique remain scarce (Bidaurratzaga-Aurre & Colom-Jaén, 2012). When I began this study I knew that Mozambique is not one of the countries in the region with the highest prevalence rate, yet I was convinced that there was an interesting angle to pursue HIV/AIDS in relation to the lives of women and girls. The country is surrounded by other countries with higher prevalence rates, with the result that there are very high infection rates along cross-frontier transport corridors (Bidaurratzaga-Aurre & Colom-Jaén, 2012; Collins, 2006). For example, in 1992, after the end of the civil war, refugees started to return to Mozambique and a steep increase in HIV infections was seen (Collins, 2006). Bidaurratzaga-Aurre and Colom-Jaén (2012) suggest that, because the epidemic developed later than in many of its neighbouring countries, Mozambique should have been able to draw lessons from them about how to fight it. However, up to now there has been no investigation of the success of the policies pursued.

The relationship between women and HIV/AIDS in Africa has been well documented (Fuller, 2008). In particular, there is an abundance of both scholarly and research literature focused on African women's unique vulnerabilities to HIV/AIDS (Adams et al., 2011; Chersich & Rees, 2008; Fuller, 2008; Ghosh & Kalipeni, 2005; Rask, 2012; Uwe, Ekuri & Asuquo, 2006). Epidemiological statistics show that African women are more vulnerable to HIV infection than men, for both biological and social reasons (Boesten & Podu, 2009; Fuller, 2008). In Mozambique, women and girls are infected at a rate two to four times more than men (Republic

of Mozambique & National AIDS Council, 2010; World Bank, 2011), and carry the overall social burden of the disease. Policymakers have recognized this phenomenon as the “feminization of HIV/AIDS” (Boesten & Podu, 2009; Germain & Kidwell, 2005; Kinoti, 2008; The Global Coalition on Women and AIDS, 2006). United Nations Women (UN Women), United Nations Girls Education Initiative, and UNICEF confirm that poverty and HIV/AIDS have an overwhelmingly female face. This awareness of women’s susceptibility to HIV/AIDS, both biologically and socially, and general vulnerability has stepped up prevention work with women and brought greater attention to gender-based approaches to HIV. Although this has been a necessary development in HIV/AIDS work, it is not without controversy.

Some argue that the focus on women reinforces patterns of stigma and blame directed at women, portraying them as vectors or victims of the epidemic (Boesten & Podu, 2009; Busza, 2009; Kinoti, 2008). This is likely due to how gender is often addressed in development policy, practice, and scholarship, equating gender with women, overlooking how entrenched social relationships, specifically the beliefs, norms, and values that underpin inequality in the first place, contribute to the problem (Boesten & Podu, 2009). In addition, linking gender with women obscures men’s role, along with the myriad of intersections such as sexuality, colonialism, race, geography, and so forth, in shaping the impact on them. Although there are countless research and scholarly references on HIV/AIDS and Africa regarding the many factors that contribute to the epidemic, there is a paucity of literature on how these factors work together to impact women’s lives, so that how women and girls navigate these factors is unclear. In particular, there is little understanding of women’s and girls’ experiences with HIV/AIDS in terms of living with it, or navigating an environment with a high risk of contracting it, and caring for those who have it. Despite the attention given to a gender-based approach, and the pleas by

women's rights activists (Kinoti, 2008) for a women's rights-centered approach to the epidemic, we have yet to see a significant dent in efforts to curb the HIV/AIDS epidemic in places such as Mozambique, where the rates remain unacceptably high (UNAIDS, 2011). Producing policies that are centered on women's rights is challenging when women's voices about their lives are absent. Therefore, I was convinced that knowledge was needed about the experiences of women and girls to form a complete picture of the HIV/AIDS problem in Mozambique.

Moreover, the overwhelming vulnerabilities and health inequities women face in Mozambique, and their growing HIV rates, serve as a point from which to investigate how women navigate the precarious health inequities they face. As well, writers on Indigenous people's meaningful involvement in health policy inform us that having women involved in decision making is essential for the development of policies that are relevant to their communities (Dion Stout & Kipling, 1998).

I was well aware from the literature that women's and girls' voices continued to be invisible within the Mozambican context, preventing development of capacity building policies that could have a high probability of being relevant and meaningful to women, thus promoting health equity (Matthews, Jackson Pulver, & Ring, 2008; Reading & Nowgesic, 2002). I began this grounded theory study with the intent to answer the research question: How do women and girls navigate the HIV/AIDS situation in Mozambique? However, as I delved into data collection it was evident that HIV/AIDS was just one small aspect of what women and girls were truly experiencing and with which they were grappling. Although HIV/AIDS was presented in the literature as a problem, there was a scarcity of knowledge about it (Bidaurratzaga-Aurre & Colom-Jaén, 2012), and I learned quickly that it was only one small part of a larger puzzle. Gender oppression was at the heart of this study, but I was not aware of it before I embarked on

data collection. It was the participants I interviewed who pointed me in the right direction. They showed me quickly that, to understand the HIV/AIDS problem in Mozambique, it is important first to examine gender oppression as a whole. In the following section I discuss the initial research objectives of this study and then present the revised objectives based on the shifting nature of my research question, as often happens in a grounded theory study.

Research Objectives

The overarching purpose of this research was originally to expand current knowledge on how women and girls in Mozambique manage the HIV/AIDS situation. Understanding women and girls as actors and participants, rather than as vectors or victims, in the HIV/AIDS context was an interesting point from which I could study how they respond to their multiple identities and the demands of the broader sociocultural systems. Thus, the original intent was to explore how women manage their lives, their work, their families, and their risks, within the intersection of social structures and the HIV/AIDS epidemic in Mozambique.

In grounded theory, the research question evolves over the course of the study (Glaser, 1978), and my research question naturally evolved into the following question: How do Mozambican women and girls manage gender oppression? The following is a list of the original research objectives, followed by a second list outlining the revised objectives for this study.

Original Research Objectives.

- 1) To explore the interactions of Mozambican women's and girls' identities in relation to their disproportionate disadvantage to HIV/AIDS;
- 2) To examine the intersections of difference (e.g., race, gender, class,) and processes of differentiation (racialization, gendering) and the systems of domination/oppression (racism,

colonialism, sexism, patriarchy) that interact with the HIV/AIDS situation to create health inequities for women and girls;

- 3) To identify health inequities affecting women and girls living in Mozambique in relationship to the HIV/AIDS problem;
- 4) To identify barriers to living healthy lives in relation to women's and girls' agency and the broader social structures of Mozambique society;
- 5) To identify areas of possible opportunities for capacity building for women and girls as it relates to the HIV/AIDS problem; and
- 6) To explore how perspectives of women, girls, and leaders within women's health and advocacy in Mozambique can be centrally and/or meaningfully included in health policies and decision making processes that largely affect the health of women and girls in Mozambique.

Revised Research Objectives.

- 1) To develop an understanding of how women and girls manage gender oppression;
- 2) To discover how gender oppression is created and sustained, and how women and girls attempt to overcome it in Mozambique;
- 3) To explore Mozambican women's and girls' identity formation within the context of gender oppression;
- 4) To discover how women and girls attempt to address and/or overcome gender oppression in Mozambique.

To address these objectives, I conducted in-depth interviews with local women and girls; local leaders in women's health, advocacy, policy and experts on gender; and key government

and donor health policy and decision-makers. In addition, I used participant observation and document reviews to supplement the interviews and enrich the data.

Embarking Upon a Journey: Situating Myself Within the Study

Linda Tuhiwai Smith (1999) describes research as “one of the dirtiest words in the indigenous world’s vocabulary” (p. 1). She goes on to describe research as Eurocentric, supporting European imperialism and colonialism. Smith makes space for a much-needed critique of Western research and the horrors that researchers have imposed on marginalized groups, especially indigenous people. With this critique in mind, the question to research or not research emerged for me. To engage in a practice that has been associated with the harms described in Smith’s book requires reflection, especially for a white woman wanting to pursue research with and for Indigenous people.

After reading critiques on Indigenous research, I realized that there are different questions that need to be asked by Indigenous researchers than by non-Indigenous researchers conducting research with Indigenous people. Kovach (2005) suggests that a non-Indigenous researcher might ask the challenging question, “Am I creating space or taking space” (p. 26) for and from Indigenous people? To answer this question, it was important that I reflect on the epistemologies and ontologies of the different research traditions to know how knowledge of social phenomena can and should be acquired according to these perspectives. In each of these perspectives there are ideas about what should be studied, how the data should be analyzed, and what ought to be done with the results (Strega, 2005). By reconciling these perspectives in my own mind, I was aided in answering Kovach’s question.

Creating space for new knowledge, focused on different ways of knowing, is an arduous endeavour, calling for constant reflection and questioning of the direction and perspectives that

might be used in the research process. As I began the journey towards examining the HIV/AIDS epidemic in relation to women and girls in Mozambique, I wanted to situate myself and make clear how my interpretation is conditioned in a number of complex ways. I began this process of reflection at the time I wrote my proposal. I viewed myself as someone who is both an outsider and an insider to Mozambique. In terms of my outsider status, I am a white Canadian woman, born and raised in the Canadian context. I viewed my perspective as being surely shaped by my gender and my experience working as a privileged expatriate in the US Embassy and other international organizations in Mozambique.

In regard to my insider status, I am married to a Mozambican black man with whom I have two children that personify the notion of third-culture-children¹. My first child was born in South Africa and maintains both Mozambican and Canadian citizenship. My second child was born in Canada, and also carries dual citizenship. Living and working within the health, development, and relief sector in Mozambique for five years prior to commencing my graduate study journey sensitized me to the HIV/AIDS epidemic firsthand, and intimately being connected to a local community through my marital family provided me with an alternative perspective on health, gender issues, and development in Mozambique.

In 2003, while living in Mozambique, I witnessed the emergence of the first stages of a national response to the HIV/AIDS epidemic by the Mozambican government, and saw how this process was influenced by international aid agencies. In particular, I saw firsthand the scramble of international non-governmental organizations (NGOs) to get their hands on the pot of HIV/AIDS development funds. The particular international NGO for which I worked at the time had leadership meetings regarding how to get access to this money. The availability of these

1 *Third-culture kids (TCKs) are children, who accompany their parents to live and work in another country other than their home country (Useem,*

funds for the development world was seen as an opportunity to maintain international government, NGO, corporate, and expatriate presence within the country. Hanlon (1991) describes how NGOs were instrumental in maintaining a political presence in the country, and discussed how photos of white aid workers holding emaciated black babies communicated the need for Western intervention.

The connection between the historical, political, and economic aspects of Mozambican society was evident at the onset of the development of a national response to HIV/AIDS. Simultaneously living and working in Mozambique, and being a part of a Mozambican family, I have tried to gain a comprehensive understanding of the intersecting complexities related to HIV/AIDS and women's oppression in Mozambique. Although I understood the relevance of gender as an issue, my experience as a privileged white woman in Mozambique, and my own vulnerability to HIV/AIDS, was radically different than the experience of local women and their vulnerability to HIV/AIDS and the other oppressions they faced. My vulnerability, or relative lack thereof, provided me with an understanding of how the issue for local women went beyond simply gender. Factors such as race, colonialism, oppressive structures, and polity were just a few of the apparent aspects of the epidemic, largely ignored within the strategic response. Only by being present in Mozambique for five years could I begin to appreciate overt and subtle influences of these multiple intersecting factors experienced by Mozambican women and girls.

Having a commitment to social justice through research, yet knowing that research has a long tradition of violating people rather than emancipating them (Tuhiwai Smith, 1999), was an important step in carefully approaching my research. Many researchers have pondered their inability to bring about social change or further social justice efforts through use of traditional research (Strega, 2005). However, many critical feminist theorists have paved the way in

challenging the ontological and epistemological foundations of traditional methods, and have encouraged researchers to be reflexive, challenging their own views and socialization.

My approach in embarking upon this study was to use a theory-methods package that was grounded in critical feminist theory that would allow me to attend to both micro and macro issues. When I devised this study my hope was that using a proposed theory-methods package I would be sufficiently sensitized to the multiple intersections that create oppression, and I would be encouraged to use reflexivity and committed to privileging the Southern voice. The evolution of my research question reflects that this theory-methods package was an excellent fit because I was sensitized to multiple intersections that create oppression for women and girls, and I was open to where participants led me. As a result, my participants were able to show me that gender oppression is the central issue that they face; it includes HIV/AIDS, but HIV/AIDS cannot be adequately addressed until the underlying issue of gender oppression is tackled.

Significance of This Study

The findings from this study have implications for nursing, policy, and most of all, the health of women. Recent developments in nursing science, specifically attention to social justice issues (e.g., Kirkham & Browne, 2006), highlight the importance of conducting this type of research in nursing. I briefly discuss implications for nursing science and practice, and policy below, however, I elaborate on the significance of this study when I discuss literature relevant to the findings in the remainder of the dissertation.

Implications for nursing science and practice.

The concepts *person, environment, health and nursing* are the central phenomena of interest to nursing science (Fawcett, 1978). Public health nursing has made an explicit point to extend the central phenomena of interest by articulating a model for nursing in which the traditional metaparadigm concepts are organized around the vision of social justice (Canadian Public Health Association, 2010; Schim, Benkert, Bell, Walker & Danford, 2007). *Person, environment, health, nursing, and social justice* are therefore central concerns for nurses working within the public and community health field.

From this perspective, problems beyond a person's control related to structural poverty, unemployment, inadequate wages, poor nutrition, substandard living situations, unsafe working conditions, and deteriorating neighbourhoods threaten the lives and well being of people, and are consequently concerns of nursing. Other issues, such as food insecurity, homelessness, and gender inequities can increase illness risk with devastating effects. These types of problems are reinforcement for inclusion of the concept of social justice in the nursing metaparadigm. Environment in nursing literature is regarded as the broader social structure or society to which people respond or adapt (Chopoorian, 1986). These metaparadigm concepts are highlighted in public health/community health nursing, where the focus is on health promotion, population health, and emergency preparedness and response (Canadian Public Health Association, 2010). Interestingly, since Nightingale, there has always been recognition of the importance of environment, highlighted as the basis of conditions that require analysis and action to prevent illness and promote health (Fitzpatrick, 1975).

Social justice has a long tradition in public health nursing. In the early 1900's, nurses were prepared to address the poor social conditions that were impinging on people's health

(Fitzpatrick, 1975). Fitzpatrick points out that public health nurses (PHNs) need to understand how factors such as economics, politics, and culture affect health. Understanding the wider picture of health, together with a social justice perspective, is a public health nursing concern. Kulbok and Ervin (2012) claim that it is impossible to curb an epidemic such as HIV/AIDS, without health promotion, disease prevention, a community/ population focus, and an emphasis on social justice.

During this study I learned first hand that intersecting factors create social inequities for women and girls beyond HIV/AIDS. Women and girls were grappling with multiple oppressions, such as violence and sexual abuse, all of which contributed to the larger issue of gender oppression. The discovery of gender oppression as the central problem for women and girls would not have been possible if I had not embraced the methodology that I did. A critical feminist standpoint of being committed to privileging the Southern voice of women and girls, and using grounded theory methodology that guides the researcher to have rich and grounded data, was an essential part of discovering the basic social problem women and girls face. Gender oppression as an issue has major implications for social justice because it impinges on the human rights of women and girls. As mentioned above, social justice issues are a central concern for public health nursing and often encroach on people's health, in this case the health of women and girls. As a result, I aimed to understand how women and girls manage their lives in relation to gender oppression, how they are socialized into it, how they cope with it, and how, if ever, they resolve it.

Implications for policy.

The original intention of this study was to contribute to HIV/AIDS public policy in Mozambique, however, as mentioned, my participants guided me to awareness, at a broad

conceptual level, that what they faced was gender oppression. In this study I generated a substantive theory to explain the intersectionality of women's oppression in Mozambique and how gender oppression is created, sustained, and in rare cases, overcome. The findings from this study can be used to highlight any incongruities among policy, practice, and women's realities. I demonstrate in Chapter Six the need to involve women and girls in health policy and decision-making to improve strategic responses to gender oppression as a whole. I discuss policy implications later in this dissertation.

Significance for the health of women.

It is well known that women and girls in Mozambique are at a significant disadvantage, and the HIV/AIDS context for women and girls provides a tangible reflection of their oppression. Gender relations have been affected by deep structural change in the form of war, migration, urbanization, and a general commodification of social relations (Tvedten, 2011). In addition, because of the influence of globalization and the complexity of political and economic developments over the past few decades, men and women have different capacity for agency, and thus for upward mobility (Tvedten, 2011), furthering women's disadvantage in terms of gender equity and risk of HIV/AIDS infection.

Therefore, understanding how women and girls manage the intersecting factors that contribute to their oppressive context can help decision makers create policies that are relevant and meaningful, and that address the disparities for women and girls in Mozambique. Closing the gap in gender equity is a necessary condition to achieve the highest attainable standard of health and development in Mozambican society. Any serious effort to reduce health inequities for women and girls in Mozambique will involve changing the distribution of power in society, and a first step in that process is to understand more fully the differential distribution of power and

intersecting factors that lead to women's and girls' oppression, and how they navigate their oppressive environments.

Dissemination.

I intend to publish the results from this study in peer-reviewed nursing and public health/policy journals, including open access. I hope to present my findings at national and international conferences and to local universities such as the *Universidade Eduardo Mondlane* in Mozambique. As well, I intend to offer my findings to Mozambique's Ministry of Health, major donor agencies such as the United States Agency for International Development (USAID) and Canada's Department of Foreign Affairs, Trade and Development Agency (DFATD), formerly known as the Canadian International Development Agency (CIDA). I have already asked the High Commission of Canada in Mozambique to consider me as a presenter to their development team because part of their programs have a gender-component focus in Mozambique.

Organization of Dissertation

In Chapter One of this dissertation, I provide the background intention, purpose, and objectives for which I initiated this study, and then introduce the research question and revised objectives that evolved. In Chapter Two, I outline literature on the HIV/AIDS situation and the broader socio-issues that accompany this problem in Mozambique because this was the original focus of this study. The literature review is extensive and is focused on addressing gender inequality in relation to HIV/AIDS in Mozambique. This is followed by Chapter Three, in which I describe the philosophical underpinnings of this study, including two guiding perspectives (Ubuntu and intersectionality) and their implications and relevance for this research. In Chapter Four, I detail the methodological approach used, highlighting the ways it is shaped by the

guiding theoretical perspectives. In this chapter I also describe my sample and data collection particulars. In Chapters Five and Six, I present my findings. Finally, in Chapter Seven, I provide a discussion of the main findings and their contribution to knowledge. In Chapter Seven, I highlight the impact of these findings, and implications for public health and nursing practice, nursing education, and policy. I finish with implications for future research, ending with a brief conclusion.

Chapter 2 – Literature Review

In this chapter, I review the literature on HIV/AIDS in Africa and discuss the extent and economics of the problem for the African region. I specifically draw attention to research on HIV/AIDS in Mozambique, discussing the contributing factors, and Mozambique's governmental response to the epidemic. I further examine the issue of gender and HIV/AIDS in Mozambique and explore the sociocultural factors that work together to create increased vulnerability for women. I conclude this chapter by reminding the reader of the paucity of research related to women and girls and the HIV/AIDS problem in Mozambique. My proposed research concerning how women and girls navigate their social worlds in relation to the epidemic was duly needed to provide policymakers with context-specific knowledge generated from women and girls to inform current and future policy and program development concerning HIV/AIDS.

HIV/AIDS in Africa

Since the first case of HIV/AIDS was identified in Africa, the HIV/AIDS epidemic has continued to exceed expectations in the severity and scale of its impact. HIV/AIDS continues to overwhelm Africa, which has 11% of the world's population but is home to more than 60% of the people in the world living with HIV infection (World Health Organization, 2006). Not only are countries devastated by the epidemic, but their development status and high proportion of other vulnerabilities compromise whatever defenses they have. In the Africa region in 2005, an estimated 25.8 million people were living with HIV/AIDS, another 3.2 million people became infected with the virus, and 2.4 million people died of AIDS (World Health Organization, 2006). In 16 countries in Africa, at least 10% of the population is infected (World Health Organization, 2006). According to the World Health Organization (WHO, 2006), HIV/AIDS continues to be a

major public health problem, with far reaching consequences for the development and the national security of African countries (World Health Organization, 2012). In addition, at least 90% of people living with HIV/AIDS across Africa do not know they are infected, and HIV tests are often expensive, not always available, and the process of getting tested is wrought with stigma (World Health Organization, 2006).

Within the region of sub-Saharan Africa, considered the poorest region of the world, the expanding HIV epidemic dramatically continues to reverse decades of progress on key developmental indicators such as infant mortality and life expectancy (Whiteside, 2002; World Health Organization, UNAIDS, & UNICEF, 2011). In 2009, UNAIDS estimated that 22.5 million adults and children in sub-Saharan Africa were living with HIV, with 1.8 million new infections yearly. AIDS has become one of the leading causes of death for adults living in sub-Saharan Africa. The impact of AIDS was not fully felt until 2006, when more than 2.2 million people per year died of AIDS-related causes (World Health Organization, et al., 2011). Of the estimated 2.5 million children living with HIV globally, 9 out of 10 live in sub-Saharan Africa (UNAIDS, 2010). Approximately 61% of people living with HIV/AIDS in sub-Saharan Africa are women. HIV/AIDS disproportionately affects women, through both infection and their social role, increasingly rendering it a women's issue.

There is no doubt that the number of HIV infections is growing faster in women than in men (Türmen, 2003; World Health Organization, 2002). Gender roles and the relationships between women and men are fundamental to the nature of the epidemic (Türmen, 2003). Piot (2007) states "AIDS is undoing any development gains for women and girls" (p. 2) in this region. Of the young people who are infected with HIV in Africa, 75% are women and girls (World Health Organization, 2006). Women's vulnerability is embedded in their social roles,

socioeconomic status, and cultural contexts. In sub-Saharan Africa, issues of stigma, cultural norms related to early marriage, violence against women and girls, lower literacy, lack of educational access, lower autonomy over economic resources, and reproductive and sexual behaviour, are combined to create environments that make women more vulnerable to infection than men (Aprajita & Madhumita, 2011; Türmen, 2003). Despite what we know about HIV/AIDS and women, at the programmatic level the research focus is heavily weighted on determining and recording outcomes, indicators, and targets for HIV/AIDS prevention and treatment, while other researchers continue to focus on surveillance and detection, or on understanding individual behaviour in relation to the epidemic (Cornish, 2009; Frasca, 2009). Instead, more research is needed from the standpoint of viewing HIV/AIDS as a problem of the social, dedicated to generating knowledge about how women navigate the HIV/AIDS situation to uncover how they live out their lives in relation to this devastating epidemic (Cornish, 2009).

The focus of HIV/AIDS research across Africa has typically evolved in a manner predictable of an epidemiological crisis. In the early stages of the HIV/AIDS pandemic, researchers concentrated on understanding the extent of the problem by focusing on seroprevalence data in different countries, among various population groups such as truck drivers and sex workers (Ramjee, 2002), and in varied geographical areas (Halparin & Epstein, 2007; Moses, 1990; Newman, 2001). Other research has focused on population-based interventions related to prevention of transmission, including campaigns to promote mass circumcision (Auvert, 2005; Kigozi et al., 2009; Moses, 1990; Weiss, 2000), condom use (Bagnol & Mariano, 2008; Manuel, 2005; Prata, 2006; Prata, Sreenivas, & Bellows, 2008; Taylor, 1990), prevention education (Bertrand, 2005; Karlyn, 2001), and voluntary testing and counselling programs on risk perception (Allen, 1992, 2003; Moses, 1990; Roth, 2001; Weinhardt, 1999).

With the understanding that HIV transmission in Africa is largely through heterosexual activity, there was an increase in research on isolating the causative factors that predispose sexually active people to take risks (Epstein, 2007; Halparin & Epstein, 2007; Karlyn, 2005). This stimulated interest in theorizing and conducting research about the social context of HIV in Africa (Epstein, 2007; Karlyn, 2005), and what types of issues increase transmission. Research included investigations regarding unique cultural practices such as vaginal and clitoral elongation (Bagnol & Mariano, 2008), early marriage (Clark, 2004), concordance and discordance of migrant and non-migrant workers (Crush, Raimundo, Simelane, Cau, & Dorey, 2010; Lurie, 2003), transactional sex (Bandali, 2011a; Bandali, 2011b; Béné & Merten, 2008; Dunkle, 2004; Hawkins, 2009; Masvawure, 2010), and violence against women (Groes-Green, 2010) as factors in HIV risk.

Researchers who continue to conduct studies in Africa on HIV/AIDS predominately focus on quantifying the epidemic in some way (Dixon, 2002; Frasca, 2009). Studies that go beyond quantifying the epidemic, largely through case identification, are often attempts to isolate key risk factors as variables associated with transmission. These studies are limited because they are focused on isolated factors, without the larger contextual issues surrounding the epidemic. Of these studies, most are focused on men at the center of the study, with an interest in understanding masculinity, sexual practices, and risk taking (Barker & Riccardo, 2005; Campbell, 1997; Frasca, 2009). With research on HIV/AIDS in Africa heavily weighted on understanding men within the epidemic, knowledge about women and girls is almost invisible (Regan, 1997). Regan emphasized the propensity for under reporting on women's issues related to the epidemic, and lack of recognition of women's lives in the developing world continues to be widespread, contributing to women's invisibility.

What little research that has been conducted on women and girls and HIV/AIDS has, again, been focused on isolating key variables related to risk and transmission, such as studies focused on transactional sex for survival (Côté, 2004; Hawkins, 2009). Again, this research is narrow, overlooking the contextual aspects of the epidemic and how women and girls navigate it. Another research focus that involves women has been on understanding outcomes related to prevention of mother-to-child transmission (PMTCT) programs in various areas across the continent (Coovadia et al., 2007; Guay, 1999; Mofenson & McIntyre, 2000). Prevention of mother-to-child transmission programs target women as vectors of HIV, resulting in social stigma for women because they are blamed and shunned for bringing HIV into the family (United Nations Integrated Regional Information Networks [IRIN], 2012). Although PMTCT outcomes are important for understanding treatment, they are narrow, without a holistic view of HIV/AIDS as a social problem for women and girls.

In particular, there is a lack of formal theorizing about the way in which women make sense of their realities within an HIV/AIDS social world and what processes they apply to navigate the multiple intersections that create their increased vulnerability to transmission and to the social burden of the disease. Although HIV/AIDS disproportionately affects women, both through infection and their social roles, there is little known about how women and girls experience this. How do women and girls live out their lives in relation to the epidemic? In this study, I examined how women and girls navigate the multiple factors that intersect within the HIV/AIDS situation in Mozambique, and how they navigate their lives in relation to these factors. I sought to provide a holistic view of the HIV/AIDS situation in Mozambique.

Thus, HIV/AIDS in Africa has created a social situation with widespread consequences. Some of these consequences are contributors to an economic problem for Africa and work

together to sustain the growth and effects of HIV/AIDS. I discuss these in the following sections.

The Economics of the Problem.

The AIDS pandemic is not only causing catastrophic human suffering throughout Africa, but it is also producing adverse costs for economic development. The difficulty of disentangling causality and the limitations of economic modeling (Dixon, McDonald, & Roberts, 2002) have made it challenging for economists to explain the full impacts of HIV/AIDS (Hamoudi & Sachs, 2002; Whiteside, 2001).

AIDS is different from many diseases because people become infected in the most productive years of their lives, and, in Africa at the time I began this study, was nearly 100% fatal (Bollinger & Stover, 1999). HIV/AIDS impacts the economy at the household level, resulting in reduced savings and investment, loss of skills, dissolution of families, and descent into poverty (Whiteside, 2002). At the business level, it results in worker turnover, increased absenteeism, reduced on-the-job training, and loss of worker morale. At the governmental level, it results in fiscal crisis, and for society at large, it results in loss of trust and increased crime (Foster & Williamson, 2000; Hamoudi & Sachs, 2002; Makame, 2002; Sengendo, 1997; Urassa et al., 2001). The costs of morbidity and mortality alone may already reach around 20% of African gross national product (GNP) (Hamoudi & Sachs, 2002). Hamoudi and Sachs (2002) estimate these costs will be multiplied through a sharp reduction in economic growth in the coming years.

Unfortunately, however, economists, health specialists, and philosophers have not sorted out the precise economic costs of HIV/AIDS on an individual, much less on a national economy (Hamoudi & Sachs, 2002). This may be due in part because HIV/AIDS is different from other

types of disasters because it does not take the form of a discrete event, with recognizable triggers, that can be used to mobilize action, such as in an earthquake or a flood. In contrast, authors characterize HIV/AIDS as a “long wave disaster” (White, 2002, p. 74); it takes time for the impact to appear (Barnett & Blakie, 1994; Whiteside). Despite this limitation, much can be asserted about the immediate impact of AIDS, the future impact, and the macro-level impact.

Piot, Bartos, Ghys, Walker, and Schwartländer (2001) discuss the impacts of HIV/AIDS in sub-Saharan Africa. They assert that the future impact of the epidemic will erode social capital and erase decades of developmental gains made in this region. The combination of the cost of illness, death, and health care expenditure due to HIV/AIDS would amount to an annual loss to Africa of 63.9 billion dollars, an amount equivalent to approximately 20% of African GNP in 1999 (Hamoudi & Sachs, 2002; Piot, Bartos, Ghys, Walker, & Schwartlander, 2001). Life expectancy had risen from 44 years in southern Africa to 59 years by the late 1980s, followed by a dramatic drop to 45 years since the epidemic has spread (Piot et al., 2001). The prevalence rate of HIV/AIDS is highest in young women and men, in their most productive and reproductive years (Foster & Williamson, 2000; Piot, et al., 2001; Sengendo, 1997; Urassa, et al., 2001). This is the age group most likely to transmit the infection to children. Effects on households, enterprises, fertility choices, childrearing, education, and financial and career choices are poorly understood, but are recognized as additional areas where the impact is grave (Whiteside, 2001). The economics of prevention and intervention and the costs associated with these, given the extraordinarily meagre economic base of most African countries, combined with the estimated economic losses to Africa because of the disease, thrusts African countries into dependency more than ever before (UNAIDS, 2012). HIV/AIDS has not only caused catastrophic human suffering;

it is producing widespread adverse consequences for economic development throughout the African region.

HIV/AIDS in Mozambique

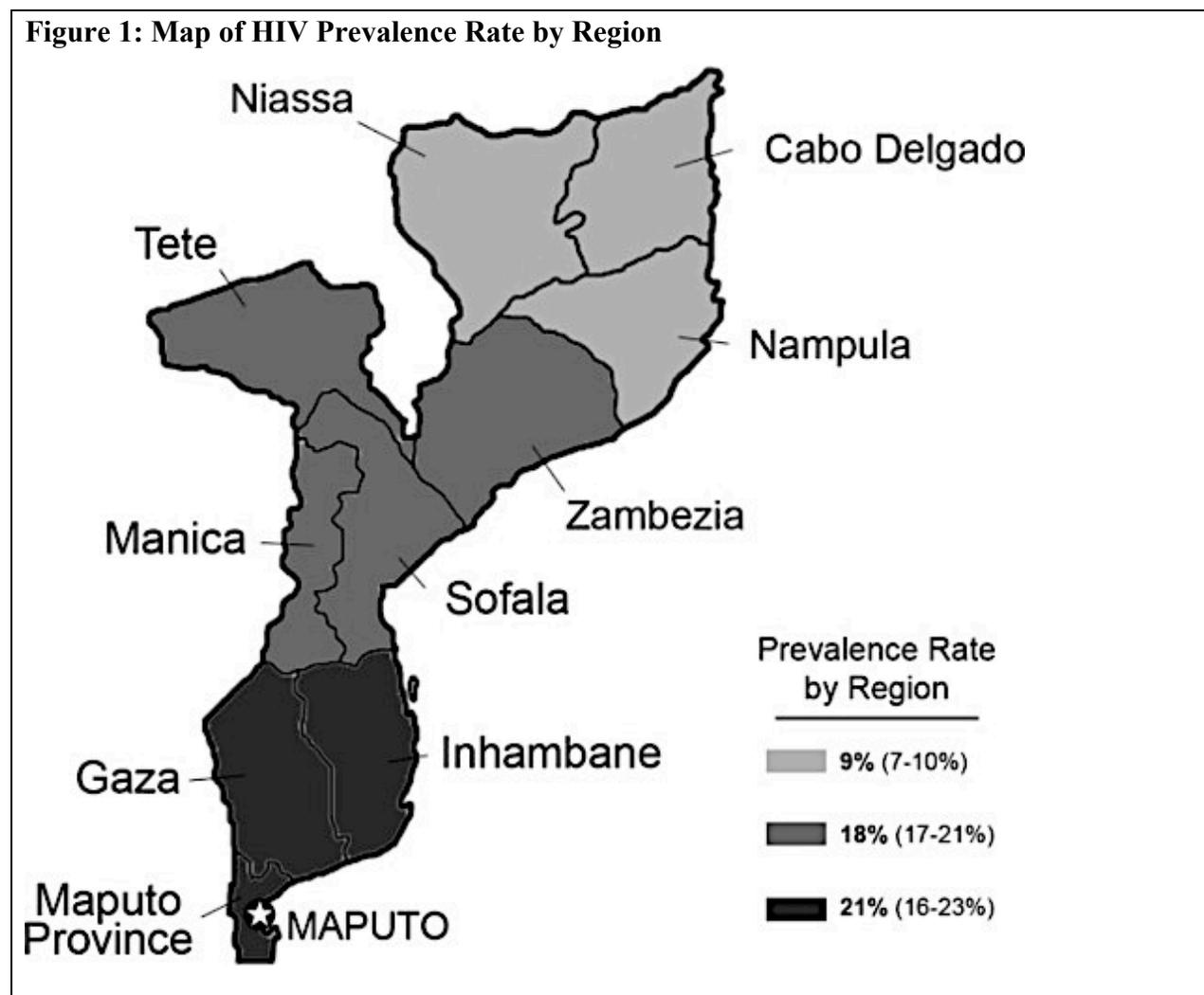
Mozambique suffers from one of the world's highest rates of HIV/AIDS, and although it is not among the highest in the Southern Africa region, HIV/AIDS has produced a major public health problem. The HIV prevalence in Mozambique remains exceptionally high, with estimates up to 17% (International Planned Parenthood Federation, United Nations Population Fund & The Global Coalition of Women and AIDS, 2006; Pathfinder International, *n.d.*, Republic of Mozambique & National AIDS Council, 2010), and it is continuing to expand along with that of neighbouring countries². Characterized by heterosexual infections, the HIV/AIDS problem is compounded by poor knowledge of HIV/AIDS; a crippled health care system; a legacy of civil war; one of the world's most severe health worker shortages (Audet et al., 2010); and other known factors such as poverty, gender inequality, and an unstable political footing (Audet, et al., 2010; Hanlon, 1991).

Mozambique is one of nine African countries hardest hit by the HIV/AIDS epidemic (USAID, 2002; de Walque, Kazianga, & Over, 2010). By the year 2001, 15 years after the first AIDS case was identified in 1986 (Hanlon, 1991), over 1.1 million of Mozambique's then 19.2 million people were living with HIV or AIDS (UNAIDS et al., 2002). During this period, 45% of new infections were in the central region, likely due to its larger population and higher HIV prevalence levels in this area (National Institute of Statistics, 2000). Between the years 2002 to 2004, national prevalence rates rose from 14% to 16.2% (Republica de Moçambique, 2005). By

² Countries of note are Swaziland (exceeding 30%), South Africa (25-29.5%), Zimbabwe (21-26%), Malawi (from 3-33%), Zambia (18-20%) (UNAIDS, 2005), and Tanzania (8.8 to 11.9%) (UNAIDS, 2004).

2004, Mozambique's HIV infection rate was 16.2%, and HIV prevalence was estimated in pregnant women to be 14.9%.

In 2007, HIV prevalence in the 36 antenatal clinic sentinel surveillance sites ranged from 3% to 36% in women aged 15 to 49. Provincial estimates ranged from 8% to 27%, and were the highest in the central and southern provinces; the rates in southern, central and northern regions were 21%, 18% and 9% respectively (Mozambique's Ministry of Health, 2008; Republic of Mozambique National AIDS Council, 2010) (*See Figure 1, a map highlighting key regional prevalence rates*). An estimated 500 new people are infected every day (Economic Commission for Africa, 2011).



Collins (2006) notes that Mozambique's historical epidemiological HIV/AIDS profile is distinct from that of other AIDS-afflicted African countries. Most countries with high prevalence rates have shown a similar "S" pattern of growth, with three distinct stages (Foreit, 2004, as cited in Collins, 2006; Whiteside, 2002). The epidemic starts slowly and gradually, and is characterized with low initial prevalence rates in urban areas, typically capital cities (Collins, 2006; Whiteside, 2002). The epidemic then spreads rapidly through the population and prevalence rates double every two years as HIV spreads in urban centers and gradually begins to infiltrate into the rural areas (Collins, 2006; Whiteside, 2002). In the final levelling/plateauing

stage when the “S” flattens off at the top, HIV infected individuals begin to develop full blown AIDS, become ill and eventually die, contributing to the disruption of economic stability and social cohesion in communities where large numbers of children become orphaned (Collins, 2006; Whiteside, 2002).

In contrast, Mozambique’s HIV/AIDS prevalence rates were highest during the 1990’s, emerging in the rural central region (Collins, 2006), along and near Mozambique’s two major transport corridors of Beira and Tete provinces. These rural regions were most targeted by RENAMO³ (Collins, 2006) during the 1980s, most dependent on troop concentrations for protection, and most crossed by internally displaced people and returning refugees after the 1992 peace agreement. By 1994, the rural/remote central area of Mozambique had an infection rate of four to seven times higher than that of the southern region, which includes the urban capital of Maputo (Collins, 2006).

Although other African countries report increased HIV/AIDS levels along transport corridors (e.g., Uganda and Zambia), infection rates along Mozambique’s transport corridors were markedly higher than expected. Collins (2006) reports on Foreit’s suggestion that large permanent troop concentrations and the degree of displacement of civilians by the war clearly seem to be key variables in Mozambique’s epidemiological history. Collins (2006) and Hanlon (2004) highlighted political factors, such as social and economic stagnancy from 1980 to 1992, dependency on international aid, a lack of autonomy and decision-making power, as well as internal corruption, as influences on the growth of the epidemic in Mozambique. Collins (2006) also emphasizes how the failure to introduce HIV prevention programs to returning refugees, especially women, and failure to address the needs of women and youth in an environment of

³ Resistência Nacional Moçambicana (Mozambican National Resistance), guerrilla organization that sought to overthrow the government of Mozambique, beginning in the late 1970s.

HIV/AIDS risk were clearly some of the intersecting contextual pieces compounding the HIV/AIDS problem. Other researchers have demonstrated how socioeconomic issues, such as poverty, act as the driving force behind high risk behaviours, such as seeking out transactional-intergenerational sex (Underwood, Skinner, Osman, & Schwandt, 2011). Disney (2004; 2008) describes the sociocultural impact of a contemporary culture that hangs onto a machismo⁴ legacy as a key component in furthering the spread of HIV/AIDS in Mozambique. As well, in studies conducted by Agadjanian (2005) the argument that the effects of gender, in particular women's disadvantage on several measures, are central in shaping the HIV/AIDS situation.

However, disentangling how the socio-political, socioeconomic, and sociocultural aspects of the HIV/AIDS situation in Mozambique interact with gender is difficult at best. It is well known that the HIV/AIDS epidemic is particularly problematic for African women; this "triple jeopardy" (Murphy, 2003, p. 207; Society of Women and AIDS in Africa, 1990, p. 2) describes the dangers women experience as individuals, mothers, and caregivers. Women are more likely to be infected with HIV, and risk passing the virus to unborn children, or leaving children orphaned. Women are tasked with the burden of caregiver when family members become sick, and cope daily with discrimination and stigma if their HIV status becomes known (Murphy, 2003; Society of Women and AIDS in Africa, 1990). For Mozambique, the situation for women and girls is typical; hanging onto a machismo culture, and shaped by gender inequities and disparities (Disney, 2004), women might well internalize the norm that females are inferior to males, adversely influencing their overall health and well-being (Murphy, 2003). What is less clear, however, is how women are able to manage their lives within this context.

Contributing Factors.

⁴ According to the Oxford Dictionary of English (2010), machismo refers to a man who is aggressively proud of his masculinity and applies this masculinity in an overly assertive or aggressive way.

There are a number of contributing factors to the HIV/AIDS epidemic in Mozambique. I discuss the following significant ones: (a) stigma; (b) poverty; (c) the migrant labour system; and, (d) women-dominated rural and agriculture sector. There may be others but a discussion of those goes outside the scope of this dissertation.

Stigma.

Goffman (1963) defines stigma as an “attribute that is deeply discrediting” (p. 3) and a person holding this attribute is “reduced in our minds from a whole and usual person to a tainted, discounted one” (p. 3). HIV/AIDS has been long associated with stigma and denial worldwide (De Cock, 2002; Herek, 2002; Rankin, 2005). In the African context, negative attitudes continue to shape the epidemic by producing resistance to change and promoting social exclusion of people known to be infected with HIV or living with AIDS. The fear associated with stigma related to HIV/AIDS has marked social impact, creating obstacles for both prevention and treatment (Audet, et al., 2010; CDC & FDA, 2004; Fuller, 2008; Pearson, 2009; Rankin, 2005).

Stigma is viewed as a pervasive problem in regards to the HIV/AIDS epidemic (Mahajan et al., 2008) and specifically has been noted as a problem that is persistent and pervasive in Mozambique (Mukolo et al., 2013). When addressing stigma and the HIV/AIDS problem in Mozambique, one needs also to acknowledge the lingering stigmas left behind from the colonial legacy. Stigma of race and class status, in particular, affected the lives of people in Mozambique, resulting in lingering effects of racial distrust and discrimination and creating significant repercussions in terms of mistrust of Western-generated treatments and prevention of HIV (Liverpool, 2004). Fallacies concerning the origin and even the existence of HIV still circulate in countries such as Brazil and Mozambique, namely that the AIDS virus was produced by Westerners for the purpose of genocide (Villela & Barber-Madden, 2009). In addition, although

condoms are readily available in Mozambique, a longstanding distrust of a “white man’s product” (Villela & Barber-Madden, 2009, p. 696) continues to be an issue and becomes a primary focus of community organizations rather than working on addressing issues related to the culture of sex and constructs of masculinity. The intersection between HIV/AIDS stigma with other historical stigmas, and the understanding of how undesired differentness can negatively affect people’s attitudes towards those consider less desired, are embedded in local culture (Pearson, 2009).

Goffman (1963) describes how a “stigma theory, an ideology to explain” (p. 5) inferiority is developed, and at the same time an attribution, “often of a supernatural cast” (p. 5) or paranormal, is applied to rationalize the differences. As a result, inaccurate information, including rumours about transmission, for example, condoms purportedly laced with HIV (Crush, et al., 2010), contribute to fear in regards to using a condom, which makes it difficult to promote condoms in prevention campaigns (Villela & Barber-Madden, 2009). Women with HIV suffer greater discrimination than men because of stigma associated with their sexuality. Among those who discriminate are people who believe the myth that symptoms of HIV come from supernatural causes associating women as the source of all evil (Villela & Barber-Madden, 2009). Other stigmas surrounding HIV arise from fears about casual contact with people living with HIV/AIDS, which impacts care and treatment programs, family life, and social cohesion of a community.

The natural response to stigma is the unwillingness to pursue voluntary testing and counselling, reluctance in disclosing status, family concealment, and family disputes regarding who brought HIV into the family. Women are often blamed, perpetuating violence and exclusion from the family (Kebaabetswe & Norr, 2002; United Nations Integrated Regional Information

Networks (IRIN), 2012). Goffman (1963) discusses how the stigmatized person aims to correct the undesired attribute that he/she has acquired and results in the creation of fraudulent strategies aimed to cure the problem. In the African context, HIV/AIDS has resulted in unthinkable actions, such as in South Africa where men have sex with babies in the belief that this will cure them of HIV (Flanagan, 2001). Although there is no direct evidence that this practice occurs in Mozambique, much has been written on beliefs within the sub-Saharan context about traditional healers prescribing sex with virgins to cure HIV (Audet, et al., 2010; Liverpool, 2004; Mills et al., 2006). It is important to note how the power of stigma can motivate a person to take actions to alleviate, cure, or disguise an undesirable attribute, many of these actions with damaging consequences.

Poverty.

Poverty contributes to HIV transmission throughout the African continent and serves to mitigate sexual behaviour change. Mozambique experiences gross inequalities reflected in their human development and multidimensional poverty indexes (UNDP, 2011). When poverty intersects with other factors such as gender inequality, it creates a recipe for increased risk of the transmission of HIV for both men and women. Groes-Green (2010) sheds light on the complexity of masculine identity in relation to HIV risk. Drawing on anthropological studies, he explains how the perceived failure of unemployed young men leads them to express their power bodily, based on sexual abilities and violence towards women, and resulting in high risk behaviours, predisposing them to HIV transmission (Groes-Green, 2010).

Similarly, lack of economic opportunities for women, combined with women's social subordination, force many women into transactional sexual relationships (Audet, et al., 2010; Greig, Peacock, Jewkes, & Msimang, 2008; Hawkins, 2009; Kebaabetswe & Norr, 2002;

Underwood, et al., 2011). In the Mozambican context, where structural conditions offer few opportunities and limited hope for a secure economic future, transactional and often intergenerational sex is perceived by some women and girls as their only option (Hawkins, 2009). Sex work is often episodic, casual, and associated with unsafe sexual behaviour and low condom use, resulting in increased risk of HIV infection (Hawkins, 2009; Luke, 2003, 2005; Machel, 2001). Thus, poverty, combined with gender inequalities, produces a climate where survival sex, with the hope of securing economic stability, becomes a vicious cycle, increasing risk for HIV.

The migrant labour system.

Another response to the poverty experienced in many sub-Saharan countries such as Mozambique, is the migrant labour system (Audet, et al., 2010; Collins, 2006; Crush, et al., 2010; Kebaabetswe & Norr, 2002). Collins argues that the relatively high HIV rate in the center and south of Mozambique is directly related to migrant labour in South African mines. Since the peace agreement in 1992, more than 50,000 Mozambicans work in South African mines, where HIV rates are at an all-time high (Collins, 2006). Prolonged periods of the separation of couples leads men to turn to prostitutes or even seek out second wives. Upon returning home, infected men in turn infect their wives, further spreading the virus (Collins, 2006; Crush, et al., 2010).

In a recent study, researchers found that despite the fact that 90% of Mozambican men who work in mines are knowledgeable about HIV and AIDS, condom use was sporadic and low (Crush, et al., 2010). In spite of knowing of the high risk of HIV transmission, not one of the miners interviewed used condoms with their partners when they returned home (Crush et al., 2010). Compounding this, rural wives confirmed that many engage in transactional survival sex while their partners are away because of household poverty (Crush et al., 2010). Poverty has

created a region-wide, low-wage, structural migrant system that is sustaining the HIV pandemic (Collins, 2006; Crush et al., 2010). Unfortunately, donor agencies have often ignored these socio-economic factors linked to HIV transmission, resulting in the rising tide of HIV (Crush et al., 2010).

Women-dominated rural agriculture sector.

Over 70% of the 23 million (United Nations Statistic Division, 2012) Mozambicans live in rural areas, with nearly 40% in the northern and central regions (World Bank, 2006). The agriculture sector makes up 23% of the gross domestic product and provides employment for over 78% of the workforce (Food and Agriculture Organization of the United Nations, International Fund for Agricultural Development, & International Labor Organization, 2010). Of this 78%, 59.9% are women. Small family-run farms dominate this sector. More than 71% of this rural population are poor, with unequal opportunities not only for education and health care, but other resources as well (UN Food and Agriculture Organization, 2010). Thus, most women in Mozambique are poor, survive on subsistence farming, are subjected to ongoing food security concerns due to vagaries of the climate, and lack access to adequate health care services and education. This female face of HIV/AIDS is obvious and the inequality experienced by women and girls creates an ideal petri dish for growing an HIV/AIDS epidemic.

Government Response

Policies and strategic plans on HIV/AIDS are the foundations for any meaningful and sustained response to the epidemic (Zungu-Dirwayi et al., 2004). A policy provides an operating framework for a country to guide domestic and international resources to support specific programs aimed at prevention, treatment, care, support, and generally reducing the impact of the

epidemic. Next, I discuss Mozambique's national response to HIV/AIDS and the international involvement that supported this response.

National Policy Response On HIV/AIDS

Mozambique's national response to the HIV/AIDS epidemic began as early as 1988, shortly after the first case of AIDS was diagnosed (Collins, 2006). However, little action was taken until the late nineties because the government was still trying to recover from the civil war that ended in 1992. By 1998, the government of Mozambique recognized that HIV was, in fact, one of the major health problems of the 1990s (Hanlon, 1991), and a National Program to Combat AIDS (NPC AIDS) was set up in response (Collins, 2006; Economic Commission for Africa, 2011; Zungu-Dirwayi et al., 2004).

At the beginning of the millennium, a number of social policies were introduced in Mozambique; many were directed solely at HIV/AIDS while others had a primary focus elsewhere, but included commitments to HIV/AIDS. These included:

1. the Government's Plan for the Reduction of Absolute Poverty (PARPA) 2001 – 2005;
2. National Strategic Plan to combat Sexually Transmitted Infections (STIs) and HIV/AIDS 2000 – 2002 (NSP) (sometimes referred to as the *Plano Estratégico Nacional de Combate ao HIV/SIDA* or PEN);
3. a general strategic plan for health (*Plano Estratégico Nacional do Sector Saúde, PESS 2000-05-10*);
4. the establishment of Gender Units to promote a cross-cutting policy for gender equality and women's empowerment;
5. the approval of the Family Law of 2002; and

6. the approval of the Law Against Domestic Violence in 2009 (Bidaurratzaga-Aurre & Colom- Jaén, 2012; Tvedten, 2011).

The first edition of the NSP (National Strategic Plan to Combat Sexually Transmitted Infections and HIV/AIDS), was operationalized for the period of 2000 – 2002 (PEN I), and subsequent iterations of this plan came out for the periods of 2005 – 2009 (PEN II) and 2010 – 2014 (PEN III) (Bidaurratzaga-Aurre & Colom- Jaén, 2012; Republic of Mozambique & National AIDS Council, 2012). In 2000, the National AIDS Council was set up, tasked with the role of coordinating a multi-sector response, and monitoring and evaluating all HIV/AIDS related activities. This was a major step for the government in appreciating the seriousness of the epidemic, and the Council was formulated through a broad consultation process⁵ with an interest in the integration of HIV/AIDS with poverty reduction and economic development (Economic Commission for Africa, 2011; Prata, et al., 2008). The National Program to Combat AIDS (NPC) AIDS, housed in the *Ministério da Saúde, Moçambique*⁶ (MISAU), held the responsibility for the nationwide response to HIV/AIDS.

Surveillance started in 1988 in Maputo, the capital city (Prata, et al., 2008). By 2001, there were 36 different sentinel sites for case identification and for monitoring pregnant women with HIV. Between 2002 and 2005, prevention of mother-to-child transmission programs expanded to 74 centers across the nation (Prata et al., 2008). In addition, efforts such as condom distribution, voluntary testing and counselling, treatment of STDs, capacity building, control of tuberculosis and malaria, and home-based care improvement were also introduced (Government of Mozambique, 2000). Clearly, the government was attempting to address the HIV/AIDS

⁵ This broad consultation process involved 250 participants, representing 66 national institutions, including 11 ministries, non-governmental organizations (NGOs) and community-based organizations (Economic Commission for Africa, 2011).

⁶ Ministry of Health

problem using an integrated approach, despite the odds against it, including lack of resources, inadequate human capacity, and poor health system infrastructure.

Many policy gaps remain to address the HIV/AIDS situation in Mozambique. Prata et al. (2008) point out the lack of attention regarding youth HIV education and a segregation of HIV/AIDS policies from family planning policies as challenges in Mozambique's efforts to reduce the impact of HIV/AIDS. Policy regarding youth education was not introduced until the 1st of December 2011, and up until that time only sporadic programs were implemented to address prevention for out-of-school youth with just "some degree of success" (Republic of Mozambique & National AIDS Council, 2012, p. 21). Research shows that more than 50% of adolescents have had sex by the time they are 16 years old (United Nations General Assembly Special Session & Government of Mozambique, 2006). This is significant because nearly 50% of the population is aged between 10 and 24 years (United Nations General Assembly Special Session & Government of Mozambique, 2006).

Villela and Barber-Madden (2009) explain that, although it is written in the *Plano Estratégico Nacional II* (PEN) that the "gender perspective was present through this entire planning process" (*Conselho Nacional de Combate ao Sida, 2004*, p. 14), there is greater attention to blood transmission than to reducing women's vulnerability in these government documents (*Conselho Nacional de Combate ao Sida, 2004*). Because blood transmission is a minimal mode of transmission in Mozambique, one has to wonder why such attention was given to this in the PEN II. Even though PEN II guidelines require civil society projects funded through public resources to adopt a gender approach, there is no clear definition of what this would mean, and no training strategies were in place to orientate proposals and practices concerning gender and sexuality (Villela & Barber-Madden, 2009). Programs that address issues

such as violence or power, that render women vulnerable, skirt around the topic of sex, an issue that is cloaked in silence (Villela & Barber-Madden, 2009). Mozambique should have been able to draw lessons from researchers such as Villela and Barber-Madden about how to fight issues of power and violence and its intersection with sex. However, up to now there has been no investigation of the success of the policies pursued (Bidaurratzaga-Aurre & Colom- Jaén, 2012).

In spite of the government's response to the epidemic and mass international aid campaigns to curb the epidemic, decades of structural adjustment and development interventions have done little to empower women in Mozambique. Women continue to be inferior to men in regards to educational opportunities, and have an increased vulnerability to violence and infection from HIV/AIDS. Women continue to have limited control over household resources, and female-headed households are poorer than their male-headed counterparts (Tvedten, 2011). The fact that international aid is a dominant force in Mozambique, highly influencing policy and program initiatives, suggests that donors are implicated in the overall response to HIV/AIDS in Mozambique.

International involvement.

Simms (2008) argues that, although ultimate responsibility for the HIV epidemic rests on national governments, the reality is that countries in sub-Saharan Africa have had minimal say in determining their health agenda over the last 40 years (Simms, 2008), "squeezing out the African voice" (p. 1) from the global and local discourse on HIV/AIDS. The approach to the epidemic in sub-Saharan Africa by the World Bank and most other donors was not a needs-based approach, but rather a "neoliberal, market-based, individualistic approach fashioned after the United States model" (Simms, 2008, p. 6). In the context of HIV/AIDS in Africa in the 1990s, what we saw was an alarming spread of the virus, and rather than responding to the needs of the growing

epidemic through a needs-based approach, neoliberal policies prevailed and the average per capita spending on HIV/AIDS in Africa declined (Simms). Therefore, the needs of the epidemic were overshadowed and deprioritized, and austerity measures to address health sector reform were the focus. The overall response to HIV/AIDS in Mozambique reflects this trend.

Mozambique's response was directly related to its history of war, which has resulted in an unequal distribution of resources, high unemployment, and widespread poverty, forcing Mozambique into structural readjustment and becoming dependent on foreign aid at the price of losing its decision making capacity and autonomy (Hanlon, 1984; 1991).

Mozambique's case is an ideal example of how the need for aid grew in response to a political climate destabilized by international interests (Hanlon, 1991; 2004). After independence was claimed in 1974, Frelimo⁷, Mozambique's government, approached its own development from a modernizing socialist ideology (Hanlon, 1991; Pitcher, 2002), focusing on primary health care and education. All private medical care was banned and a large investment went into building infrastructure, both in terms of human and constructed infrastructure for health and education. It was the first time large amounts of the population were vaccinated and Mozambique was praised by the World Health Organization as a success story for primary health care (Hanlon, 1991). Hanlon (1991) points out that Frelimo's approach to development was in no way free from error, because it did not do enough to promote democracy or women's emancipation, ignored traditional values, and tried to modernize too quickly; yet it was showing promise.

This self-determined approach was in direct opposition to the market-driven global ideology favouring neo-colonialism (Glickman, 2003; Pitcher, 2002) through international aid

⁷ Ruling party, originally *Frente de Libertação de Moçambique*, Front for the Liberation of Mozambique.

that was imposed (Tuhiwai Smith, 1999). As a result, destabilization began in 1976, with the insurgency of Western-funded RENAMO forces at a horrific cost: a 16-year civil war. The insurgency killed more than one million people, increasing pressure on the government to accept international aid from the World Bank and the International Monetary Fund, which would undermine Mozambique's attempts at self-determination (Hanlon, 1991). Maier (1992) reported that during the civil war Mozambique became dependent on external aid for up to 90% of food needs. Health care spending by the government decreased by 40% between 1980 and 1989 (Cliff, 1998), and by 1992, foreign aid was subsidizing up to 60% (Cliff & Noormahomed, 1988) of national health care, up from 29% in 1986 (Cliff & Noormahomed, 1988). Although an overwhelming influx of international non-governmental organizations (NGOs) entered the scene to provide relief and needed services, many of their projects and programs were costly, unsustainable, and transplanted with no regard for context (Cliff & Noormahomed, 1988).

The legacy of the bloody civil war (1976-1992) left a fragile political state, making transition into a new democracy a challenge. High levels of unemployment; a lack of infrastructure, both in terms of constructed environment and human capacity; absolute poverty; rising crime; and other adverse social effects further complicated governance issues throughout this time period. As external countries imposed sanctions and destabilizing efforts onto a newly liberated state, a man-made-famine (Collins, 2006; Hanlon, 1991) forced the new government to move from a modernizing socialist ideology to a market-friendly policy through forced structural adjustment as a condition of receiving aid.

Between 1980 and 1989 it is estimated that between \$16 to \$18 billion in losses accrued as a result of the civil war (Collins, 2006; Hanlon, 1991), leaving little room for self-determination, an imperative for sustainable development (Tuhiwai Smith, 1999). In countries

where government, donors, and non-government organizations are the main players with the power to distribute the resources, there can hardly be true self determination (De Beer & Swanepoel, 2000).

Cliff describes how foreign aid entities dictated and defined the structural adjustment programs (SAP) imposed on Mozambique that involved privatization of public services and industries and scaling back social safety nets, while simultaneously increasing poverty. This process involved a framework of health as a commodity that further heightened commodification of the social sector. This resulted in previously shared labour being replaced with cash payments. Cash income was increasingly needed for survival, resulting in gender-specific consequences such as transactional sex for survival in the new market-driven economy (see, e.g., Pfeiffer, 2004). Sukai (2010) notes how the process of structural adjustment enacted globalization and created a climate where states were less willing to pool resources. Growing globalization and a loss of autonomy weakened the national government, making it prone to internal corruption (Hanlon, 2004). Hanlon further demonstrates how Mozambique has become more corrupt with the introduction of foreign aid, and yet this has not deterred donors from providing funding to Mozambique; in fact, the more corrupt Mozambique has become, the more aid they have received. In Alesina and Weder's (2002) study, they report that more corrupt governments receive more aid than less corrupt governments, which further challenges the political stability of aid-dependent countries.

Mozambique's national response to HIV/AIDS is tied to international interests at a political level and therefore both parties are implicated in the failure to respond both quickly and adequately to the epidemic. Unfortunately, these historical events, including the insurgency by RENAMO, combined with international involvement, brought displacement, transformations,

and loss of life and infrastructure. This has led to a previously prosperous and liberated Mozambique becoming a fragile political state, with the local population still enduring hardships today. Poverty, both absolute and relative, is widespread, producing pervasive social effects. Unfortunately, women and girls are differentially impacted, placing them in the most vulnerable position and most at risk for HIV/AIDS.

Gender and HIV/AIDS in Mozambique

It has been well documented that to address adequately the HIV/AIDS epidemic globally, it is necessary to address gender inequities, the role gender plays in shaping HIV risk, and the social burden of the disease (Barbara, 2006; Economic Commission for Africa, 2011; Greig, et al., 2008; Greig & Koopman, 2003; Lindgren, Rankin, & Rankin, 2005; Nepal, 2007; Rachel, Jonathan, & Loveday, 2003; Rankin, Lindgren, Rankin, & Ng'Oma, 2005; Sherine, Cherif, & Sharif, 2009; UNAIDS, 1999; United Nations General Assembly Special Session & Government of Mozambique, 2006). The concept of gender refers to the cultural attributes associated with the female or male sex (Monteiro, 2009). There are a number of socio-cultural and socioeconomically constructed, gender-bound factors that increase both women's and men's vulnerability to HIV (Tlou, 2002). For example, tradition, gender roles, and personhood, combined with beliefs regarding social relations and attitudes toward fertility, create a vulnerable position for women, and women are often seen as producers of the disease (Passador, 2009). Tlou (2002) describes other aspects that create vulnerability to HIV, such as lack of education and access to HIV/AIDS-related information, gender-based violence, and a lack of commitment to change inequitable conditions for women. In Mozambique, there is a broad spectrum of gender discrimination contributing to the increasing number of adolescent girls and women

infected by HIV/AIDS, and gender norms are central to this problem (Economic Commission for Africa, 2011).

A salient gender norm that operates in Mozambique is women's social positioning in relation to men. Women are taught at a young age that they are men's property, and when they have a relationship with a man, they should be sexually available to him and financially dependent on him (Bandali, 2011b). Other gender norms are based on sexual/cultural traditions such as initiation ceremonies, various vaginal practices, and levirate traditions⁸ (Bagnol & Mariano, 2008). These norms impair the ability for both men and women to protect themselves adequately, affecting their access to health care and education.

Women learn early that their bodies can be used as commodities to get them what they need. Widespread sexual abuse exists, particularly in schools, with 80% of girls reporting sexual abuse occurring in schools and communities, and 70% reporting that teachers use sexual intercourse as a condition for advancement from one grade to the next (UNICEF, 2011). For men, male gender construction influences their vulnerability due to socialized expectations of masculinity (Frasca, 2009). Groes-Green (2010) describes how male identity in much of sub-Saharan Africa is wrapped up in the notion of the "breadwinner" ideal. This ideal is compromised as a result of widespread unemployment and poor future prospects because men are continuously reminded of their "failure", lack of money, and lack of social status. As a result, young men seek out feelings of worth and power, traditionally bestowed through the provider role, by engaging in known risk behaviour such as preying on women through forced sex and violence (Groes-Green, 2010). Sex and violence emerge as dual reactions to the problem of unstable male authority brought on by poverty (Groes-Green).

⁸ Levirate traditions, according to Bagnol & Mariano (2008), are the obligation of the brother of a deceased man to marry his brother's widow, and the widow is obliged to marry her deceased husband's brother.

Education, Literacy, and Women.

Women and girls face a marked disadvantage due to their inability to read and write, making it more difficult for them to navigate their rights related to HIV/AIDS information and criminalization, gender based violence laws, family planning, and land ownership laws, just a few of the new legal standards that have been put into place since 2009 (US State Department, 2011). Adult literacy, especially for women, is one of the Millennium Development Goals (MDGs) (Abadzi, 2003). Mozambique's literacy rate today remains low at 54% of the population (UNICEF, 2010). Illiteracy is higher in rural areas at 65.7%, than in urban areas at 30.3%, and is more marked among women at 68%, much higher than men (37.7%) (Mário & Nandja, 2005).

The most alarming rates of illiteracy in Mozambique are those for young people, especially in terms of the widening gap between males and females (Mário & Nandja, 2005). Cultural attitudes discriminate against women's and girl's access to technology and education, clearly evident from the high female illiteracy rates and the tendency for girls to drop out after basic education (Van den Bergh-Collier, 2007). Although literacy rates have improved overall for the population, illiteracy continues to show a widening gap between men and women (Mario & Nandja, 2005; United States Agency for International Development, 2015). Female literacy (28 percent) lags far behind that of males (60 percent) (Mario & Nandja; United States Agency for International Development, 2015).

There may be many reasons for this disparity, but gender underscores much of it. The specific Strategic Plan of Mozambique's Education for All Movement highlights the role of literacy in development, however, it failed to set any goals for women until recently (Economic Commission for Africa, 2011; UNDP, 2012). This demonstrates an ongoing lack of commitment to literacy for women, which is hard to comprehend because it is well known that an educated

population is essential to development (Mário & Nandja, 2005). The number of girls attending elementary school drops with each higher grade. Contributing to this issue is the fact that women in Mozambique make up 60% of agricultural labourers, and out of all employment for women, agricultural subsistence farming makes up 90.9% (Food and Agriculture Organization of the United Nations, et al., 2010). Pressure for women to work on farms outweighs the priority for families to send girls to school.

Until recently, there has been little attention paid to addressing illiteracy rates, especially among adults and women (Economic Commission for Africa, *n.d.*). The global Education for All Movement stipulates that literacy is central to learning, health and economic development, and although Mozambique's movement⁹ was established in 1999, its strategic plan does not indicate clearly what is to be done about the problem (Mário & Nandja, 2005). Adult literacy has been pushed into second place to make room for gender equality issues (Mário & Nandja, 2005). The irony is that gender equality and literacy are closely intertwined. As of February 23, 2011, the Mozambican Government had pledged to reduce illiteracy 30% by 2012, a major step in addressing the intersectional factors contributing to HIV/AIDS and gender inequality in the country (All Africa Global Media, 23 February 2011). To date, there have been no tangible outcomes to demonstrate any changes. If history is a predictor of behaviour, we do not have to look too far. In 2003 the Ministry of Education and Culture committed 4.1% of the education budget earmarked for adult education, but what was actually spent was a mere 1% (Mário & Nandja, 2005).

Unfortunately, USAID's Corruption Assessment (2005) finds corruption in the education sector to be widespread, weighing most heavily on children, young girls, and the poor. In

⁹ Mozambique's Education for All Movement, is known as *Movimento de Educação para Todos de Moçambique* (MEPT).

addition to sexual abuse in schools discussed above, examples of corruption include payment of informal fees at registration in order to avoid forcing female children to attend the evening school shift, generally considered unsafe (USAID, 2005). Other corrupt practices include an informal pay schedule by parents to counter the sexual corruption problem where girls are pressured into sex with their male teachers in exchange for grades (USAID, 2005). Complex sociocultural factors, such as gender inequality and inadequate access to education intersect, placing women and girls in a precarious social situation, and making it difficult to enact their agency in navigating the HIV/AIDS situation in Mozambique.

Gender-Based Violence.

Rooted in patriarchal structures that have long defined cultures around the world, gender-based violence remains an insidious part of many societies, including Mozambique (Groes-Green, 2010). Although there are no official estimates for spousal rape or gender-based violence, these are both reaching astonishing levels and are linked to the spread of HIV/AIDS, especially in cities in Mozambique, (Economic Commission for Africa, 2011; US State Department, 2011). Forced sex, particularly at a young age when the vaginal mucosa is tender and more vulnerable to infection, increases female susceptibility to HIV/AIDS and other sexually transmitted infections (Fuller, 2008). Although Mozambican law prohibits rape, including spousal rape, it is not enforced (US State Department, 2011). Signs and symptoms of sexually transmitted infections often go unnoticed and untreated, further increasing women's vulnerability to HIV. Finally, initiation rites and levirate traditions, also known as 'widow cleansing', in which brothers marry the widows of the deceased husband, are some of the cultural practices that have adverse consequences in terms of HIV transmission (Economic Commission for Africa, 2011).

Rituals and Tradition

Although no studies have been conducted in Mozambique, traditional practices related to marriage and sexual initiation in some parts of the country have the potential to be linked to HIV infection (Audet, et al., 2010; Kotanyi & Krings-Ney, 2009). There are significant variations in HIV rates between provinces in Mozambique, where sociocultural differences exist, likely influencing HIV prevalence rates (Audet et al., 2010). Some of these practices increase risk of contracting HIV, such as elongation of the labia minora, inserting items like herbs and rocks into the vagina, daily vaginal washing, and cleansing using a range of traditional products, smoking and steaming of the genitals, excision of tissue, and incision of impurity in the perineal area as a therapy for infertility (Bagnol & Mariano, 2008). These practices all have the potential to increase HIV transmission.

Other sexual practices, such as the desire of some Mozambican men to have dry sex also increases the risk of HIV transmission (Audet, et al., 2010). In the central and southern areas, widow cleansing refers to the practice in which the brother-in-law or other male relative has sex with the wife of the deceased family member in order to purge the ghost of the deceased (Audet et al., 2010; Fuller, 2008). In the case of widow cleansing, the brother or male family member can inherit the widow as his permanent wife, and she will thereafter be sexually available to him (Audet et al., 2010; Fuller, 2008; Kotanyi & Krings-Ney, 2009). If the husband died of HIV/AIDS, the wife carries the risk of transmitting the virus as a result of this practice, technically known as the levirate (Fuller, 2008). Dry sex, on the other hand, refers to the practice where women will instil desiccant herbs and rocks into the vagina to reduce the moisture in order for their vagina to seem tighter and cause more friction during intercourse (Audet, et al., 2010; Bagnol & Mariano, 2008). Dry sex pre-empts the use of condoms and increases potential for

lacerations and inflammation of the vaginal mucosa, furthering the risk of HIV transmission (Bagnol & Mariano, 2008; Kotanyi & Krings-Ney, 2009). Because these practices are deeply rooted in gender roles and symbolic notions of what it means to be a woman, and of sexual and reproductive life, expressions of these are central to womanhood (Bagnol & Mariano, 2008). The consequence of failure to fulfill all aspects of accepted sex roles could result in divorce, shame, and social exclusion (Fuller, 2008). Limited educational opportunities, the pressure to maintain and fulfill female-appropriate roles, compounded by the power differential between males and females, results in an intersection of HIV risk, leaving women trapped (Fuller, 2008).

There are other types of cultural practices that increase HIV risk for women and girls in Mozambique. Included in these practices are polygamy and early marriage between an older man and a younger wife (Fuller, 2008). Further detail is beyond the scope of this paper, however, it is important to note that a Mozambican woman's agency is compromised when men are able to assign women a subordinate role.

Conclusion

Despite the many years of work regarding HIV/AIDS in Mozambique, HIV/AIDS continues to have a widespread and differential impact on women compared to men. Discrimination and stigma against women, both in sexual relationships and in broader social relations, are embedded within the sociocultural, socioeconomic, and socio-political spaces of Mozambican society. These factors make it difficult for women and girls to navigate the HIV/AIDS epidemic, rendering the risk of being infected by HIV/AIDS four times higher than that of men (Tvedten, 2011). National and international mobilization around HIV/AIDS in Mozambique got a late start due to the competing aftermath of a 16-year armed struggle. Rebuilding Mozambique from this was in itself a huge task that was further complicated by the

HIV/AIDS epidemic. International interests and lack of autonomy of the government have contributed to an overall weak response to HIV/AIDS. Solutions to the problem tend to be technocratic (Frasca, 2009), and often overlook the sociocultural and socioeconomic impediments people encounter in protecting themselves and others. For women, their “triple jeopardy” to HIV/AIDS, coupled with the many other development and gender-based challenges, raises the question of how women and girls in Mozambique navigate their social worlds in relation to the epidemic. In my research I intended to answer this question (Bidaurratzaga-Aurre & Colom- Jaén, 2012), with the ultimate aim to inform policy formation for women and girls and HIV/AIDS. However, my study took a slightly different direction and I only partially answered the question in relation to HIV/AIDS and women. I did develop an improved understanding of the HIV/AIDS situation within the context of gender oppression. As a result, my theory can inform policy formation for women and girls and HIV/AIDS from the perspective of gender oppression.

Chapter 3 – Philosophical Underpinnings

A [research] paradigm may be viewed as a set of basic beliefs ...It represents a worldview that defines for its holder, the nature of the world, the individual's place in it, and the range of possible relationships to that world and its parts.

Guba & Lincoln, 1994, p. 107

Ontology, epistemology, and methodology bring to life research paradigms (Guba & Lincoln, 1994), and identifying them from the beginning is a necessary step to ensure the soundness of the research process and make the outcomes convincing. Ontology reflects beliefs about the nature of existence: is reality an objective phenomenon that holds truth or is reality virtually constructed through social, political, and gendered meanings? Epistemology is concerned with the nature of knowledge and also about the relationship between the knower and what can be known (Carter & Little, 2007). Epistemology refers to beliefs about the preferred relationship between the researcher and the researched in accessing knowledge: should we remain objective and removed from what we study or should we get immersed in it? Methodology refers to approaches we use for collecting information about the world: should we manipulate and measure variables in order to test hypotheses or should we search for meaning in words and behaviours? Crotty (1998) describes methodology as the “strategy, plan of action, process of design lying behind the choice and use of particular methods, and linking the choice and use of methods to the desired outcomes” (p. 3).

Through our lived experiences, particularly in our capacity to negotiate power, we participate in the creation of new knowledge, chart out the course of our quality of life, and shape our ontological and epistemological view of the world. The lenses used to see and analyze our lives, and that of others, then forms our perception of reality. Our capacity to create agency, that is to shape and take control over our lives, is also integral to our sense of reality (Freire, 1970; Kincheloe, 2005), our worldview, which frames how we approach research.

Investigating the phenomena of HIV/AIDS with regard to women and girls in Mozambique is complex in terms of the atypical historical epidemiological pattern of the HIV epidemic (Collins, 2006), and the convolution of cultural, economic, and socio-political aspects contributing to the epidemic. Therefore, it is necessary to choose a theory-method package that enables the researcher to do justice to the complex situation and be fully sensitive to the context in which it is happening. In this chapter I propose the use of Ubuntu, a Southern African philosophical stance, as a way to approach the process of knowledge generation, and ultimately, foster policy development that is meaningfully inclusive and equitable for women and girls in Mozambique. Further, I discuss a critical feminist theory, specifically intersectionality, as the theoretical framework for this study. Together, I use these complementary perspectives to highlight the iterative relationships between the individual and society, in addition to illuminating the social, cultural, economic, and power issues that promote and maintain the HIV/AIDS epidemic (Parker, 2002). In the following chapter, I discuss how the synthesis of Ubuntu, with grounded theory, and situational analysis, can provide a foundation to conduct meaningful research that might foster improved strategic responses to HIV/AIDS prevention.

By using Ubuntu to underpin research, I can explore both micro and macro structures to uncover systemic inequities, and the cultural, economic, and political conditions that produce vulnerability for women and girls. I begin with an overview of the concept of Ubuntu and the ontological differences between this philosophical perspective and a Western-based individualist ontology.

Ubuntu

Ubuntu, which has been variously described as an African philosophy, ontology, and ethic (Battle, 2009; Gade, 2011; Haegert, 2000; Kamwangamalu, 1999; Oruka, 2003; Prinsloo, 2000; Regine, 2009), is a key cultural element that marimates the contextual foundations inherent

within all of Southern Africa. Ubuntu is not some sort of strange African phenomenon, because most philosophical problems transcend cultural and racial confines; rather it can be understood as a corpus of thought arising from the discussion and the deliberate reworking of authentic philosophical ideas by Africans or in the African context (Oruka, 2003). Ubuntu is based on a number of guiding principles and values including a profound respect for all living beings, for human dignity, and for human life (Gade, 2011; Kamwangamalu, 1999; Prinsloo, 2000). It supports the concepts of communality (Battle, 2009; Kamwangamalu, 1999; Oruka, 2003), interdependence, and solidarity (Kamwangamalu, 1999) among people and between people and their environment, and acknowledges the unique spiritual engagement humans have with each other, and with nature, animals, and other immaterial sources (Battle, 2009). Ubuntu is an acknowledgement of a fundamentally unique African spirituality that does not separate the spiritual from the physical (Mbiti, 1989). There is no room in Ubuntu for dualisms.

Ubuntu is also described as a value system (Kamwangamalu, 1999) or ethical framework (Gade, 2011; Haegert, 2000). This set of values, or moral principles, governs societies across the African continent. Desmond Tutu describes it this way:

A person with Ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, based from a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed (Tutu Foundation, 2015, para 5).

Members of societies measure their humanness based on these values. Ubuntu is a collective consciousness (Oruka, 2003) that is a statement about what it means to be human based on notions of communalism and communitarianism.

Ubuntu became of particular interest in the late 20th Century during the political periods of transition from white minority rule to black majority rule in Zimbabwe and South Africa. Other countries, such as Mozambique, that were fighting for independence, drew on the thinking of postcolonial African leaders such as Kwame Nkruma, Leopold Senghor, Julius Nyerere, Obafemi, Kenneth Kaunda, and Ahmed Sékou Touré, whose ideas focused on the notion of “familyhood” (Gade, 2011) in opposition to capitalism. In this idea of “familyhood” based on historical references by Gade (2011), and the harmony of the extended family discussed widely in the literature of African philosophy (Battle, 2009; Gade, 2011; Haegert, 2000; Kamwangamalu, 1999) is the origin of Ubuntu.

Julius Nyerere, a Tanzanian politician, was instrumental in popularizing the notion of Africanization in the context of decolonization (Gade, 2011). *Ujamaa* was the term used to describe the focus on family, and the notion of Ubuntu was a unique way to sum up the totality of decolonization ideas during the fight for independence (Gade, 2011). Because the history of Mozambique is tied to that of many countries, particularly Tanzania, Zimbabwe, and Zambia, which border it, the notion of Ubuntu was central to its own fight for independence. The concept of Ubuntu is seen throughout Southern Africa, and there are many terms for it (ADRA Mozambique, 2012; van Dyk & Matoane, 2010):

Table 1**Terms Synonymous with Ubuntu and Where They are Used**

Term	Location
<i>unhu</i>	Zimbabwe and parts of Mozambique and South Africa
<i>botho</i>	in northern Sotho (South Africa)
<i>umundu</i>	Kenya (Kikuyu language)
<i>obuntu</i>	in parts of Uganda
<i>vumuntu</i>	in parts of Mozambique (shiTsongo language)
<i>bomoto</i>	In parts of Democratic Republic of and Angola and Congo (Bobangia language)
<i>bumuntu</i>	in Kisukuma (Tanzania),
<i>utu and umundu</i>	in parts of Kenya
<i>uMunthu</i>	Malawi
<i>ogumaniha</i>	In Zambezia Province (Mozambique)

The contribution Ubuntu can add to a methodology package is in its philosophical underpinning value. The addition of Ubuntu forces the researcher to take seriously the difference between a Western-based philosophy of individualism and an African way of being and living. This is particularly important in a context where colonialism reigned for decades or even centuries, ignoring and silencing indigenous voices, languages, and customs, and where international aid agencies often transplant programs that are incongruent with the local context (Cliff, 1998; Sanders, Stern, Struthers, & Ngulube, 2008). Concepts such as communality (Oruka, 2003), “sharedness” (Kamwangamalu, 1999), collectivism (Kamwangamalu, 1999), reciprocity (Kovach, 2005), and interdependence (Battle, 2009) can be a measuring stick of how

to engage in relationships with research participants, and how to navigate a context that is different from Western individualism. Understanding that the principles of Ubuntu stem from the African concept of family, family being viewed broadly and differently from the concept of a nuclear family, is a unique attribute of African philosophy. Desmond Tutu explains Ubuntu well:

My humanity is caught up and is inextricably bound up in yours. I am human because I belong to the whole, to the community, to the tribe, to the nation, to the earth. Ubuntu is about wholeness, about compassion for life...[it is the] recognition of our interdependence (Gluckstein, 2010, p. 8)

In the next chapter I discuss the research methodologies of grounded theory and situational analysis and their congruence with Ubuntu because my initial intent was to combine these methodological approaches. However, although it was my intention to combine situational analysis with constructivist grounded theory at the beginning of the study, I quickly became aware that I had to make a methodological decision to move away from situational analysis and focus on using solely a constructivist grounded theory approach in order to examine women and girl's interaction and action with their identified problem, gender oppression. Constructivist grounded theory was a better fit for this purpose. Despite this methodological turn, in the following chapter I demonstrate how a fusion of Ubuntu and both situational analysis and grounded theory can provide an ideal model for exploration of Southern African public health issues such as HIV/AIDS and gender oppression.

Intersectionality

Because this is a study where I aimed to understand women's experience, I used the theory of intersectionality as background. Intersectionality has been referred to as a critical feminist theoretical framework (Morris & Bunjun, 2007; Walby, 2007), an analytical tool

(Hankivsky et al., 2010; Morris & Benjun, 2007), a research paradigm (Hancock, 2007; Hankivsky & Cormier, 2009; Simien, 2007), and a theory (Davis, 2008). In this research project, I took up intersectionality as an analytical tool and framework to assist me in understanding the way in which gender intersects with other identities and how these intersections contribute to unique experiences of oppression and privilege.

Morris and Benjun (2007) assert that, although all women are subjected to gender discrimination, other intersecting factors can be combined with gender to determine one's social location. Examples of these factors include race, caste, age, ethnicity, language, ancestry, sexual orientation, religion, class, culture, geographic location, and HIV/AIDS status. Intersectionality is useful in helping the researcher identify how systemic conditions that vary by time, place, and circumstance, work together to reproduce conditions of inequality. An intersectional approach within research is aimed at understanding what is created and experienced at the intersection of two or more axes of oppression (Hankivsky et al., 2010). Therefore, throughout the research process, the researcher is sensitized to looking for areas where situations of oppression or oppressive identities meet.

Using intersectionality, the researcher is committed to asking certain questions that might otherwise be overlooked, for example, questions of power and gender as they relate to HIV/AIDS in Mozambique. For example, in this study I was sensitive to the political history, the war, and issues of race and poverty, which led me to ask certain questions, and ultimately using intersectionality affected the direction of the study away from HIV/AIDS as the focus, to include other oppressions. To work from this framework, the researcher must be committed to thinking carefully about placing the experiences and perspectives of people with the least social,

economic, and political power front and centre throughout the research process (Morris & Bunjun, 2007).

I drew specifically on Walby's (2009) understandings of intersectionality in which she rethinks the concept of social system by drawing on complexity theory. In her work that includes rethinking the nexus of intersectionality and complexity theory, Walby provides an avenue to address the problem that has often been expressed in social theory: the tendency to focus on either structure or agency. Using intersectionality, researchers are not forced to choose between levels of analysis, avoiding a significant limitation on explanations related to social phenomena such as women's lives in the context of HIV/AIDS (Walby, 2009). In this sense, I did my best to attend to both structure and agency by asking participants how they experienced and interacted with government agencies and NGOs. I paid attention to how issues of power and inequalities were identified by participants, and I probed into the historical, cultural and structural aspects of the situation with participants. I sought participants who were knowledgeable about structure and systems and also participants who could speak of their own experiences.

In conclusion, using both Ubuntu and intersectionality provided me with philosophical and theoretical perspectives, allowing me to explore both structure and agency as part of this study. By drawing on these two perspectives I was sensitized to intersecting issues of gender, power, and structures that impacted and are affected by women's experiences not only with HIV/AIDS, but with other oppressions. Using intersectionality and Ubuntu enabled me to explicate the experiences of women within the social-structural context in which they found themselves.

Chapter 4 - Methodology

In this chapter I explored the use of two methodologies, grounded theory and situational analysis, as a way to investigate gender oppression and HIV/AIDS and women in Mozambique. I begin by discussing how grounded theory has evolved and identify constructivist grounded theory as the foundation to this study. Following this I discuss the use of the cartographic methods of situational analysis to enhance the analytical process of grounded theory. Throughout this section I highlight how Ubuntu and intersectionality enrich this methodology.

Grounded Theory

Grounded theory is an evolving methodology with a series of variants reflecting a multiplicity of ontological and epistemological underpinnings (Ghezeljeh & Emami, 2009; Mills, Chapman, & Francis, 2007). I discuss these briefly, and identify where Ubuntu provided a philosophical grounding for my grounded theory research. In order to do that, however, I must briefly review the history of grounded theory.

The grounded theory tradition(s).

Traditional grounded theory (Hunter, Murphy, Grealish, Casey, & Keady, 2011) is oriented to the discovery, meaning, and generation of theory “grounded” in data. “The Discovery of Grounded Theory” was published during a climate of intense scrutiny over many aspects of “traditional quantitative research,” and Glaser and Strauss (1967) brought the debate on verification to the forefront, noting an overemphasis on theory verification and concurrent de-emphasis on discovery of theory and concepts for research. Responding to this, the founders presented grounded theory as a systematic way to strengthen theory generation and to help researchers defend qualitative research against the climate of verification, which was seen as

counter-productive and repressive (Glaser & Strauss, 1967). The publication of “Discovery” was timely in providing the credibility needed for qualitative research methods.

Conventional grounded theory grew out of symbolic interactionism, a sociological perspective, and emphasized a core concept, often a basic social process articulated in gerund form (Glaser & Strauss, 1967), signifying ongoing action at an abstract level. The adequacy of the grounded theory being developed, in Glaser and Strauss’s (1967) opinion, could not be separated from the process. Grounded theory, in short form, represents an empirical approach to generating theory. Analysis and coding occur simultaneously with data collection, and theorizing is based on clustering codes into increasingly abstract concepts. Researchers who use grounded theory draw on theoretical rather than representative sampling to respond directly to the provisional analysis during the process. The end product of analysis is judged on four criteria (Glaser, 1978): *grab*, *fit*, *relevance*, and the *modifiability* of the product (Glaser, 1978). *Grab* means that grounded theories must be immediately recognizable to those “in the know”; *fit* refers to the categories generated, which must fit the data and account for the variation within it. The theory must also “work” to explain the variation in the data, and be relevant to the action. *Modifiability* means that the theory can be adapted in light of new data or insights. The core variable or “Basic Social Process” (BSP) ties everything together (Morse, 2001). The four criteria ground the theory and prevent the researcher from dabbling in preconceived notions that may force ideas onto the data (Glaser & Strauss, 1967).

Ironically, the issue of verification became the dividing point for Glaser and Strauss (1967), taking them in different directions. Glaser, although he has never explicitly stated his ontological perspective, was firmly grounded in positivism, and upheld a realist ontology (Stern, 1994). Glaser assumes an objective and external reality, and believes in the concept of the

researcher as an objective observer who discovers data in a reductionist way (Charmaz, 2000). Strauss, along with his colleague Corbin (Strauss & Corbin, 1990), seemed to move away from Glaser, and took up a more post-positivist stance, recognizing knowledge as incomplete. According to Charmaz, however, Strauss (and Corbin) seemed committed to an external reality waiting to be discovered, strived for objectivity, and maintained a neutral stance towards data collection, positioning him as a post-positivist (Charmaz, 2000). Charmaz (2006) cites Strauss's stance on objectivity as support because of the set of technical procedures and verification processes espoused in 1990 and 1998 in his work with Corbin. Nonetheless, others (MacDonald, 2001; Schreiber & Martin, 2015) see Strauss's stance as closer to a constructivist than a positivist or post-positivist perspective.

Trochim (2006) asserts that most post-positivists are in fact constructivists who believe that we construct our view of the world based on our perceptions of it. MacDonald (2001) posits that Strauss's own stance was linked to a constructivist paradigm, which opened up a new direction for grounded theory. Strauss's thinking was based on Dewey's pragmatist perspective that included an anti-dualistic stance and viewed culture critically rather than conservatively (MacDonald, 2001). The departure in perspective between Glaser and Strauss can be found at an ontological level. Strauss's structural outlook, fused with an ecological perspective, can be found early on in his 1959 book "Mirrors and Masks" (MacDonald, 2001), and leaned him towards a constructivist paradigm. However, at this stage of its development, the conceptualization of grounded theory did not highlight the explication of power issues, discourses, or the effects of unarticulated or intangible factors that shape human behaviour (Glaser, 1978). In his later work with Corbin, Strauss developed the conditional matrix, which provides a mechanism for analysis of structural issues (Strauss & Corbin, 1990; 1998).

The principles of Ubuntu may be less obviously congruent with traditional forms of grounded theory, although basics such as treating participants respectfully, letting them guide interviews in directions that are salient to them, and scheduling according to their needs are common practice. And a grounded theorist of whatever stripe should approach any study with an understanding that whoever is being interviewed is a whole human being, with a fully formed world of understanding that is as valid as that of the researcher. Nonetheless, in Charmaz's (2006) view, traditional forms of grounded theory can be seen as largely post-positivist (Charmaz, 2006), and thus the researcher holds, and does not question, more power than do participants, and she might well benefit from the study far more than participants. In this way, any notion of egalitarian interconnectedness based on responsibility to each other is undermined. African participants might welcome outsider researchers warmly, but given their colonial history, might not wish to participate fully in a research project in which they were not complete partners, however I found that participants welcomed me warmly and participated enthusiastically.

Strauss paved the way for grounded theorists to conduct micro and macro level analyses, adopting the anti-dualism of pragmatism and recognizing the usefulness of the symbolic interactionism tradition. In doing so, he acknowledged both the organizational and structural aspects of human life. In this way, he was responding directly to critics like Layder (1982), who suggested the need for grounded theorists to respond to the structural bias in early conceptualizations of grounded theory. This groundwork led the way for Charmaz (2000; 2006) to articulate fully a constructivist grounded theory.

Constructivist grounded theory.

Charmaz (2000) claims that a constructivist grounded theory “takes a middle ground between postmodernism and positivism” (p. 510), and at the same time provides a bridge with symbolic interactionism’s emphasis on meaning. Constructivists take a relativist approach, honouring the co-creation of knowledge, and creating theory based on interpretive understandings of participants’ meanings (Charmaz, 2000). A central feature of constructivism is the need to acknowledge and take measures to address the power imbalance between researchers and participants (Schreiber & Martin, 2012), with the goal of generating theory that reflects a co-construction of their shared reality. Charmaz (2006) stresses the importance of reciprocities as a way of equalizing power. To address the potential power imbalance I started by memoing on what assumptions might influence my selection of participants in the study. I did this to check that I was adhering to a decolonizing approach to data collection and ensuring that negative stereotypes were not guiding my selection process. To aid in this, I recruited participants by a third-party. This third party was able to identify potential participants who met the criteria of the study and allowed potential participants the space to decline to participate without having to say no directly to me. In addition, I respected participants’ time by providing a small stipend as suggested by workers in the NGO. I was open to sharing my own experiences with the participants when they asked, and I conducted the interviews at a time and place that was convenient for them. I attended to participants’ level of comfort throughout the interview, and provided refreshments to establish rapport.

Addressing the power issues to create a more egalitarian relationship between researcher and participant is congruent with the principles of Ubuntu because people are understood to be richly interconnected and responsible for each other’s welfare. A person (e.g., a researcher) does

not seek advancement at the expense of others, but enables others around them to advance as well. In this way, participants share an acknowledged investment in the research, preventing researchers from adopting a “cut and run” approach to data collection. Ubuntu is the grounding philosophy of the Southern African context, and therefore, it would not have been appropriate for me to dash in, grab data I needed, and dart back to my desk and develop my theory. I needed to attend to the values of Ubuntu to establish authenticity. The length of time I spent in the field, two years, allowed me to do this. I was able to take the value of reciprocity between the participant and myself, which Ubuntu, constructivist grounded theory, situational analysis and intersectionality all support, and apply it in meaningful ways. For example, I constantly placed participants’ interests central in the project, reaffirming social justice, and as a result my research question shifted from concentrating solely on HIV/AIDS to considering other oppressions described by participants as important. As well, participants from the local NGO spoke about their challenges with maintaining their livelihoods, and in response to this concern I provided them with a small stipend because I wanted to ensure that they were not treated as objects but as valued contributors to the study. Just as they valued the project, I wanted to demonstrate that I valued their participation and time.

However, attending to all of the values of Ubuntu was a dubious task. I often questioned whether I did in fact reach interconnectedness with my participants or truly applied reciprocity. In these moments of uncertainty, I drew on reflexivity, as characterized in a feminist approach, to assist me in recording how I was attempting to maintain interconnections, reciprocity and social justice values throughout the project. I used Olesen’s (2007) suggestions on how to practice reflexivity to guide my own behaviour throughout the project. I did this by:

1. fully disclosing how I was handling analytical and practical issues throughout the study (e.g., memos);
2. continuously examining my own background and how this could be influencing the research (See Chapter 2 and, e.g., memo writing); and
3. reflecting on my emotions, worries, and feelings as they arose throughout the project (e.g., memo writing and audio recording my thoughts).

Memo writing and audio recording my thoughts and feelings as they arose throughout the research were at the heart of practicing reflexivity for me. Regular communication with my supervisors assisted me in addressing my emotions, recognizing them for what they were, and moving me to examine critically why I was feeling the way I was so that I could get to the analysis.

For example, after one of my interviews with a key knowledge expert on HIV/AIDS, who happened to be male, I was left feeling angry and frustrated and I felt like the interview was a failure. While I coded the interview I became angry at the way in which I allowed the participant to take over the interview, leaving me feeling undermined and patronized. I attributed these feelings to an uncomfortable sense I got during the interview that the participant was flirting with, and sexualizing me. After the interview ended, I tried to code the interview but my interaction with him got in the way of looking at text and analyzing it for what it was. I recorded my feelings via a memo and then requested a debriefing with my supervisor. I shared with her my memo, which included a background caveat to the interview that I had previously overlooked. This background caveat occurred before the interview. I was given a book written by the participant and was reading it at a café to prepare myself for the interview. A woman, from another NGO, stopped by and recognized the author's name on the book. She quickly informed

me that the author was a womanizer and cheater, and she thought this was ironic considering his research and profession. As I reflected on this information and the competing references by other colleagues that he was renowned for his work, I realized these competing perspectives overshadowed my ability to enter confidently as a researcher into this interview. Luckily, I was able to have my supervisor review the interview and she contended that I entered the research interview in a poor state of mind and despite my discomfort with the interview, the participant's contribution was rich and valuable and I needed to recode the interview.

At this point I reflected again through a memoing process and realized that instead of entering the interview as an interviewer, I entered it from the perspective of a colleague, which influenced my interaction with this participant. I was unable to view what he said as a neutral observer, and instead I judged him as a colleague, rather than treating him as a participant. At this point I went back and recoded the interview and was able to acknowledge my feelings and set them aside, as I addressed the text within the transcription. Through this example, I learned first hand that the principle of interdependence was important to maintain throughout my project, especially in Mozambique.

Smith (1999) points out that the word research "is probably one of the dirtiest words in the indigenous world's vocabulary...it stirs up silence, conjures up bad memories, it raises a smile that is knowing and distrustful" (p.1). Although most people were generous and open to me as a researcher, I was not welcomed or embraced as I may have initially hoped or as I experienced in other scholarly contexts and this could have been a reflection of some people's possible distrust or suspicion of me. For example, the program coordinator at the local NGO kindly offered me an office to do my interviews. Not long after I began interviewing participants, a lawyer burst into the office, interrupting my interview, and announced that this was his office.

In addition, I experienced this at the local University, where I had a pre-established affiliation prior to arriving in Mozambique. The Center for African Studies, where my affiliation was based, asked me to come and speak about my research to them. After my presentation only one person came to speak with me, leaving me surprised at the lack of collegiality. Despite these interactions, I welcomed suggestions from people at both the NGO and University on my research, and complied with their requests.

Through the time spent in discussing my research with these organizations and listening to people's opinions, I was able to build connections and relationships (Chilisa, 2012). Through these interactions I was attempting to demonstrate that I wanted to conduct this research in collaboration. The drawback to this process was that it takes time to cultivate relationships to a level of mutual trust. I concluded that mutual trust was established with this NGO and was given full access to all case files and the support of the entire NGO team in connecting me with relevant participants. I met regularly with the coordinator and updated the director when requested to ensure a relationship of interdependence was maintained and respected. By foregrounding reciprocities and entering the field with humility and awe, as prescribed by Ubuntu, I was able to gain access to participants built on trust, mutuality, interconnectedness, and interdependence.

Situational Analysis

Situational analysis emerged out of the need to address the growing postmodern critique in which knowledge is assumed to exist not only in the formal structures and institutions of society, but also as it constitutes the subjectivity of individuals. In the following paragraphs I discuss the historical evolution of Clarke's situational analysis and how her characterization of situational analysis could supplement a basic grounded theory study. Clarke's development of

situational analysis was in direct response to critiques by Haraway (1999) and Lather (2007)¹⁰ on the need for new methods to study complex and heterogeneous worlds that are emerging through new world ordering. Lather (2007) also discussed the politics of knowing in a postmodern world fraught with complexity (Lather, 2007), and referred to the need to confront a postmodern landscape with reflexivity¹¹, openness, and nakedness. Lather recognized the multiplicities of perspectives that can be combined toward a solution of the problem of valuing knowledge, and proposed a pragmatic stance directed toward a use that, in her mind, was yet to come.

In light of this, Clarke (2005) claims to have “pulled grounded theory around the postmodern turn”, although she is hardly the first to reconcile the two. MacDonald and Schreiber (2001), like Lather, drew heavily on the pragmatism that underpins symbolic interactionism to demonstrate how grounded theory is compatible with postmodernism, while embracing the little narrative or situated knowledge. It was Clarke, however, who took up the challenge to present a renovated grounded theory methodology to respond to the critiques of Haraway (2007) and Lather (2007). Clarke argued that grounded theory, although firmly grounded in both pragmatism and symbolic interactionism, has a fundamental “postmodern edge” (p. xxvii), and therefore Clarke claims it is worth restoring.

Early on, Blumer (1972) pointed to the need to focus on the “situation” (p. 152). Dewey (1972) framed the situation as “deeply grooved systems of interaction” (p. 155), a depiction of what Clarke (2005) viewed as broader social action. Clarke pointed out the need to go beyond human actors in interaction and focus on the situation of inquiry itself, in a way that would

¹⁰ Clarke (2005) drew on Lather’s unpublished manuscript “Getting lost: Feminist efforts toward a double(d) science”. This is why the citation is 2007, which appears to be after Clarke’s book, but in fact she drew on it prior to it being published in 2007.

¹¹ Reflexivity is central to grounded theory and situational analysis. It is a process of recognizing that all knowledge is affected by the social landscape under which it is produced. Knowledge is grounded in social location and the social biography of the observer and observed (Hesse-Biber, 2007).

include discourses, other non-human “actants”, complexity and non-material factors such as the spiritual, and to do this in a way that embraces the whole. Clarke broadly defines the concept of situation, moves away from assumptions of normality/homogeneity towards differences/complexities/heterogeneities, draws heavily on Blumer’s ideas of sensitizing concepts, and introduces the use of maps in the analysis of situations. Clarke claims these five aspects of situational analysis allow for grounded theory to be pulled fully around the postmodern turn. She “regrounds” grounded theory by demonstrating how she builds on both Charmaz’s constructivist grounded theory and Strauss’s conceptualizations of social worlds and arenas as an option for understanding “deeply situated yet always fluid organizational elements of negotiations and discourses” (p. xxix).

The concept of negotiation is another way of describing the interaction that is the basis of symbolic interactionism, and grounded theory. Negotiation, however, is linguistically located in a postmodern vocabulary of porous boundaries between social worlds and arenas that are viewed as mutually constituting/coproducing social processes. Clarke (2005) comments on this change of language as metaphorically moving from a traditional grounded theory rooted in the metaphor of social processes/action to an ecological metaphor of social worlds/arenas/negotiations/discourses, more in line with Strauss’s departure from Glaser. Clarke (2005) explains that the term *negotiations* points us towards micro-politics, power, and the power of discourses. She contends that drawing on Foucault’s understandings of power and the power of discourses allows us to address power in areas unavailable through previous grounded theory research methods. The complexity of situational analysis lies in the ability of the researcher to attend to all of these elements, elucidate the multiplicities within the situation,

make explicit both its stability and instabilities, at the same time as focusing on subjugated knowledge and heterogeneities, and account for the whole situation.

Although I did not use situational analysis to its fullest potential and only engaged in a few mapping exercises, I was able to focus on, as Michel Foucault coined it, “subjugated knowledges” (Stanford Encyclopedia of Philosophy, 2014). Subjugated knowledges are understood as knowledge or ways of knowing that are left out, opposed, or ignored in mainstream culture. I privileged women’s and girls’ voices and focused on subjugated knowledges, because this population is largely oppressed and in positions of subordination and inferiority in Mozambique. Therefore, I did not need to do a full situational analysis to attend to subjugated knowledges.

Clarke proposes mapping, first and foremost, as intended to open up the data and view them in fresh ways within a grounded theory framework. These maps are not intended to be final analytical products (Clarke, 2005) but are analytical exercises that provide a means for the researcher to enter the data fully. The most important element of the maps is to provoke the researcher to analyze deeply, and fend off what she describes as “analytic paralysis” (p. 84), which many researchers face despite simultaneous memoing (Ghezeljeh & Emami, 2009; Schreiber, 2001), analysis, and theoretical sampling. As I mentioned earlier, I conducted mapping exercises with memo writing in the initial stages of the study, and these exercises, as Clarke promises, “provoked” me to analyze deeply and aided in opening up the data so that I could view it in a fresh way. It was at this juncture when I viewed the maps juxtaposed to my emerging question, that I recognized the need to move away from situational analysis and concentrate on constructivist grounded theory. I admit that the mapping exercises helped me to see the big picture and ask questions such as: “Where in the world is this project? Why is it

important? [and] What is going on in this situation” (Clarke, 2005, p. 85). The mapping exercises were systematic and provided me with a visual level of grounding, especially needed because of the complexity of the data.

Because of this complexity, and in light of the historical and political trajectory of women’s and girls’ plight in Mozambique, I found it overwhelming to handle the emerging data. The mapping exercises, together with memoing, helped me to realize that HIV/AIDS was not the center of analysis; rather what was central was how women and girls manage and interact with gender oppression. HIV/AIDS was an aspect of the larger problem for women and girls, but I could not ignore the other concepts that were foregrounded by the participants, and the mapping exercises allowed a visual representation of this emergence, while memoing helped me to record my thinking and capture it so that I could compare and contrast the development of my thinking throughout the process.

At the beginning of this research journey it was my intention to use situational analysis together with a constructivist grounded theory approach. The motivation behind this combination was drawn from the fact that, at the time situational analysis was a novel research methodology, and as a doctoral student I was ambitious to further its development. As well, my initial intent was to examine how women manage HIV/AIDS, which later became more broadly gender oppression, and to understand this with an added analysis of the situation.

In the end, however, I realized that to do both of these analyses went beyond the scope of this doctoral journey. Added to my decision, I recognized that initially I ignored Clarke’s (2005) counsel when she said that situational analysis is not for beginner researchers. When I found myself in the field (Mozambique) and far from the support of my faculty, I faced the fact that there was an absence of situational analysis studies that I could refer to and use to guide me. I

decided that trying to use a novel methodological approach far from my school was a bit naïve. Furthermore, the time needed to build relationships and cultivate trust was extensive, and to do this for a doctoral thesis intended to combine two methods would add extensive fieldwork, time that I did not have. In the end, the study shifted as a result of my participants' concerns, and a recognition that my question rested on the action and interaction of women/girls and their experiences with gender oppression.

Although I did not use situational analysis in its entirety, I experimented with some of the mapping techniques during the initial stages of fieldwork, data collection, and analysis (See Appendix A). These mapping exercises were useful in the initial stages because they allowed me to open up the analysis and visualize the situation. Through these mapping exercises I was able to identify the importance of the NGO, MULEIDE, with which I later partnered for much of my data collection, and this alone was a useful discovery. As data collection and analysis simultaneously proceeded, my research question shifted after reflecting on the first batch of interviews. At this point I was faced with a methodological decision to move away from situational analysis because my research question was more suited to constructivist grounded theory.

Despite this methodological wandering, I had entered the field with the intent of using situational analysis along with grounded theory. Traditional grounded theories center on framing the action between and among participants, or the basic social processes, while the mapping exercises of situational analysis center on elucidating the key elements, materialities, discourses, structures, and conditions that characterize the situation of inquiry (Clarke, 2005). In situational analysis, the situation becomes the focus of analysis rather than the basic social process. Situational analysis could have acted as a supplement to a basic grounded theory if I had more

time and funding to do so. The alternative approaches and interpretations used in situational analysis could have allowed me to explore broader issues, such as conducting a policy arena analysis and exploring the negotiations that influence the implementation of, for example, gender policies in Mozambique. A situational analysis would be a valuable future addition to my study because it could decenter the knowing subject (women and girls) and other “objects” (Clarke, 2005) that are relevant, such as cultural objects, technologies, media, and other nonhuman things that constitute the situations in which women and girls find themselves. In the end, I concluded that to do such an analysis, although valuable, went outside my timeframe and the scope of my research question.

Nonetheless, using situational analysis at the beginning of this study enabled me to grapple with the complexity that women and girls are subjected to in Mozambique. Although I made a methodological decision to move away from situational analysis, I did find merit in the mapping exercises because they provided an alternative way to view the complex contexts of the research, including pertinent organizational, community, national and international conditions (Clarke & Friese, 2007).

Grounded Theory, Intersectionality and Ubuntu

Ubuntu shares common principles with situational analysis, constructivist grounded theory, and intersectionality, namely symbolic interactionism and pragmatism; values of interdependence, fluidity, and anti-dualism; attending to the immaterial; and promoting meaning between and among individuals. Ubuntu stresses the importance of spirituality, which may be considered an immaterial aspect of the social within a grounded theory/situational positioning, and therefore I was open to attend to the spiritual in this study. At the start of this study I argued that conceptualizing the idea of the spiritual could be considered under the umbrella of

discourses, non-human aspects of a study, but could also be considered as part of human interaction. Although situational analysis explicitly takes into consideration immaterial aspects such as discourses, other oppressions, as well as economic and political dimensions, I found that a constructivist grounded theory adequately equipped me to address these throughout coding. I did this by coding discourses that participants spoke about and I paid attention to what was not said, and what was avoided or silenced. This alerted me to what aspects of social life affect their interactions and actions. For example, child sexual abuse was a difficult topic and many participants avoided discussing responsibility. These initial observations led me to consider whether there was a culture of silence at play, and after probing with additional interviews and revised questions, the category of Turning a Blind Eye emerged.

Clarke (2005) admits that many grounded theorists have been taking into account the nonhuman for decades (p. 60), and therefore I am not alone in this endeavour. Thus, I did not need mapping exercises to attend to these nonhuman aspects of the study. I remained committed to foregrounding the ontology of Ubuntu by ensuring that I was paying attention to central themes such as interdependence, accountability, reciprocity, and reflexivity, all of which opened the door to uncovering the spiritual. For example, one participant spoke at length about how her relationship with God gave her strength. She believed that this relationship was central to how she was able to build financial independence in a context that privileges men and oppresses women.

Using constructivist grounded theory and Ubuntu allowed me to study gender oppression and women in Mozambique, focusing on the action and interaction between the two. The initial use of mapping helped me to unwind the multiple, varied threads that make up the situation. Ubuntu, however, provided me with the foundation to ensure that I tolerated and accepted

different perspectives, and at the same time it guided me to place a high premium on compassion and human dignity. Intersectionality was useful because it became a guiding tool for analysis, and sensitized me to power issues and how different sets of identities impacted on women's and girls' access to rights and opportunities. Intersectionality forced me to ask particular questions of my participants based on a premise that people live multiple, layered identities derived from their social relations, history, and the operation of structures of power (AWID, 2004). For example, I asked both affluent and non-affluent, educated and non-educated participants the same questions because intersectionality prepared me to understand that participants can have overlapping identities. One participant exemplified this in that she was highly educated and financially stable, yet she had experienced devastating child sexual abuse, domestic violence, and a legal situation in which the brothers of her deceased husband tried to grab her land. Having intersectionality and Ubuntu underpinning my methodology enabled me to attend to these complex issues of oppression and inequalities because both of these share social justice as a core value. The mapping techniques outlined in situational analysis were useful in the beginning, and they sensitized me to what is missing in the data, and what (such as Ubuntu) may not be discussed because it is taken for granted.

Addressing the power issues between researcher and researched in much the same way as in constructivist grounded theory allowed me to address power issues well, and I was able to appreciate the social aspects of Ubuntu that supported people working to press for improvements for women. Reconciliation, mediation, and restoration of harmony, all principles of Ubuntu, served as sensitizing concepts for my approach to addressing the different roles and processes of local and international NGOs to illuminate the degree to which these organizations are in congruence with African principles. For example, I asked the local women's organizations

Forum Mulher¹² and WLSA¹³ whether their approaches differ from international aid organizations and what problems they have encountered. Although these questions did not become central to the construction of my resulting theory, they provided insight into the complexity of gender work in Mozambique. Although participants spoke about competing priorities for international NGOs, a major theme that arose was in relation to their government's commitment towards gender equality and the rights of women and girls. Local patriarchal ideology worked against local NGOs' efforts to bring about meaningful change because there was a lack of commitment to implement, for example, legal reforms to benefit women. Changes were made at a legal level but dissemination of these laws was almost invisible. Access to the necessary aid to assist women was, in many cases, unavailable.

A constructivist grounded theory, using some initial mapping techniques, combined with intersectionality and Ubuntu allowed me to examine deeply embedded power structures that create inequalities for women and girls, and I was able to explore how they managed their lives against these issues. In the end, using this methodological approach I was able to develop a grounded theory to explain women's and girls' interaction with gender oppression and the subsequent actions they are involved to tackle the many aspects of oppression that arise in their life.

Research Methods

In this section I discuss how I used grounded theory and situational analysis as research strategies. Specifically I discuss theoretical sensitivity, data sources, sampling, data collection, translation, analysis of data, memoing, rigor and protection of human subjects.

¹² Women's Forum

¹³ Women and Law and Southern Africa (Mozambique chapter)

Data Sources.

Data in this study came from two key sources: interviews with key informants, and a review of documents related to the HIV/AIDS situation in Mozambique as well as the various reports and documents on gender oppressions. For example, I completed an analysis of over 300 legal aid cases from the organization *Associação Mulher Lei e Desenvolvimento* (MULEIDE). I used these data to supplement the interview data and provide me with insight into the problems women face, and the challenges they have in accessing their rights in Mozambique. For example, for each legal aid case I reviewed I created a memo to capture the essence of the case in relation to the women I had already interviewed. I wanted to understand: a) the reason behind why the woman came to the NGO, b) what dispute she was seeking justice about, c) what law articles the NGO drew on to help her with her case, d) how long it took to get the case resolved (if ever); and e) how similar or different this case was from the experiences of the women I interviewed. Other documents I reviewed included policy papers as well as relevant websites, magazines and newspaper articles, radio, and TV programs. In grounded theory, everything is data.

Sampling.

A key component to all qualitative inquiry, including grounded theory, is that both the data collection and techniques of analytical conceptualization must be rigorous (Morse, 2007). Morse claims that the best quality data are “significant, pertinent, informative, exciting, and not mundane, obscure, irrelevant, or only tangentially related to the topic” (p. 233). Schreiber (2001) emphasizes that data are only as good as the participant is talkative and reflective. For a researcher to obtain high quality data, Morse (2007) describes the need to find and select an excellent informant. Morse describes this informant as an expert, one who has been through, or observed, the experience under investigation. Therefore, grounded theory researchers must seek

out the best available examples or informants of whatever is being studied. To break this down into concrete sampling techniques I explain how I used a variety of sampling methods throughout this study to generate rich data and data that were required at various stages of the project. The sampling techniques I used in this project were purposeful sampling, snowball sampling, and theoretical sampling.

To begin, however, methods of data collection were personal interviews (43 in total) and document reviews. Some respondents were interviewed on more than one occasion to provide feedback and additional information about aspects of the study.

Table 2: Data Sources

Informant Type	Number of Interviews	Document Type	Number
Public ¹⁴	3	Blogs/Websites/News	25
Donor ¹⁵	11	Reports	30
Civil Society ¹⁶	11	Legislation	3
Private Sector	1	Civil Aid Cases	300
Key Informants ¹⁷	17	Policy documents ¹⁸	25
Total	43	Total	383

Purposeful sampling.

Purposeful sampling is an intentional sampling technique that includes seeking out participants who have knowledge about the phenomena of interest. I began my study with purposeful sampling, seeking out research participants who were knowledgeable about women

¹⁴ Government institutions.

¹⁵ United Nation Agencies and government donors.

¹⁶ Local and international non-governmental organizations including community-based organizations.

¹⁷ Individuals who identify themselves as having experience with some form of oppression (e.g., violence, child sexual abuse, HIV/AIDS).

¹⁸ Policy documents from public, donor, civil society and private sector.

and girls directly affected by HIV/AIDS in Mozambique. I started by building on the existing relationships I had with women's organizations and institutions, both local and international, whose focus is on women and HIV/AIDS in Mozambique. I used a recruitment script (see Appendix B) to guide me in the process of contacting organizations that might help me with data collection. First, I contacted the Center for African Studies at the University of Eduardo Mondlane (Centro de Estudos Africanos, Universidade Eduardo Mondlane), with which I had obtained a formal affiliation related to my study. One key person from this center connected me with a number of people who were able to provide me with assistance in contacting local organizations such as *Forum Mulher* (a network of over 80 national and international organizations working on behalf of, and advocating for, women's rights), the Mozambican chapter of Women and Law in Southern Africa, and women who were affiliated with the *Organizacao de Mulheres de Mozambique* (OMM). It was through this relationship that I was connected to the organization MULEIDE, which assisted me in accessing the consent of women and girls who were interested in participating in my study. Data sampling from MULEIDE began with purposeful sampling, where I requested to be connected with female participants who had direct experience with HIV/AIDS as a problem in their lives.

Simultaneously, I had connected with a key informant from a donor agency I knew from my previous years in Mozambique. This participant worked in the area of HIV/AIDS, and as result she connected me with government, NGO, and other donor key informants who were open to participating in research. These first interviews provided me with initial participants, and many of these initial participants connected me with further research participants. I conducted this purposeful sampling at various levels, from the level of women and girls who experienced HIV/AIDS, to a wider scope of professionals that included some who worked within the Ministry

of Health and donor agencies, as well as some who worked with women and girls in different communities. These people included coordinators of HIV/AIDS prevention programs, local *activistas* (community workers) who had context-relevant knowledge about the lives of women and girls, and advocacy specialists.

After analyzing two to three interviews, I began to see that the concept of gender oppression began to emerge as the overarching problem for this study. Based on this emergence, I began to refine my interview guide to reflect questions that arose from the initial data, and as a result I shifted the direction of my research slightly.

Snowball sampling.

I used a snowball sampling technique that involved requesting introductions or referrals from initial participants; this is also known as network sampling (Polit & Beck, 2008). Snowball sampling is highly useful in studies such as this, where the stigma of HIV/AIDS may act as a barrier to finding participants (Morse, 2007). At the end of each interview I asked participants if they could refer me to people that they knew who might be able to offer me further insight on my study. I asked participants if they would contact potential participants to see if they would be interested in participating in the study. The other participant asked the potential participants if they could pass on their contact information to me so that I could contact them. In some cases, my contact information, along with a brief outline of the study, was provided to potential participants. In these cases this was done via email. I used snowball sampling throughout this study to maximize my sample size and variety, and to minimize the impact of stigma that might be problematic when seeking research participants. To provide the broadest range of experience with the phenomena studied, I made efforts to include women and girls from varied

backgrounds, including women from different geographical areas, and different religious, economic, and educational backgrounds (Glaser & Strauss, 1967).

Theoretical sampling.

When categories began to emerge in my early analysis, I selected participants according to the descriptive needs and emerging concepts and theory, so as to enrich the data (Glaser, 1978; Glaser & Strauss, 1967; Morse, 2007; Schreiber, 2001). Theoretical sampling is the process of data collection that occurs simultaneously with coding and analyzing the data, in order to decide what data to collect next (Coyne, 1997). In other words, theoretical sampling is used to fill in the gaps of the emerging theory. Although Charmaz (2006) states that the researcher can use theoretical sampling in both early and late stages of the research process, she emphasizes that theoretical sampling should begin when the researcher has some preliminary categories to develop.

At this stage, I targeted certain groups or subgroups, and I returned to the data set to look for data to test and refine the emerging concepts and categories, and their relationships to one another. I sought out participants and situations that could provide more information about the emerging theory itself. For example, as gender oppression became central to my study, I sought out participants with varied knowledge about and experience with gender oppression either as a specialist, or as someone who has experienced it in the form of violence or child sexual abuse. It was not difficult to find research participants who met these criteria and there was an overwhelmingly positive response to recruitment.

I also sought out what might be considered “negative” cases, that is, women or girls whose experience in Mozambique did not confirm the emerging hypothesis. However, it was difficult to find cases where women and girls had not experienced some form of gender

oppression within their lifetime. What I did find, however, were a few participants, who were women, and who did not view certain consequences of gender oppression as relevant or occurring in this context. In particular, they denied child sexual abuse as a problem, despite having some evidence to present to them that it was, in fact, a problem in Mozambique. I discussed these negative cases with key informants who were knowledgeable in the field of gender oppression and its impacts on women in Mozambique. Presenting these cases to key informants provided me with rich insight into possible reasons behind these negative cases.

Other negative cases included a small population of women who were not considered to meet the criteria of “being oppressed”, and in fact appeared to be doing many of the activities to men that would be considered oppressive if they were done to women by men. One key example was of women who paid men for sex and companionship, which was a definite outlier in this context. The examination of these cases that refuted the emerging theory and concepts promoted the development of a fuller understanding at a higher level of abstraction regarding gender oppression as a phenomenon, and was central to understanding how women edge out of gender oppression. I examined the issue of gender oppression, which included HIV/AIDS cases, from all available angles, to learn under what conditions the emerging theory applied and when it did not.

Because of the nature of the method, an exact determination of the size of the sample for this study could not be established prior to commencing the study (Schreiber, 2001). The criteria needed to end data collection are found in grounded theory literature. Although most grounded theorists use the term *saturation* to describe the point when a researcher can stop sampling, Dey (1999) challenges this term and replaces it with his preferred term, *theoretical sufficiency* (Dey, 1999). Despite the rhetoric, both Dey and Charmaz (2006) agree that the researcher should not foreclose analytical possibilities and construct superficial analyses by viewing data guidelines as

a recipe. Charmaz's solution to this dilemma is to be open to what is happening in the field and be willing to grapple with it. When categories emerged, further data collection challenged some of my earlier conceptualizations, and as a result I had to return to earlier data and recode them to see whether new leads based on the emergence of later data pointed me elsewhere. Theoretical sampling of my categories ended when I saw that the category was "saturated, elaborated, and integrated" (Coyne, 1997, p. 625) into my emerging theory.

Inclusion and exclusion criteria.

Inclusion criteria are used to limit the sample of the study to those who are most relevant to the study purpose. Initially I included in my study women and girls who identified themselves as having experience with HIV/AIDS. This did not necessarily mean they were infected (although most were), but that they had knowledge about being female in the context of HIV/AIDS. Participants needed to be aged ten and above. I choose this wide age range in order to capture as much variation in experience with the phenomena of study as possible. However, the youngest participant in my study was 18 years of age. Despite the fact that I did not interview younger participants, many participants spoke about sexual harassment, child sexual abuse, and transactional sexual encounters during their adolescent years (10-19).

Because in Africa the age of sexual debut is as young as ten years of age, and there is a popular myth (Audet et al., 2010; Fuller, 2008) that having sex with a virgin can cure AIDS, I aimed to interview girls with this experience. However, as I began to collect data, I was able to obtain rich accounts of participants' experiences with dropping out of school due to the predatory nature of some male teachers, as well as personal accounts of child sexual abuse. It was not necessary for the purpose of my study, for example, to interview a young girl about her recent experience with child sexual abuse. The women I did interview were able to reflect on their own

experiences with, for example, child sexual abuse, and although they recounted their trauma, they could also offer reflective insight as a result of their maturity. Four of my participants were men and they all worked as professionals within the field of health, gender, and HIV/AIDS.

The exclusion criteria shifted as my research problem shifted. Initially, I excluded participants if they did not have experience related to HIV/AIDS, and this criterion became less important because my study findings went beyond HIV/AIDS. That being said, all participants had a personal experience related to HIV/AIDS, whether it was from a professional standpoint or in terms of knowing someone with HIV/AIDS, be it a friend, family member, or themselves.

I conducted interviews in English and Portuguese; in one rare case the participant preferred to move between Changana and English throughout the interview. In this situation I was able to use the assistance of the coordinator from MULEIDE to help me navigate the interview. Later I used a competent interpreter who carefully and accurately ensured I translated the interview correctly.

Prior to commencing data collection I was aware of the power dynamics that could arise between and among interviewer, translator, and participant, and these dynamics had to be carefully explored prior to proceeding with an interpreter. Prior to proceeding in this case I set out in advance the parameters of the researcher-interpreter-participant relationships, and obtained the consent of the interviewee (See Appendices C & D). In the case of the participant who preferred to use Changana and English throughout the interview I was unable to provide the MULEIDE coordinator the prior training and guidance that Edwards (1998) states is necessary to ensure that there is an “interpreter-interviewee match” (Edwards, 1998, p. 200). This was an unexpected situation. However, because the participant had already established a strong trust

with the MULEIDE coordinator, I was comfortable with proceeding the way we did and concluded that it was in the spirit that Edwards outlined.

Data collection.

Data collection included individual interviews and the review of relevant documents (see Table 2). I relied on my personal networks and the Center for African Studies (*Centro de Estudos Africano*) to locate relevant documents for review. I conducted all interviews, and in only one circumstance I sought out the assistance from the MULEIDE coordinator to be present in the interview because of language issues described above. Because I conducted some interviews in Portuguese, I hired a translator to transcribe these interviews into English. This was helpful in establishing whether I overlooked some nuances throughout the interview because Portuguese is not my first language.

After establishing rapport with participants, I read them the consent form and obtained written or verbal recorded consent. I offered each participant a written copy of the signed consent form that contained information about how to contact me, my supervisors (Drs. Marjorie MacDonald and Rita Schreiber), the Human Research Ethics Office at the University of Victoria, and the Center for African Studies at the University of Eduardo Mondlane. As I conducted the interview, I often made notes, and followed each question with probes to ensure I obtained as much information as possible from each participant. Examples of common probes I used include: Can you tell me more about that? Do you have an example of that? Can you provide me with another example? Have you witnessed this before and can you tell me about it? In addition, I made every effort to elicit specific examples of situations that participants have witnessed or experienced to ensure the data were rich. A draft of interview topics is included in Appendix E.

Translation.

When conducting research in more than one language, the issue of translation must be addressed. Issues with translation in research have been discussed at length and will not be repeated here (see e.g., Alcott, 1991; Edwards, 1998; Freed, 1988; Guba & Lincoln, 1994; Stanley & Wise, 1983; Temple & Young, 2004; Young & Ackerman, 2001). In this project I conducted the interviews as the primary researcher of this study. I translated idiomatically the transcripts from Portuguese to English and then used a translator to confirm my translation. I used a translator in one interview to navigate the local dialect of Changana because I am not fluent in this language. In this situation the translator was a visible part of the research process and I used her to confirm emerging concepts and categories, because she was the coordinator at the local NGO where I recruited many of the participants (Edwards, 1998). Inviting this coordinator's thoughts and perspectives on the emergence of the theory is congruent with the practice of reflexivity that is a part of the philosophical and methodological underpinnings of this project. The coordinator was able to be a part of the knowledge production in many ways. First, she was the one who identified potential participants for my study and was the initial contact at the local NGO with the participants. Next, I often used her to clarify ideas or assist participants in recounting their journey through the judicial process. Because her role in the research was to be part of the process of knowledge production, I reflected continuously on each of our roles and interactions throughout data collection (Temple & Young, 2004). I was reflexive about translation on an ongoing basis and I wrote memos about this as I experienced it throughout the project (Young & Ackerman, 2001). In the situation when an interpreter was needed, I debriefed with her about the interview, and together we reflected on the process. This reflection was

digitally recorded so that I could document the reflections and initial impressions, and use these experiences to plan for future interviews to inform my analysis.

Analysis of data.

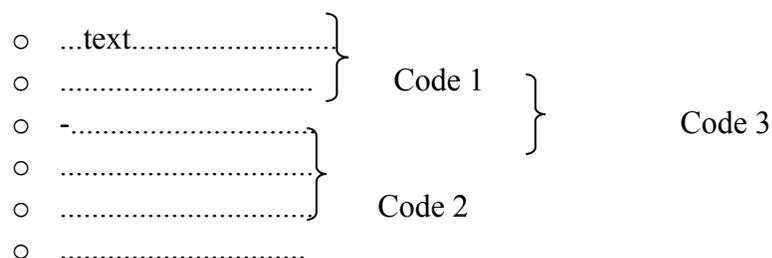
In this study I drew on two types of analysis techniques to inform this study. First, I used the processes of qualitative coding that are foundational to grounded theory. I also used situational mapping as a supportive analytical exercise. I used mapping techniques after I conducted about three to five interviews to help me grapple with context as it related to the HIV/AIDS situation in Mozambique and the emerging and overarching problem of gender oppression. However, as data collection proceeded, memos became the primary mode of reflective analysis. Clarke (2005) states that the memos the researcher writes serve as the narrative data to be coded, therefore it is imperative to code first. Coding and memo writing became the central modes of analysis for this study.

Coding.

The relationship between the data and the emerging theory is the conceptual code (Glaser, 1978). Coding is the process of categorizing segments of data with a concise name that simultaneously summarizes and accounts for each piece of data (Charmaz, 2006). During this process I proposed an analytic handle on the data by developing abstract ideas during the interpretation of each segment of the data (Charmaz, 2006). Charmaz explains that coding is the initial phase in moving past concrete statements in the data to making analytical explanations. I first coded the data and then compared the codes with the data. Categories emerged and distinct properties became more visible. This back and forth process was messy and overwhelming at times but as I muddled my way through copious amounts of data, I constructed a theory.

Glaser (1978) discusses the distinction between substantive coding and theoretical codes. Substantive codes refer to those that conceptualize the data as initial abstractions. Glaser (1978) states, “the goal of the analyst is to generate an emergent set of categories and their properties which fit, work and are relevant for integrating into a theory” (p. 56). For the first step of coding I used open coding. During this process I remained open to all possible theoretical directions indicated by my initial readings; I set aside my preconceived ideas about the data, and attempted to remain open to whatever might emerge. I coded in two phases. First, I began with an initial phase that involved naming each word, line, or segment of data, followed by a focused and selective phase that drew on the most significant or frequent initial codes (Charmaz, 2006, p. 46). The second phase involved sorting, synthesizing, integrating and organizing large amounts of data. This phase was messy. Substantive coding initially involved coding small units of text for each code. In theory, an analyst can begin coding in several ways including: (a) line by line coding, (b) sentences or whole paragraphs, or (c) entire documents. Because I was a novice researcher, I began with line-by-line coding, carefully examining words, phrases, and sentences.

I coded no more than two to four lines at a time. In some cases I coded each bit of text in more than one code and the same text overlapped with the text of two other codes. For example, my initial coding looked something like the following:



I described each code and summarized and elaborated it in a memo. Glaser (1978) describes this phase of coding as open coding, while Charmaz (2006) describes it as initial coding.

Nevertheless, this phase of coding was the first stage of the analysis process.

Glaser explains that open coding allows the analyst to see the direction in which to take the study by theoretically sampling, before focusing on one particular problem. During this phase of coding I stuck close to the data and tried to see the “data as actions” (Charmaz, 2006, p. 48) in each segment of data rather than applying pre-existing categories to the data. I wrote many memos simultaneously with open coding because, as Glaser (1978) explains, open coding, theoretical memos, and ample saturation of the categories “gets one ‘out of’ his data” (p. 56). As a novice researcher, this point was crucial because I spent much time in the field (2013-2016), writing field notes and collecting the data. The process of open coding, combined with memo writing and saturation of the category, helped me to transcend my involved empirical view of my field notes (Glaser, 1978). I began to make constant comparisons, which enabled the generation of codes (Glaser, 1978).

During this initial phase of coding I continually asked myself a number of questions such as:

1. *What is this data a study of?*
2. *What category does this indicate?*
3. *What is actually happening in the data?* (Glaser, 1978, p. 57, italicized in original text).

Line-by-line coding, although time consuming, helped me to break up the data into parts or properties, and by doing this it helped me focus to see and define the actions on which the data rested (Charmaz, 2006). The exercise of line-by-line coding, combined with the abundance of rich data, allowed me to be open to the data and to see nuances within it.

Open coding caused me to proliferate codes quickly and I had copious amounts of codes to deal with. As codes proliferated I began to compare the incidents with conceptualizations of incidents that were coded earlier (Charmaz, 2006). This involved the constant comparison

method that is described in Glaser and Strauss's (1967) seminal work. I compared data with data, attempting to make analytic sense of the material, which challenged whatever preconceived or taken for granted understandings I had (Charmaz, 2006). I also paid close attention to the use of language while I was coding. I used *in vivo coding* to illuminate the symbolic markers of participants' speech and meanings. In this coding technique I used participants' terminology in the code, to the degree that it was appropriate. *In vivo codes* were very important in the project because the interviews were primarily conducted in Portuguese and particular slang or other unique ways participants choose to express themselves captured unique meanings and experiences that I flagged and scrutinized (Charmaz, 2006). For example, the central process of **Putting On and Taking Off the Capulana** was an extension of an *in vivo code*. I asked myself, What are the implicit meanings behind this statement and how does this participant construct and act upon these meanings? This led me to focused/selective coding (Charmaz, 2006; Glaser, 1978).

I began focused coding after I established some strong analytical directions through the earlier open and line-by-line coding. With focused coding I was required to focus on the most significant and/or frequent earlier codes and use these to sift through large amounts of data. Although this may sound like a step-by-step linear process, Charmaz (2006) points out that it is not this simple, and from my own experience I can confirm this. She explains that one respondent or event may make something appear clear or explicit from what was implicit in earlier statements or events. When this happened, I was prompted to study earlier data in new ways. It was at this juncture that I returned to earlier data and selectively coded it because new threads for analysis became apparent that had not been earlier on. This is the emergent aspect of grounded theory, where unexpected ideas begin to surface. It is through the constant comparing

of data to data that I developed the code, and then began to compare data to these codes, which helped to redefine them (Charmaz, 2006). At this stage I moved back and forth between inductive and deductive reasoning, generated hypotheses, and tested these against the data.

Theoretical coding.

Theoretical coding was a higher level of coding that followed from the focused coding earlier on. Glaser (1978) explains that theoretical codes can be used to conceptualize how the “substantive codes may relate to each other as hypotheses to be integrated into a theory” (p. 72). This aspect of coding is putting together the data that was “fractured” in earlier coding. Glaser (1978) describes how the use of coding families can provide theoretical structures to enable the researcher to conceptualize how the emerging categories relate to each other. He suggests 18 theoretical coding families that include analytical coding categories such as his six C’s: (a) causes, (b) contexts, (c) contingencies, (d) covariances, (e) conditions, and (f) consequences (p. 74). Other analytical categories suggested include degree, dimensions, interactive, theoretical, and type coding families, as well as ones that are derived from major concepts such as identity-self, means-goals, cultural, and consensus families. The purpose of these coding families is to assist the researcher to question the data in order to understand them more fully.

At times I asked: “Under what conditions does this apply?” and “In what context does this occur?” (Glaser, 1978). For studying how women and girls manage gender oppression in Mozambique, several of these coding families had relevance, including what Glaser (1978) calls “identity-self family” (p. 76). This coding family includes various images and realizations of self, a coding family that provided assistance in understanding and linking categories as they emerge in this study. However, Charmaz (2006) points out that there are several coding families that are absent in Glaser’s list, including those that focus on “agency and action, power,

networks, and the narrative and biography” (p. 66), and others such as inequality and inequity are hidden from view because they are buried within larger units. For this reason, I paid attention to Clarke’s conceptualization of situational analysis as a component of this project, discussed earlier, and have taken seriously Charmaz’s (2006) discussion on “wrestling with preconceptions” (p.67). For example, I wrote many memos on male power and dominance and my reactions and beliefs about them. Charmaz (2006) discusses several strategies, including the practice of theoretical sensitivity, that foster revelation of such preconceptions.

Theoretical sensitivity.

Theoretical sensitivity is a fundamental aspect of grounded theory. However, many scholars have written about the ambiguity surrounding the understanding of theoretical sensitivity. It is understood as an acquired skill located within the researcher (Bryant & Charmaz, 2007; Glaser & Strauss, 1967). Bryant and Charmaz (2007) point out, if theoretical sensitivity is located within the researcher, how does one get it and how is it practiced? Schreiber (2001) explains one way a researcher practices theoretical sensitivity is by explicitly making transparent her background knowledge entering into the study, usually through memos (Schreiber, 2001). For example, as I entered this study, I came with general nursing background, a nurse practitioner designation, international development and emergency aid experience, and knowledge about HIV/AIDS in Africa. In each of these matters there are a number of perspectives that I held, based on my experience, about what it means to be a woman living in the context of the HIV/AIDS epidemic in Mozambique. For example, my particular situatedness as a Western white woman living and working in Africa provided me with a number of privileges that I was aware of continuously. Therefore, it was necessary for me to explicate these

perspectives and experiences on an ongoing basis through memoing as the study unfolded (Schreiber, 2001).

However, simply making transparent how I am situated in relation to the study was insufficient. A second aspect of theoretical sensitivity that I used was the process of comparing this prior knowledge with emerging data, remaining open to the possibility that my prior knowledge in some aspects was not supported by the emerging data. For example, when I entered the study I was convinced that HIV/AIDS was the main problem for women and girls, and I learned that in fact it was only one small aspect of women's and girls' challenges in Mozambique.

In Glaser's (1978) seminal text, "Theoretical Sensitivity", he describes how one needs good scholarship in order to be a good analyst, and how scholarship informs analysis, but he notes ultimately that ideas only make it into the theory if they are earned. Charmaz (2006) explains the way to gain theoretical sensitivity; the researcher needs to look at the studied life from a variety of vantage points, making comparisons, following leads, and building on ideas. She further explains that this process involves "*seeing* possibilities, *establishing* connections, and *asking* questions" (p. 135) (Italics in original text). For example, early in the study a participant discussed child sexual abuse and I was surprised and shocked because this was something I had not encountered in the literature. It forced me to ask new and different questions that ultimately resulted in shifting the direction of the study.

Charmaz (2006) provides further insight into the development of theoretical sensitivity by describing it as an "abductive method" (p. 103), a process that goes beyond simply inductive and deductive reasoning, as some authors (see Haig, 1995) have suggested. Charmaz (2006) states that "...abductive inference entails considering all possible theoretical explanations for the

data, forming hypotheses for each possible explanation, checking them empirically by examining the data, and pursuing the most plausible explanation” (Charmaz, 2006, pp. 103-104). Through the process of entertaining a range of theoretical possibilities to account for an unexpected finding, the researcher gains material for making “systematic theoretical comparisons” (Bryant & Charmaz, 2007, p. 17) in relation to this unexpected finding. This process is an iterative one between data collection and analysis. It is an emergent process enhanced through the constant comparison of concepts, codes, and raw data (Charmaz, 2006). The constructivist researcher then needs to be able to move from viewing the data inductively, focusing on particulars, to thinking deductively about the emerging conceptualizations of the data.

To facilitate or improve my theoretical sensitivity, I attended to all possible explanations for what I saw in the data, particularly in cases where negative and uncomfortable data emerged (Schreiber, 2001). In these instances I drew on a reflexive stance towards negative/uncomfortable data and on culturally and co-constructed discourses and writings, which enhanced my analysis and insight (Mruck & Günter, 2007).

A central component of theoretical sensitivity involves remaining open minded and engaging in a process of reflexivity. Reflexivity is an iterative process and a trait of constructivist and feminist researchers (Charmaz, 2000; Schreiber, 2001; Wuest & Merritt-Gray, 2001) in which the researcher reflects on her knowledge, experience, practice, feelings, and other aspects of the research process, and on how all of these aspects are influencing the research process. For example, I was aware of how I might be influencing an interview to ensure that I did not unconsciously move the interview in a particular direction to meet my agenda without consideration of the participant’s interests. By using a process of reflexivity, I worked to promote

the rigour of the study and my own theoretical sensitivity. The practical way in which I did this was by immediately recording my reflections on the interview within five minutes after it ended.

Core category.

The objective of grounded theory, according to Glaser (1978) is “to account for a pattern of behaviour which is relevant and problematic for those involved” (p. 93). The analyst does this by generating theory around the emergence of a core category. Finding and developing this core category requires theoretical sensitivity. Being thorough, seeking out negative cases, I began to see relevant and important categories again and again in the data that appeared to link certain categories together. These were the main category[ies] that emerged.

In classic grounded theory the analyst learns that the main goal/pressure is to analyze for one singular “basic social process” (Glaser, 1978). According to Clarke (2005) the belief that social life can be explained by one singular basic social process oversimplifies a social situation and does not allow for the possibility of multiple social processes as characteristic of a particular phenomenon. Because of this, the grounded theory researcher is forced to pick one main process and to describe other processes as sub or somehow inferior (Clarke, 2005). This disregards the complexity of situations. As well, it may erase the notion of difference(s) (Clark, 2005). A constructivist approach to analysis means learning how, when, and to what extent the studied phenomenon is embedded in larger, and often hidden positions, networks, situations, and relationships (Charmaz, 2006). For example, Charmaz (2004) points out the difference between a constructivist grounded theory and a classic grounded theory in how Glaser (2002) argued that participants would tell you what they are most concerned about, which disregards the “tacit, the liminal, and the implicit” (Charmaz, 2004, p. 982) aspects in the study. A constructivist grounded theorist pays attention and makes visible the immaterial, nonhuman, historical, partial

and situated properties within a situation (Clarke, 2005). For the purposes of this study I committed myself to a constructivist approach to coding and specifically I aligned myself with Clarke's view on the core category.

Mapping.

Clarke (2005) insists that situational analysis, using cartography, allows the researcher to draw together discourse, agency, action and structure, image, text and context, history, and the present moment, to analyze complex social situations as wholes. Building on Strauss's work, Clarke (2005) claims that her "theory/method package", combined with mapping exercises of analysis, allow a researcher to explore otherwise silent or invisible areas of the data. The cartography used in situational analysis allows for the integration of key elements, immaterialities, discourses, structures, and conditions that characterize the situation. This analytical approach offers three main cartographic exercises: situational maps, social world arena maps, and positional maps.

I intended to use the situational mapping exercises Clarke (2005) describes as a way to "open up" the data and interrogate it in fresh ways. I did not use all the mapping techniques that Clarke described, but I did engage in the messy mapping exercise and the social arenas mapping exercise to assist me to enter the data in a fresh way. These mapping exercises were exactly how Clarke described them: an analytical "workout" (p. 83). As Clarke (2005) points out, the most important outcome of a mapping exercise "is provoking the researcher to analyze more deeply" (p. 83). For me, the use of these mapping exercises allowed me to get a visual handle on the initial data that seemed overwhelming in the beginning of data collection. For example, I began with abstract messy mapping exercises to document and analyze the pertinent human, nonhuman, material, and symbolic/discursive elements of the HIV/AIDS situation for women and girls in

Mozambique; an example of a messy map is included in Appendix A. However, as the research question evolved and the data collection became more focused, I no longer saw the utility in mapping for my particular purposes.

Memoing.

Scholars such as Schreiber (2001), Clarke (2005), and Charmaz (2006) describe the memo writing process as the analytical link in the discovery of grounded theory. Glaser (1998) states “[m]emos are the theorizing write-up of ideas about codes and their relationships as they strike the analyst while coding” (p. 83). Charmaz (2006) describes memo writing as “the pivotal intermediate step between data collection and writing drafts of papers” (72). Glaser (1978) goes so far to say that if researchers skip memo writing by directly going from coding to writing, they are not doing grounded theory. Therefore, memoing was an underpinning foundational analytical strategy that was central to the analysis.

In this study I used memos for four purposes: (a) to make clear my pre-existing assumptions and biases (exercising reflexivity and establishing positionality, see Hesse-Biber, 2007), (b) to record analytical and methodological decisions regarding the various stages of the study, (c) to contemplate on and analyze the data (Glaser, 1978; Glaser & Strauss, 1967; Lempert, 2007; Schreiber, 2001), and (d) to describe the maps and emerging visual representations of my theory. Memos provided me with reflections of my first impressions of the data. These memos were not perfect prose writing exercises, but an attempt to get my thoughts onto paper and to prevent a loss of my thinking.

I used memos throughout this study and they were the heart of the analysis. I used written and digitally recorded memos so that I was able retrieve my ideas at a later date in the analysis, which was invaluable. I wrote my memos informally, but dated, titled, cross-referenced and filed

them so I was easily able to retrieve them throughout the analysis. My initial memos were ideas about my study and challenged my own assumptions and positionalities regarding the study. As the study proceeded, I used memos to augment the data with analytical ideas, and the memos became the primary record of the analysis. I used memos to record increasingly theoretical ideas, suggesting relationships among the categories and the concepts that were emerging throughout the study. I sorted and re-sorted these memos throughout the study and used them to write the dissertation.

Scientific rigor.

In the past, qualitative research has a long history of being criticized for its failure to pass the test of methodological rigor (Sandelowski, 1986). Although there may be no singular stance on how to address reliability and validity, qualitative scholars and researchers have developed their own language to distance themselves from a positivist paradigm (Creswell, 1994). Guba and Lincoln (1981) initially discussed how naturalist inquiry, as for other types of research, must meet tests of rigor as a requisite for establishing trust in outcomes of inquiry. Guba and Lincoln attempted to confront the simple question: “What arguments might the naturalistic inquirer use to persuade a methodologically sophisticated peer of the trustworthiness of the information provided and the interpretations drawn from it?” (p. 103). In their seminal text, Guba and Lincoln (1981) developed four main criteria of rigor: truth value, applicability, consistency, and neutrality. Since that time other authors (Merriam, 1988, 1995; Miles & Huberman, 1984; Sandelowski, 1986, 1993) have discussed the importance of describing how to address issues of internal validity and external validity of qualitative research projects. In particular, Sandelowski (1986), a nurse, furthered Guba and Lincoln’s fourth criteria to discuss how they can be used in relation to research using human subjects.

Truth Value.

Truth value within the scientific paradigm refers to internal validity (Guba & Lincoln, 1981). For qualitative research, participants have multiple realities, and therefore to establish truth value, I was required to ensure credibility of my findings and interpretations drawn from my data (Guba & Lincoln, 1981). A major threat to truth value lies in the closeness of the researcher—participant relationship. Therefore, I enhanced the truth value of my research by describing and interpreting my own experience as a researcher in relation to participants' behaviour and the experiences they described to me. I did this through memoing. Guba and Lincoln (1981) describe several strategies to improve the probability of credible findings. One strategy that I employed in my study to prevent distortions of responses resulting from my presence at the research interview was to monitor participants closely to determine whether they were having reactive responses to me. Guba and Lincoln (1981) recommend sufficient and prolonged engagement in the field to overcome these effects. Most of my interviews were prolonged in that they lasted from one to two hours in length. Charmaz (2004) reiterates this claim, suggesting that to develop rich qualitative inquiry one must learn from the inside. I spent significant time in the field and was fully present during the interview and deeply inside the content of it afterward (see e.g., Goffman, 1989¹⁹).

Another strategy to validate analysis is to engage in member checking. Member checking refers to taking emerging ideas back to research participants for their thoughts and potential confirmation (Albas & Albas, 1988; Charmaz, 2006). Albas and Albas explain how they often return to their participants to inquire whether, and to what extent, their analyses or categories fit each participant's experience. Albas and Albas engage with the participant in a discussion to

¹⁹ Goffman, E. (1989). On fieldwork. *Journal of Contemporary Ethnography*, 18, 123-132. In this article Goffman discusses his view of entering the studied world and the need to get up, close and personal.

generate new properties of a category or analysis, and they report that by doing this they have generated some of their best data (Charmaz, 2006). I did engage in Albas and Albas's member-checking exercise, but only with participants whom I knew had more to tell me than what was allowed by our previous interview.

Sandelowski (1993) criticizes the type of member checking described by Albas and Albas (1988); she considers this strategy "an illusion of technique" (p. 1) and sees it as risking "making a fetish of it [technique] at the expense of making rigor an unyielding end in itself" (p. 1). She claims that rigor is less about adherence to a set of rules and procedures than it is about "fidelity to the spirit of qualitative work" (p. 2). Sandelowski argues that member checking, hailed as a way to enhance and validate a researcher's interpretations of data collection, can actually undermine the trustworthiness in the project. Sandelowski (1993) claims that researchers engage in informal member validations every time they seek clarification or elaboration of meaning and intention during the interview they are conducting. Qualitative research is intended to represent multiple realities that are time-bound, interpretive, political, and moral—all of which may change for participants the next time the researcher engages with them. Members may forget the information that is shared, and if the information shared was emotional, they may not want to relive it again or be embarrassed by how they previously responded. Therefore, I gravitated towards Alasuutari's version of member-checking over that of Albas and Albas, but did use Albas and Alba's member-checking when I thought it would be useful.

Alasuutari (1992) employs another version of member-checking, claiming that participants often provide meaningful but partial interpretations of their lived experiences and strategically overlook or understate particular aspects of an issue. Therefore, after I constructed a particular analysis about an issue in relationship to the data collected, I brought that analysis to a

new participant with whom I had a scheduled interview, and probed her initial partial interpretations in order to get a fuller understanding of what was happening. This strategy was particularly useful when I lacked understanding related to the cultural representation applied in a situation, and I was able to offer my initial interpretation and probe the next participant about whether my interpretation made sense to her. For example, one interpretation that emerged was that women often find spaces to gain agency and autonomy in their lives, despite the social and cultural environment where patriarchal values saturate, thus, leaving an illusion that women can and choose to operate under men's rule. This initial interpretation did not resonate with all participants and the dialogue about this interpretation became a catalyst for further exploration and fuller understanding.

Consistency.

The term consistency has historically referred to the reliability of a research study (Guba & Lincoln, 1981). Guba and Lincoln (1981) assert that the term reliability is not an appropriate term for the naturalist paradigm, and therefore propose the terminology of "auditability" (p. 123) as an appropriate concept to reflect consistency in qualitative projects. A project is reliable or auditable if it is one that yields the same or comparable results every time it, or an alternative/parallel form of it is administered to a comparable population (Sandelowski, 1986). Very simply, Guba and Lincoln (1981) explain that auditability works in much the same way as an examiner would audit the work of an accountant in the business world. In this project I have deliberately left a clear decision trail concerning my study from the beginning to the end. For example I wrote decision-making memos continuously to account for each analytical decision I made so that another researcher could follow the progression of my logic in relation to my analysis. I recorded all meetings with my supervisors, and it was during these meetings where I

discussed analytical decisions and I sought out their guidance, providing yet another audit trail. I kept a detailed record of the emergence of my thinking throughout all stages of the research project. In the dissertation (particularly Chapter 5 and Chapter 6) I include numerous direct quotes from the data illustrating my analytical points so that the reader can easily follow how I have arrived at my analytical conclusions.

Applicability.

Applicability is a term that has been applied to quantitative research to evaluate how threats to external validity have been handled (Sandelowski, 1986). This process involves evaluating whether the findings and procedures of a study are externally valid by evaluating whether or not there is confidence in the methods used to generate the data obtained in the study. Have the methods the researcher used generated data that are reflective of the empirical social world under study, as it actually exists rather than as the researcher imagines it to be? Qualitative approaches such as participant observation, in-depth interviewing, detailed descriptions, and case studies are some approaches to ensuring the validity of the study. In particular, external validity refers to the generalizability of the findings. Qualitative researchers may agree that “the general can be found in the particular” (Sandelowski, 1986, p. 31), however, Sandelowski considers the notion of generalizability an illusion.

Due to the differences between quantitative and qualitative research paradigms, Guba and Lincoln (1981) propose the concept of fittingness as the appropriate criterion to evaluate the applicability of qualitative research. A study is said to meet the criterion of fittingness when its findings can fit into contexts outside the study situation and when its audience views its findings as meaningful and applicable in terms of their own experiences. Glaser and Strauss (1967) discuss that “the theory must also be readily understandable to sociologists of any viewpoint, to

students and to significant laymen...[it] must fit the situation” (p. 2). By the notion of “fit”, Glaser and Strauss (1967) mean that the categories must not be forced, but be readily applicable to, and indicated by the data, and must be meaningfully relevant to, and be able to explain the behaviour under study. The findings of my study are well grounded in the life experiences and perspectives of women and girls in Mozambique, as well as other participants who are knowledgeable about oppression in Mozambique.

Neutrality.

The concept of neutrality is a term that is foundational to quantitative research. It is my belief that the concept is unachievable in both qualitative and quantitative research.

Researchers cannot be fully removed or objective in their research endeavours. They may attempt to remove certain biases or values from an inquiry, but this is simply not possible in a complete and total manner. Guba and Lincoln state “...to imagine that an evaluator, by an act of will or by virtue of clever methodology, can rid himself of subjectivity is the worst kind of fantasy. No human being can ever be objective in that sense” (p. 126). Therefore, they propose the concept of confirmability.

Confirmability shifts the burden of proof from the investigator to the information itself. The concept of confirmability can be achieved in research when auditability, truth-value, and applicability are established (Sandelowski, 1986). Qualitative researchers need to engage with their participants rather than be removed in order to eliminate artificial lines between researcher and participant, so that participants will share meaningful data.

Participants may be reluctant to share meaningful information if the investigator appears detached from the project. It is the meaningfulness of the findings, rather than the subjective or objective stance of the researcher that is important. I immersed myself in the field for just short

of three years, and spent much time with participants who have enhanced my opportunity to collect meaningful data. As well, I have explicated the values that I hold throughout the reporting of this research, and I continuously recorded emerging insights throughout the project. I discovered a situation in Mozambique that is relevant and problematic for women and girls. I was able to generate a theory from my data that explains gender oppression for women and girls. I did this through the emergence of a core process and several supporting processes that fall underneath this main core process. In the end, I was able to generate a theory that has, according to Glaser (1978) “grab”. In other words, my theory has significant explanatory power and was immediately recognized by those in the know here in Mozambique. Glaser and Strauss (1967) maintained that if the theory is grounded in the data, the core category will arise from induction, and have both fit and grab.

Protection of human subjects.

I took all required measures to ensure that the ethical, nursing, and general scientific research standards for the protection of human subjects were met. First, I sought out approval by the Human Subjects Committee of the University of Victoria. Ethics approval was obtained and maintained throughout this project, ensuring appropriate ethical guidelines were met.

I provided a full explanation of the purpose, procedures, and duration of the study, along with a description of the potential risks and benefits, to each participant prior to the interview. I explained the project goals, voluntary participation, freedom to withdraw at any time without penalty, and confidentiality to all participants as part of the process. Informed consent was obtained prior to each interview. Because many participants were illiterate, I did not ask them for written consent because this may have been an alienating activity. Therefore, I avoided participant alienation by obtaining consent on a verbal (recorded) basis except with the

participants who were clearly literate. No participant withdrew from the study, but I did give the choice to all of my participants that they could withdraw at any time without consequences.

Confidentiality refers to the protection of the person's identity, and the protection, access, control, and security of data and personal information during the research process. I protected confidentiality by assigning pseudonyms to each participant and storing their information in a secure location. I was the only person to have access to the identifying information. In the write up of the dissertation, I did not use names, and I changed identifying information and features.

All interview data collected were recorded, and then, in the case of Portuguese, translated idiomatically in Word. I stored paper-based data at my home office in a locked cabinet and interview-recorded data on my computer. Data will continue to be locked and stored up to five years after the study in case verification of data is requested. After five years, I will destroy all data. I will destroy hard copy data by shredding and erase all computer stored data.

In this chapter I described what prompted the use of combining constructivist grounded theory, situational analysis mapping, intersectionality and Ubuntu to form an overarching methodology that I initially aimed to use to answer my research question. I also described how I had to make a major methodological decision to move away from situational analysis and concentrate on a constructivist grounded theory in order to address the evolving nature of my research question. I illuminate how I entered the field, and developed and fostered relationships to stay true to the Ubuntu values that underpinned my research.

Chapter 5 – The Context of Oppression

I began this grounded theory study with the intent to answer the following research question: How do women and girls navigate the HIV/AIDS situation in Mozambique? Because the term “grounded theory” refers to a theory that is developed inductively from a corpus of data, the research question subsequently evolved as data collection proceeded. Therefore, I quickly discovered participants’ concerns went beyond HIV/AIDS. The problem my participants faced, at a broad conceptual level, and at a practical level of lived experience, was gender oppression. Gender oppression frames all of participants’ actions and interrelationships with the world. HIV/AIDS was described as just one aspect of multiple oppressions. Participants spoke about how systemic gender oppression develops, how it entraps them, and how they learn to cope within it; some described how they were able to rise above it, often grasping onto a rights-based ideology while doing so. Therefore, the main contribution of this thesis is the development of a grounded theory that reflects these participants’ experiences with gender oppression.

In the following sections I introduce the multiple oppressions women encounter within Mozambique. The oppressions that I discuss below include: (a) patriarchy, (b) gender relations in the family, (c) land ownership, (d) feminization of poverty, (e) sexualized society, (f) health/HIV/AIDS, and (g) violence (See Figure 2). In addition, I discuss efforts to empower women. Efforts to empower women are reflected in the image (Figure 2) of a hand and hammer chiselling away at the context of oppressions. This image is important because it reflects that the empowerment of women is a process that does not happen easily or smoothly. It is a process that requires a continuous effort, and chipping away at these oppressions takes time. There may be other oppressions I have not included, but my data indicate that these are the major oppressions

faced by the participants in this study. To begin with, I introduce the overall process and the metaphor that symbolically represents my theory.

Putting On and Taking Off the Capulana was a metaphor coined by some participants that resonated with others. Therefore, this metaphor became the center of my theory. Putting On the Capulana metaphorically refers to the problem of gender oppression, whereas Taking Off the Capulana is the basic social process aimed at resolving the problem. Therefore, gender oppression is the problem and **Putting On and Taking Off the Capulana** is the overall process of getting into and out of gender oppression. The *capulana* is a fundamental aspect of Mozambican culture and it is an image that stays in the minds of people who visit the country. It is a rectangular piece of patterned fabric that women drape around their hips, embodying a sense of modesty through being covered (See Figure 2).

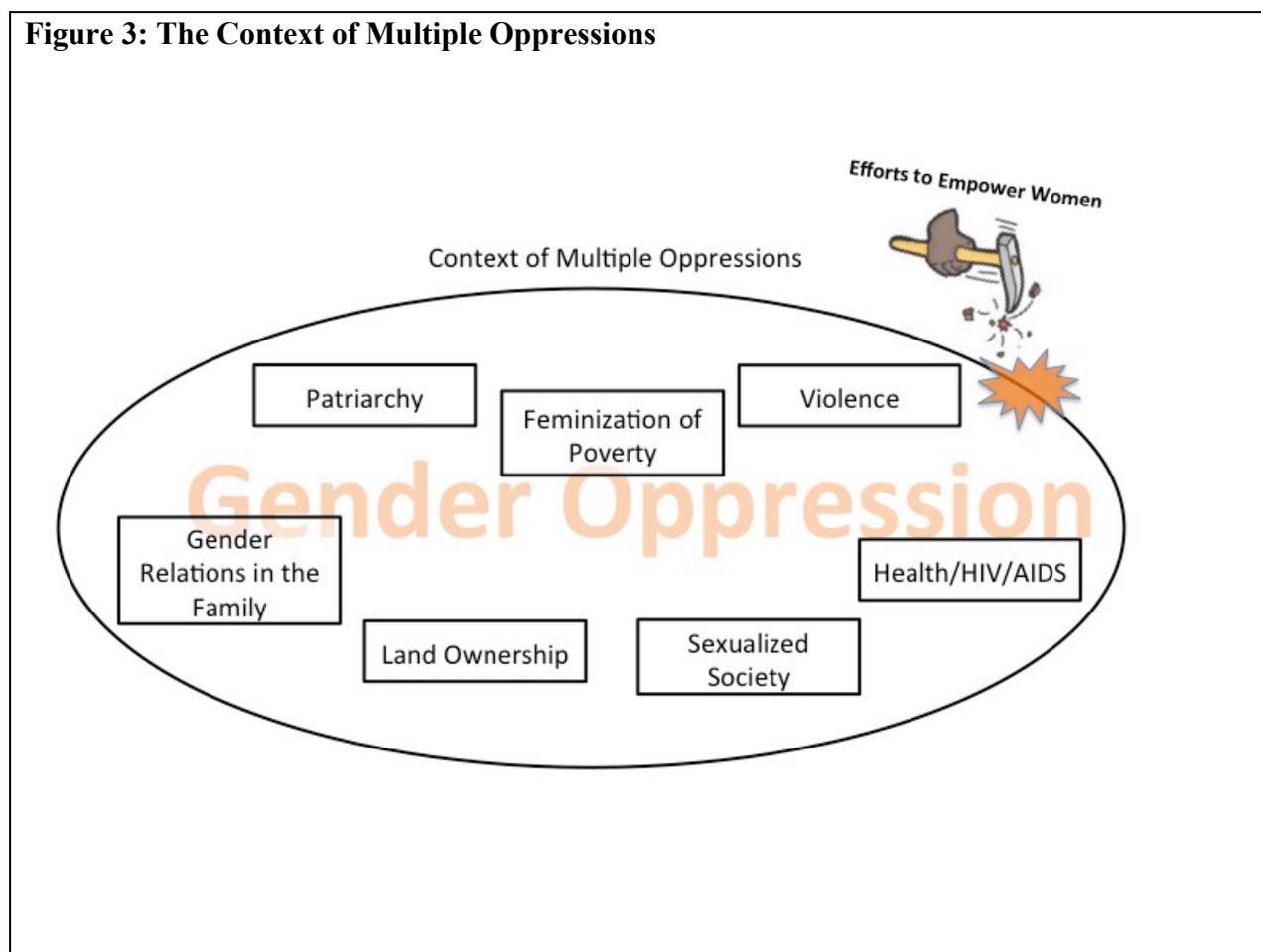
Figure 2: The Capulana



Two pictures of Mozambican women from a farming cooperative in Zambézia province wearing capulanas.

There are subtle differences in how women wear the *capulana*, which convey conspicuous social differences between women, for example, the location from which they come. The *capulana*, however, as many women have stated, makes them feel “safe and secure” and women strongly identify themselves within their culture through the *capulana*. It is a strong visual representation of Mozambican women assuming their roles within their society. In addition to this, several local women whom I interviewed stated that the *capulana* is symbolic of women’s struggles, and therefore the *capulana* has become a symbolic representation of my theory. The process of **Putting On and Taking Off the Capulana** takes place within the context of multiple oppressions (See Figure 3).

Figure 3: The Context of Multiple Oppressions



The Context of Multiple Oppressions

As depicted above, women in this study faced a world of multiple oppressions, all underpinned by gender oppression. Kristof and WuDunn (2009), Pulitzer Prize winning journalists, state: “We believe in this century (21st) the paramount moral challenge will be the struggle for gender equality around the world” (p. xvii). In Mozambique gender oppression is widespread, but often invisible because it is masked behind the closed doors of family and culture, and cemented by a male social order, patriarchy, reinforcing ideologies and discourses of what it means to be male and what it means to be female. Women continue to have less political influence and to be poorer than men and, despite having made advances in social sectors such as education and health (Pose, Engel, Poncin & Manuel, 2014), they are still lagging far behind men in all areas (Ardeni & Andracchio, 2008). On some issues, such as the infection rate of HIV/AIDS, the situation of women is deteriorating (Conselho Nacional de Combate ao HIV e SIDA, 2014). In the following section I examine the multiple oppressions women encounter within Mozambique.

Patriarchy

In Mozambique, men are able to keep women subjugated by supporting patriarchy, an ideological system of male domination. Women lack political influence and decision-making opportunities both in the home and outside of it. A patriarchal society creates unwritten rules, social norms, traditions, rituals, and role expectations, for regulating and negotiating gender relations to which people of both sexes accommodate and acquiesce. Patriarchy is also reinforced through written rules of constitution, laws and public policies. Men occupy the majority of positions of power and influence, and fare better economically, educationally, and with respect to health status. Patriarchy is an ideology that enforces and maintains all other oppressions by

keeping men systematically powerful and giving legitimacy to male authority and power.

Patriarchy is maintained by the way in which social and power relationships are structured in both public and private spheres, which serves to uphold the general dominance and advantages of men. In a recent study, Tvedten, Paulo, and Tuominen (2010) explain that men in Mozambique insist on their continued superiority by upholding a common belief that “A woman should not be the boss when a man is present” (p. 6). Therefore, patriarchy operates on the premise that men ought to have superiority over women, enact a chauvinist approach, and hold a belief in the superiority of their sex when dealing with all aspects of daily living. This chauvinist approach extends into many areas, including the family and domestic sphere, and is discussed below.

Gender Relations in the Family

Men control decisions within the family and dominate all other social spheres. Examples of male domination include men making decisions about women’s reproduction and sexual lives, and girls’ age of marriage. The practical application of patriarchy endows men with the right to be dominating and ruling, and to maintain this dominance through the use of force and violence if necessary. I discuss this at length later in this chapter.

In the south of Mozambique, the cultural practice of *lobolo* (bride price) is the celebration of marriage payment, which traditionally is enacted through the payment of cattle; a more modern approach to *lobolo* is often done through a simple cash payment to the father of the bride. This ritual of marriage, through a patrilineal practice, transfers the woman (bride) from her father’s authority to that of the husband and his extended family in exchange for a payment. One aspect of this family-wide ownership of the woman includes a common practice of widow inheritance or *levirate*, which means that, in the event of the death of the husband, the wife

would be expected to remarry one of the husband's brothers (Arnfred, 2011). In this way, the woman and her children would remain a part of the husband's family even after his death.

Participants explained that there were practical reasons for this tradition because it ensured the protection and provision for women after their husbands died.

The bride price is viewed as a purchase agreement. If a wife decides to leave her husband, for example as a result of maltreatment, the husband would ask for the bride price to be returned. For this reason, participants explained that some fathers opt to request a very small *lobolo* in order to prevent them from needing to "pay back" the *lobolo* in the future if something goes wrong within the marriage. Other participants explained that it may be for this reason of returning the *lobolo* that families often side with the man (husband) on issues related to marital discord, and tell their daughters to "be patient", work things out, or they simply respond by saying "this is marriage."

Cultural practices, values, and norms that guide families' behaviour in situations such as bride price also play a major role in the practice of property and inheritance rights. Whether grouped around lines of paternal or maternal relatives, the extended family is traditionally the building block of Mozambican society. The organization of the extended family traditionally defines control and inheritance of property. Therefore, land, houses, cattle, and other assets are categorized along either patrilineal or matrilineal lines. Women and girls who lose access to their land due to property grabbing and inheritance traditions, despite laws that give them the right to ownership, have no means to sustain their livelihoods, and as a result can become vulnerable to more hardship and exploitation.

Land Ownership

Another aspect of gender oppression is in areas of land ownership. Land ownership is technically prohibited in Mozambique, and land is considered to be state property (Hanlon, 1991).²⁰ Although by law, land use is non-discriminatory, women's access to land becomes particularly problematic in a context where women are disproportionately disadvantaged. There are a variety of methods to gain access to land, for example, through traditional allocation, inheritance, sale, rental, or simply occupation and use of it (Brück & Schindler, 2009). Many of these methods are influenced by such factors as sex, a person's standing in the village, or having kinship ties to local authorities. Nonetheless, the process by which a person gains access to land has been described as an "economy of affection", connoting that the reasons for any particular appropriation are obscure, and perhaps corrupt (Hyden, 1983, p.8). Thus, the system of land allocation varies by region and the role of the state in land access is marked by opacity, resulting in considerable inequality in household access to land (Brück & Schindler, 2009). Women's access, therefore, becomes particularly problematic, leaving women and girls on an unequal playing ground, furthering an unequal system, keeping men on top and women on the bottom in terms of resources and assets.

The 1997 law policy and land law, under article 10, provides for equal rights to use and take benefit from the land, meaning it gives women the right to have access to use the land (Lei n°19/97, Artigo 10). Despite the fact that an affirmative law exists to protect this right, land use and access becomes complicated because customary law often prevails. In the central and southern parts of Mozambique, for example, male elders manage communal property and

²⁰ In 2001 the Minister for Agriculture and Rural Development raised the issue of land privatization, which was immediately supported by both the World Bank and the U.S. Agency for International Development (USAID), a major funder of development projects in the country (Hanlon, 2004). The notion of private ownership did not gain a foothold, and although there are some large plantations and foreign investor interest, local control of the land is still the norm and absolute landlessness is rare (Hanlon, 2004).

extended family is formed around these male elders, while women and girls are considered temporary members (Save the Children [US] and the Food and Agricultural Organization of the United Nations, 2009). Therefore, girls who are born into a family that receives a bride-wealth (*lobolo*) would leave to become part of the husband's extended family. As a result, property is traditionally passed on along the male line, the sons of the deceased being the first in line to inherit, followed by male ascendants (father or uncles) and male siblings and their descendants. Only if none of these people exist, or all refuse to accept the inheritance, will the widow have a right to inherit. Daughters' rights come only after those of the widow.

For example, one participant came to the local NGO seeking assistance on her mother's behalf and explained how widowhood furthered both her and her mother's vulnerability in terms of land claims. In 1998, when her father was alive, a neighbor (male) offered to buy her father's land, with the agreement that he would pay for the plot before he built on it. The neighbour failed to comply with the agreement by not paying for the land, and began building on the land in 1999. He never finished building the house while the woman's father was alive, and failed to pay for the plot before building on it, legally making the verbal agreement invalid. In 2003, the participant's father died and the neighbor showed up in 2004 claiming he bought the plot and the widow had no right to it.

Land grabbing such as this, an increasing phenomenon in Mozambique, is a common occurrence in countries where economies are rapidly growing and land becomes valuable (Tramel, 2014). Men see women, particularly widows, as easy targets for exploiting. The reason behind this, according to a participant is as follows:

In my opinion, my father and the man who he had attempted to have an agreement with, and actually the man failed to comply with their agreement, but now that my father is not

here anymore [died], and then as my mother, being a woman and widowed, he thinks my mother has no power to defend herself being a woman, without the husband to help her.

This participant described how men recognize and believe they hold the power over women and can use women's vulnerability to get what they want. Another participant described a similar situation:

They [the neighbour and his family] know that I am a widow and there is nothing I can do to them. They threaten me and reached the point of sending people to attack me when I go to visit the plot (land). It is not that easy to speak to them. That is why I have opted to seek help from here [MULEIDE].

Despite the fact that women now have the legal right to "own" land, they remain vulnerable because men continue to dominate them. Men use violence and scare tactics to drive women from their land, keeping the gender hierarchy in place, as the relations between men and women remain asymmetrical. Without access to land, women lose valuable resources that accompany land access, such as agricultural opportunities, the possibility to raise cattle or other livestock, and the space to build a home. Land becomes increasingly important for women's survival and wellbeing in a context where there is little opportunity for paid employment. Without access and means to sustain their livelihoods, women and their children become vulnerable to further hardship, exploitation and poverty.

The Feminization of Poverty

Feminization of poverty is evident in that women are poorer than men and the incidence of poverty among women is increasing as a result of the growing incidence of female-headed households (Ardeni & Andracchio, 2008). Female-headed households tend to be poorer because women have less earning capacity, fewer resources, and a larger burden of responsibility for

caretaking. The feminization of poverty is defined not only by a lack of income and assets, although this is an important part of it. Women's voicelessness and powerlessness within society and political spaces also play a significant role in keeping their social position inferior, and increasing their vulnerability. Women's and girls' vulnerability is compounded, especially in a context where adverse shocks such as natural disasters in the form of cyclical floods and droughts, are common (Christie & Hanlon, 2001). In addition, the social welfare department for women lacks capacity, and legal frameworks that are intended to support women are imperfectly applied, creating further hurdles that women have to overcome.

Finally, the ability of women to improve their lives is directly related to their position within the household and their relationships with men, in which male domination is reinforced. Poverty has been shown to be a distinguishing feature of woman-headed households around the world compared to those households headed by men, with Mozambique being no different (Ardeni & Andracchio, 2008).

Human capital endowments, for instance education and schooling, can explain a portion of gender disparity in wages and employment attainment in general. In Mozambique, men have an advantage over women, both in terms of education attainment and literacy rates. Male youth (15-24 years) have a 79.8% literacy rate (2008-2012) versus female youth at a literacy rate of only 56.5% (2008-2012) (UNICEF, 2013). This demonstrates that women are socially disadvantaged in navigating their social worlds compared to men because their overall lack of literacy directly contributes to their decreased earning capacity and consequently renders women disempowered.

Ardeni and Andracchio (2008) point out that, although Mozambican authorities claims there are no gender barriers, women are poorer than men; tend to get jobs that require minimal

qualifications: generally earn less than men, even when employment status or work type is the same: and are discriminated against at home and in the family. Women do not achieve the same educational attainments as men and are often required to work during the day and provide childcare for their immediate and extended family members at night. Women are socially and economically vulnerable, leading them into poverty.

The evidence is clear that poverty in Mozambique affects women more than men (Ardeni & Andracchio, 2008; Arora, 2014). Women are more vulnerable in the job market, they have worse employment conditions, receive less education, live in worse health conditions, and the households they head are not as wealthy as those headed by men. The feminization of poverty is real and keeps women suppressed. As a result, women look for ways to overcome their exposure to poverty and are easily lured into the sex trade or participate in transactional sex to get ahead. Transactional sex is defined as a relationship that involves the exchange of money or material goods for sex (Dunkle et al., 2004; Moore, Biddlecom & Zulu, 2007; Silberschmidt & Rasch, 2001). Sex is used as a commodity here, which is likely why Mozambique has been labeled as “the land of prawns and prostitutes” (Swails, 2012, para 1). Unfortunately the sexualization of women and girls contributes to a culture that reinforces the view of women as sex objects and provides women and girls with the permission to use sex to get ahead.

Sexualization of Women and Girls

As second-class citizens in Mozambique, women and girls are further oppressed by their sexualized portrayal within Mozambican society. Women and girls become sexualized when their value comes only from their appeal or behaviour, excluding other characteristics. When women and girls are made into ‘things’ for others' sexual use, rather than being seen as people with the capacity for independent action and decision-making, they are sexualized. This harms

the self-image and development of women and girls. For example, there is evidence that suggests that sexualization contributes to impaired school performance of women and even physical health problems in high-school-aged girls and young women (American Psychological Association, 2007; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998). In related research, the authors suggest that viewing material that is sexually objectifying can contribute to body dissatisfaction, appearance anxiety, eating disorders, low self-esteem, depression, the onset of smoking to control weight, and even a diminished sexual health measured by diminished condom use and assertiveness (American Psychosocial Association, 2007; Impett, Schooler & Tolman, 2006; Lucas, Beard, O'Fallon, & Kurland, 1991).

The sexualization of women and girls is not a new concept, and a plethora of evidence exists in the West demonstrating the sexualization of women and girls across the media. In Mozambique this trend is well established, especially in the media. Moreover, the way women and girls are positioned in the family does not help to curb this trend. Women and girls in Mozambique are defined by their ability to reproduce, provide sex, and maintain the domestic sphere of the family. From a young age a girl is taught how to serve men both domestically and in the bed, and girls are prepared in some regions for child marriages. One male participant explained it this way:

We grow up in a context where there are ladies to cook for us, where our partners, they have to serve us, practically, they have to serve us in all ways [including sexual], they have to do these things for us.

Because of this, women and girls learn quickly that their role is to serve men and that, in doing this, sexuality is a key instrument they can use to better their lives. One female participant described women's role this way: "In general, the girls here are to serve men. We are not only

talking about cooking [domestic duties], but sex also. All things in the life of girls are to serve the man.”

There is a contradiction related to sexuality, however, that is pervasive in Mozambique. On the one hand, there is a historical culture whereby women are expected to be obedient and modest, yet at the same time girls are taught from a young age how to please men, which includes sexual pleasure. Nonetheless, participants explained that if women and girls initiate sex with their partners, they may be labeled as a “slut” or accused of infidelity. Therefore, navigating the sexual realm is complex.

Researchers have shown that girls’ sexual debut can be as young as 10, and in some cases much earlier, if we consider rape in relation to the belief that having sex with a virgin cures HIV (WLSA, 2007a, 2007b). What is especially evident in urban centers such as Maputo, is that society has become highly sexualized and some participants argued it is due to access to media, especially the Brazilian and Portuguese *novellas* (soap operas), as well as music videos from the West. One participant explained it this way:

They [girls] believe that the modern life style includes changing partners everyday. That is a misconception about the modern life style...sometimes it comes from soap operas from Brazil and it is not a good role model...the problem when you see the girls in the *novella* [soap opera], the clothes are short, they think it is sexy and modern. As well, the *novella* is aired at the wrong time on TV. In Brazil, most *novellas* are on TV after 10pm because kids are sleeping, but here almost anytime, mostly after 6pm.

As a result, media images and messages communicate inaccurate understandings about what it means to be a modern and independent woman. Women and girls attempt to imitate the images and behaviour they see on TV in hopes they will gain a better life. Women and girls often dress

seductively in urban centers, even when they wear the traditional *capulanas* (explained in greater detail below) that are intended for modesty. In bars, restaurants, and in the street, women and girls commonly exert their sexuality in overt ways, pushing up their breasts to make them visible, or wearing high heels and skirts that are short and tight, as a means to get noticed.

Participants spoke a warning of caution to women with husbands: “Be careful. The women here will throw themselves at your man; don’t be lazy and let him go out without you or he may never return.” They also explained how “School girls will go to a street downtown after school and wait for older men there to have sex with” as a means of gaining gifts or money to buy extras that their parents cannot afford. The sexualization of women seems to be a ubiquitous influence. An example of this is a local TV commercial that used young girls dancing seductively in pornographic African attire, luring the viewers to buy certain products. The makers of this commercial attempt to communicate that not only are women objects of sexualization, but young girls are exotic and sexually alluring. This sexualizing gives viewers permission to see young girls as objects of desire, not as they ought be seen, as children with inherent rights.

These images further a common belief by men that young girls are sexually appealing. One man explained it this way. “I look at these young girls and think ahhhh, they can teach me something in bed that is different that I have never experienced and I want to have sex with them.” Another common sexual desire among men is to want dry sex or sex with women from the North who elongate their clitoris. Dry sex is a practice to dry or tighten the vagina by inserting foreign objects, which is believed to enhance men’s pleasure (Braunstein & Van De Wiggert, 2005). Dry sex is considered more common with young girls than with adult women, encouraging men to seek out sexual encounters with children. Initiation rites for girls are

practiced throughout Mozambique and include teaching sexual practices, such as the practice of extending the labia minora and elongating the clitoris, commonly done in the Northern province of Cabo Delgado. One male participant from the south explained that it is common for men to want to go to the north and have a sexual experience with the girls and women there because sex with them is considered exotic. It is believed that elongation of the clitoris and labia minora will result in amazing orgasms, furthering the sexualization of women and girls.

Women and girls know that to use their sexuality will pose an advantage for them, and thus they participate in these practices to enhance their sexual allure. Sexuality is communicated as an asset to women and girls through such practices as initiation rites, or conveyed to them from older generations (Bandali, 2011). Men know they can get sex wherever and whenever they want it. The sexualization of women and girls in Mozambican society creates an environment where to be female is to be a thing for others' sexual use, and women and girls learn that using sex can help them survive. This compounds women's oppression because sex becomes the only evident avenue to negotiate relations between men and women. As one working professional woman explained, "My clients just expect that I will have sex with them and it becomes unquestioned, yet when I turn them down they get angry and say that I am not like other Mozambican women."

Sex is a doubled-edged sword, however, because it debases women in many ways. If women use sex to their advantage, they can be labeled "sluts" and open themselves to infection, and if they don't, they remain poor, keeping themselves embedded in the cycle of poverty. Therefore, sex becomes a no-win situation.

Sexuality defines women and girls and it is the major lens through which they are viewed. When the value of women and girls is largely driven by their appeal and behaviour, in

terms of their ability to reproduce, provide sex, and maintain the domestic sphere of the family, and when they are not valued for other characteristics, they have become sexualized. This sexualization happens from a young age, when teaching girls the art of serving men is reinforced through cultural practices such as child marriages, initiation ceremonies, and inaccurate and inappropriate media messages of what it means to be female and a modern and independent woman. Consequently, this sexualization results not only in cementing their inferior social position next to men, but also places women's and girls' health, both physical and mental, in jeopardy. Health disparities in Mozambique act as yet another kind of oppression on women.

Health and HIV/AIDS

Health disparities, especially sex-based health disparities such as high rates of maternal mortality, child marriage, HIV/AIDS, and cervical cancer are a few of the issues that plague women. Women lack basic health care and face life-debilitating and threatening health issues. Government efforts have contributed to improvements in maternal mortality rates and the under-five mortality rate, but nutritional indicators remain a serious concern and stunting of growth in children is not uncommon (UNICEF, 2011).

However, the most concerning health issue in overall terms from a gender perspective is the HIV/AIDS pandemic (UNICEF, 2011). Some have coined it the feminization of HIV/AIDS (Comtex, 2005; International Monetary Fund, 2007), similar to the feminization of poverty. HIV prevalence among young women between 20 and 24 years is three-times higher (11.1%) than among men of the same age (3.7%) (Conselho Nacional de Combate ao HIV e SIDA, 2014). Women get infected at an earlier age than men (Conselho Nacional de Combate ao HIV e SIDA, 2014). The higher incidence of female HIV/AIDS is a result of men's sexual behaviour, and women's unequal influence in terms of decision-making capacity, especially in terms of

contraceptive use and protection, as well as unequal knowledge about HIV/AIDS prevention methods. One participant explained that, “Girls are four times more infected and the situation for girls is terrible in education, health, everything.” This participant added, “A boy can have five girlfriends and if he is infected he will infect all of the girls.” The belief that sleeping with a virgin will cure HIV places young girls at risk of rape and of contracting HIV. Therefore, women and girls are faced from birth with a particularly oppressive context in terms of their health and their ability to maintain it, often compounded by violence.

The Influence of Violence

According to participants, violence, especially domestic, is widespread in Mozambique. One of the most disturbing aspects of domestic violence is that it is normalized. Participants in this study and others (Arthur & Mejia, 2007) contend that it is considered a man’s right to “discipline” his wife or partner whenever he views it necessary in order to maintain control over his household. Despite the fact that there is a new law aimed to curb this trend and protect women, domestic violence continues to be widespread. For example, participants explained that attempts have been made to implement gender-friendly units within police stations to assist in cases of domestic violence and child abuse. However, they explained it is well known that for a woman to go to a police station to seek help in this matter is usually futile. When a woman comes in seeking help, the police tend to side with the man, leaving the woman helpless in situations of violence (Mejia, Osório & Arthur, 2004; WLSA, 2007a, 2007b).

As a researcher with the opportunity to be immersed in the field for a long period of time, I have listened to many stories from participants, colleagues, and even friends who have attempted to access police assistance in cases of domestic violence and child abuse. Their experiences support the claim that police often minimize violence or blame the victim, citing that

violence was “deserved.” For example, a mother brought her physically abused 4 year old into the police department, and when the police questioned the child they asked: “You must have done something bad to provoke your father to beat you, no?” Violence, and the exposure of children to it, impacts the socialization of women and children, and in particular causes women and girls to become socialized into subordination because their concerns are left invalidated.

Violence is also normalized beginning from a young age when young girls are victims of widespread sexual harassment and abuse, practices that continue throughout a woman’s life. Failing to have sex with the male teacher, for example, could result in the girl failing to pass the grade (UNICEF, 2011). Sexual harassment is common in workplaces as well, and is an expected part of women’s working lives. According to participants, riding on local transit is also precarious for women and girls. The common way to get around is on privately owned mini-buses called *chapas*. Not only do their operators drive these *chapas* dangerously, but women are sexually harassed, violated, and at risk of being robbed, especially at nighttime. For women and girls, violence is a part of everyday life; they are systematically harmed and their freedom is diminished. Therefore, domestic violence and violence against women, left unchecked, oppresses women because it keeps them subordinate and dependent on men for protection. Paradoxically, it is men who violate women, resulting in women having a strong, and ambivalent relationship with them because, on the one hand women need men for protection yet at the same time they fear them. Violence, especially domestic, reinforces a context in which men hold the power and women continue to be largely powerless.

Participants contended that Mozambican society “is full of violence”, and that perhaps the history of violence associated with colonial rule and the civil war normalized or desensitized the population to violence. One participant explained it this way:

There is a lot of violence and there are a lot of imbalances in this society in my opinion. The colonial rulers were very violent, we had a civil war, which was worse, and people killed their own father, mother to prove courage. This won't disappear in a generation. I think it is linked with these and the discontentment of people. Men abandon their local villages and come to the cities in hope of improving their status and the experience does not meet their expectations, and as a result they become frustrated and kill and violate women. Women are in high risk of violation and are normally the ones to be violated. Violence is a common experience for people in Mozambique and women tend to experience the brunt of it due to their social vulnerability. The violence is compounded by the high risk of HIV when women are sexually assaulted.

Thus, there is a multi-layered burden of oppression that women and girls must navigate, making the Mozambican context highly complex to manage. In response, as donors and the government have recognized women's challenges, an opportunity to empower women has been opened.

Empowerment of Women

Although Mozambican society is marked by a system of patriarchal ideology, Mozambique is proud of being one of the few countries in Africa where the issues of women have been taken into consideration since the liberation war in 1964 and continuing after independence in 1975 (WLSA, 1997). The Frelimo government took seriously many directives from the UN's World Conferences on Women in Nairobi in 1985 and Beijing in 1995, in order to promote women and give them a voice in the process of leadership and decision-making. The Frelimo government had an explicit policy aimed towards gender equality and empowerment of women in the "new Mozambique", to resolve the issues of inequality and exploitation of women

(Hanlon 1984; WLSA 1997; UNDP 2001). After independence, the empowerment of women as an issue became visible and was included in the national Constitution (Hanlon 1984; WLSA 1997; UNDP 2001). Frelimo's policy towards gender was designed to involve women in economic and political life. The creation of the Organization of Mozambican Women (OMM) by Frelimo is one example of this policy, although there are different explanations behind the purpose of OMM (Disney, 2008). On the surface, however, OMM was an attempt to mobilize Mozambican women to organize, participate in liberation, gain equality with men, and fight against the exploitation of women (Hanlon, 1991). Therefore, an emancipatory discourse to empower women was present in Mozambique from independence.

Yet despite the historical emphasis on women's empowerment (i.e., OMM) from the government and donors, and high female representation in Parliament, woman-friendly policies such as the *Family Law* (Adr 2004) and the *Law Against Domestic Violence* (Adr 2009) have not had a major impact on gender relations and the position of women (UNICEF, 2011). There are several reasons for this. One participant explained that there has been no link between women's representation and female friendly policy decisions. *Women and Law in Southern Africa* (WLSA) (1997) has argued that female parliament members were no more eager than their male counterparts to push for the *Law Against Domestic Violence*, stating that they feared it would jeopardize the family as an institution. It is likely that women feared that if they supported this law their personal safety may be jeopardized at home. Even well-intentioned legal frameworks, such as making polygyny illegal in Mozambique, can have unintended yet oppressive outcomes. An example of this in Mozambique is that although polygyny is illegal it continues to be a widespread practice; yet polygamous women are not protected under the law unless they fall within the framework of a formal first wife.

Female representation is much more prominent at the lower levels of participation through an elected process at the community level. Despite this fact, female-friendly policies and legislation do not penetrate this level to make an impact, especially in terms of the *Family Law* and the *Law Against Domestic Violence*. Participants noted there are local non-government organizations (NGOs) and community-based organizations (CBOs) that have attempted to promote awareness and disseminate knowledge about these new legal instruments and gender policies, however, they do not adequately reach all areas and they often meet resistance in local (male-dominated) courts. As a result, when women find themselves in precarious situations, they are uninformed about their rights, making it even more difficult for them. Keeping women ignorant is a strategy that keeps the power in the hands of men and leaves women unable to access their rights. Therefore, by ensuring that female-friendly laws are not being implemented by police and upheld within legal institutions, the oppressive context is reinforced.

However, by making polygyny illegal, although practiced informally on a wide scale, lawmakers made it impossible for the approximately 30% of Mozambican women finding themselves in *de facto* polygamous relationships to take their husbands to court to obtain, for example, child support (Rosário, 2008). This contrasts with the other 70% of women in polygamy, who are considered first or official wives, allowing them the privileged position of being able to access their rights. Therefore, the unintended consequences of attempting to improve laws for women, has resulted in inadvertently increasing vulnerability for women who find themselves in *de facto* polygamous relationships, by disenfranchising them from the means of keeping their men accountable and responsible for their actions. Many, if not all of these women were forced into polygamy rather than having chosen it. In these ways, “enlightened” legislation has not always served the interests of women.

The overall picture of female-friendly laws and policies in Mozambique, then, is that the policies and instruments are theoretically in place, but are having little impact on the lives of women and girls. Thus, when legislation with direct relevance to women and girls is passed, it encounters socio-cultural realities and customary laws on the ground that promote legal pluralism that disadvantages women. According to Hellum and Stewart (1998), plural systems of law or legal pluralism²¹ within Southern and Eastern African are the ways in which the customary law of the indigenous populations was applied, constructed, and distorted by the colonial administration of justice. For Mozambique, legal pluralism continues even today.

Community courts, where legal pluralism is often enacted, are considered an accessible means for citizens to resolve disputes of various kinds, especially in areas where no district court exists. These courts were recognized for the first time in the Constitution of 2004, which means the Mozambican constitution enshrined legal pluralism, allowing for a diversification of mechanisms to resolve conflicts (Article 4 of the Constitution). This was, in part, due to the practical difficulties associated with accessing courts, especially in rural areas, allowing for alternative mechanisms to resolve conflicts. These alternative mechanisms are enacted through community courts and community mediation, and continue to be used to resolve cases of domestic conflicts because domestic conflicts are largely accepted as a family affair, despite new and improved laws.

Hellum and Stewart (1998) argue that many women become trapped between the state's interpretation of the construction of families, in contrast to the status of women in customary laws, which results in an inconsistent application of law, often failing to benefit women. In addition, the council of community elders tends to be comprised of men, which reinforces the

²¹ Legal pluralism refers to the idea that in any one geographical space defined by the conventional boundaries of a nation state, there is more than one law or legal system.

longstanding socially ingrained legitimacy of male power. Consequently, this system bolsters male power and contributes to keeping women inferior because men overwhelmingly occupy the spaces where decision-making processes happen. Once again, subjugation of women is reinforced at a systemic level.

A number of women's advocacy organizations have arisen in an attempt to fight for the rights of women and girls (i.e. Forum Mulher, MULEIDE, WLSA, MBEU) and issues related to gender inequality. Forum Mulher (Women's Forum), *Muhler, Lei e Desenvolvimento* (Women, Law, and Development [MULEIDE]), Women and Law in Southern Africa (WLSA), and *Associação para Promoção do Desenvolvimento Economico e Socio-cultural da Mulher* (Association for the Promotion of Women's Economic and Socio-Cultural development [MBEU]), among others, are part of a network of organizations that work through advocacy, programming, and legal aid to boost the human rights of women who demand gender equality in Mozambique. The fact that these organizations exist tells us that there are problems with ensuring the rights of women and girls.

Theorizing Women's and Girls Oppression in Mozambique

The oppression of women and girls in Mozambique is a devastating and under-recognized injustice. Mozambican society is underpinned by an ideological hegemonic patriarchal culture that reinforces an inferior social positioning for women and girls. This inferiority gets played out in many ways starting from gender relations within the family. Girls are not allocated the same opportunities as boys in terms of education and schooling, resulting in gender gaps in literacy rates. This consequently affects women's ability to sustain their livelihoods and forces them to be dependent on men, furthering a system of male domination. Social, economic, and cultural conditions (i.e., traditions such as inheritance practices and social

power imbalances in favour of men) are strongly intertwined and often penalize women.

Although men and women may have equal rights to hold land by law, men often hold the upper hand in land grabbing. The feminization of poverty is reflected in the fact that women are worse off than men and actually are poorer than men in several ways. They are less likely to be income-earning workers. Woman-headed households are economically worse off than man-headed households. The sexualization of women may help women to crawl out of poverty if they engage in transactional sex or prostitution, however, the health and social consequences are grave. Violence against women is widespread and normalized, keeping women submissive and afraid. Lastly, the disparities in health for women and girls mark yet another oppressive hurdle that they must endure.

It is undoubtedly evident, as demonstrated above, that women and girls face a particularly oppressive environment in Mozambique that deserves our attention. Because women and girls in Mozambique face so many oppressions that expose them to risk and vulnerability, and HIV/AIDS is one of them, it is important to develop theoretical understandings of how women and girls manage their lives within a context of gender oppression in order to offer better informed solutions for popular initiatives that aim to empower women. Theoretical understandings of how women manage gender oppression can inform agencies and government attempting to achieve the new sustainable development agenda, previously known as the millennium development goals (MDGs), especially MDG 3 (Achieve Gender Equality) and 6 (Combat HIV/AIDS and other diseases). In the following sections I present a grounded theory of how women and girls manage gender oppression in Mozambique.

Chapter 6 – A Grounded Theory of Putting On and Taking Off the Capulana

In this study, I identified how women deal with the multiple oppressions they face, using the basic social process of **Putting On and Taking Off the Capulana**, which comprises four major processes: (a) Putting On the Capulana; (b) Turning a Blind Eye; (c) Playing the Game; and (d) Taking Off the Capulana. The category of Putting On the Capulana is a process of becoming socialized to gender oppression and is made up of two sub-processes: *Adapting to Patriarchy* and *Living with Violence*. Turning a Blind Eye, the second category, is composed of the sub-processes: (a) *Retreating Under the Cloak of Silence*, and (b) *Sidestepping Responsibility*. The category of Playing the Game includes the following sub-processes: (a) *Levelling the Playing Field*; (b) *Undermining Men's Power*; and (c) *Adopting Subordinance*. The final process in this theory is Taking Off the Capulana, which is made up of the sub-processes: (a) *Resisting* and (b) *Voicing Up*.

To distinguish the levels of categories in the grounded theory discussed below I use various modes of formatting. The basic social process of **Putting On and Taking Off the Capulana** is capitalized and in bold print throughout the document. I have capitalized the four major categories (e.g., Putting On the Capulana, Turning a Blind Eye, Playing the Game, and Taking Off the Capulana) and capitalized second-level processes in italic print (e.g., *Adapting to Patriarchy*). Third level sub-processes are underlined and are in lowercase (e.g., accepting inferiority) (See Table 1.0, below).

Table 3
Codes of Putting On and Taking Off the Capulana

Categories	Putting On the Capulana	Turning a Blind Eye	Playing the Game	Taking Off the Capulana
Second Level	<ul style="list-style-type: none"> • <i>Adapting to Patriarchy</i> • <i>Living with Violence</i> 	<ul style="list-style-type: none"> • <i>Retreating Under the Cloak of Silence</i> • <i>Sidestepping Responsibility</i> 	<ul style="list-style-type: none"> • <i>Leveling the Playing Field</i> • <i>Adopting Submissiveness</i> • <i>Undermining Men's Power</i> 	<ul style="list-style-type: none"> • <i>Resisting</i> • <i>Voicing Up</i>
Third Level	<ul style="list-style-type: none"> • <u>being robbed of sexual self-determination</u> • <u>accepting inferiority</u> 			

Getting Into and Out of Gender Oppression

In this study I identified the basic social problem as gender oppression, which encompasses the HIV/AIDS situation, but because oppressions are interconnected and different types of discrimination interact to reinforce one another, it became quickly apparent that oppressions that women and girls face cannot be examined separately. Therefore, the HIV/AIDS situation that I first intended to be my focus, became just one of the many oppressions that women and girls face among a myriad of others. HIV/AIDS was actually minimized in most participants' viewpoint, whereby women often minimized their risk and its importance in their lives while simultaneously placing other oppressions as paramount.

Putting on and Taking Off the Capulana is the basic social process of resolving the basic social problem of gender oppression; it is what women and girls do to manage it. In other

words, **Putting On and Taking Off the Capulana** can be simply understood as the process of falling into and getting out of gender oppression. This process of managing gender oppression does not happen as a simple trajectory, but was non-linear, iterative, and complex, meaning there are elements of approach/avoidance, stops and starts, until women came to a turning point of Taking Off the Capulana. For example, women and girls may begin to approach one category, but choose to avoid its arrival because by allowing themselves to enter into the process they have to come to terms with the oppressions that have been keeping them down. Some women were never able to reach the final turning point of Taking Off the Capulana, the last category in this theory, because they became entrapped in one of the processes of Turning a Blind Eye or Playing the Game, components of the process.

Figure 4: Putting On and Taking Off the Capulana

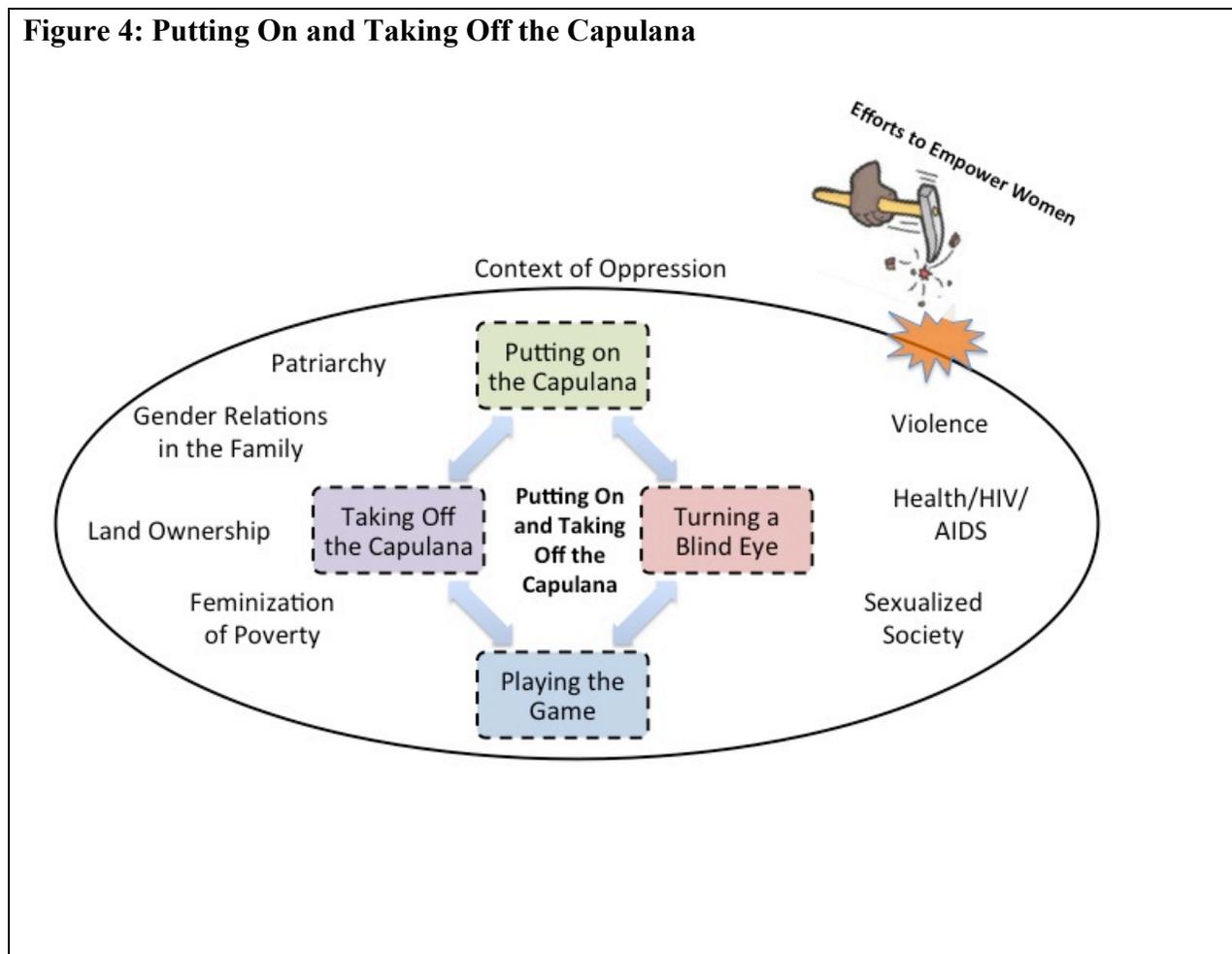


Figure 4 is a visual representation of the process of **Putting On and Taking Off the Capulana** within the oppressive social context in Mozambique. The rectangles represent the major categories or processes of getting into and out of gender oppression. I have used two-sided arrows to represent visually the possibility for women and girls to move back and forth between categories, because while they may enter one category, they may simultaneously encounter an issue that causes them to regress into the previous category. The rectangles are not discreet, represented by dotted lines, meaning that at times a category may diffuse or overlap into another category, which results in women simultaneously attempting to manage their lives from two different angles. An example of this is the situation in which women are *Playing the Game*, which means they are manipulating the patriarchal context to their advantage but simultaneously

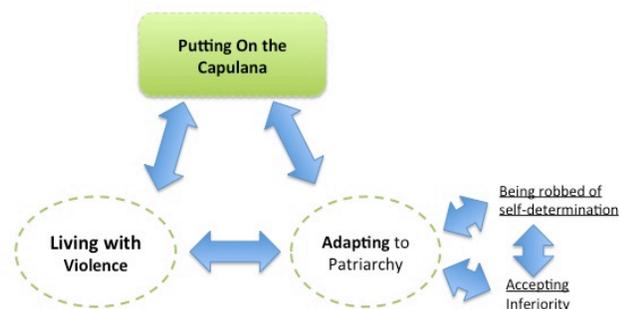
trying to turn the corner through entering into the process of Taking Off the Capulana and freeing themselves from gender oppression. Therefore, what I try to convey is how women can simultaneously hold contradictory perspectives and engage in contradictory actions, demonstrating the complexity with which humans so often operate. In the following sections I provide an understanding of how women and girls manage their lives in a context that is undoubtedly oppressive to them, and yet some women are able to rise above these oppressions and move towards a place of empowerment, fighting against a context that oppresses them.

Putting On the Capulana

... none of us is immune to misogyny when we live in a culture that's swimming in it.

- Jill Filipovic, *The Guardian*, June 20, 2013

The first process in the theory of **Putting On the and Taking Off the Capulana**, is Putting On the Capulana, the way in which women and girls adopt the role expectations for their gender. In essence, it is the process of becoming socialized. This process comprises two sub-processes: *Adapting to Patriarchy* and *Living with Violence* (See Figure 5, below). Putting on the Capulana takes place within a social context of the multiple oppressions discussed above.

Figure 5: Putting On the Capulana

Putting On the Capulana is the process in which women and girls internalize their gender oppression and come to accept it unconsciously, becoming what it means to be good mothers and good wives in Mozambique. Putting on the Capulana is a socialization process through which women and girls learn the rules and regulations of society and how they should act in relation to those rules. Socialization, by definition, is the process of adapting one's behaviour to the norms of a culture or society (Oxford Dictionary of English, 2010). Putting On the Capulana, therefore, is a process of conforming to the rules and scripts that are outlined for women and girls and, in essence, accepting that "this is how it is." In the following paragraphs I describe the two sub-processes that comprise Putting On the Capulana: *Adapting to Patriarchy*, and *Living with Violence*. These two sub-processes define the process that socializes women and girls into embodying their prescribed gender roles through the course of accepting their inferiority and subordination.

Adapting to patriarchy.

The first element of Putting On the Capulana is how women and girls are introduced into what it means to live within patriarchy and how they adapt to it. Patriarchy is a major aspect of the Mozambican social context. *Adapting to Patriarchy* is made up of two processes: (a) Being robbed of sexual self-determination; and (b) Accepting inferiority (See Figure 4). These are interactive processes because being robbed of sexual self-determination and accepting inferiority are processes that reinforce each other and result in women and girls embodying their gender roles. As women and girls journey through these processes, they learn that they have little control over their bodies and their lives, and that male dominance governs the various systems within their world, including religious, educational (schools), and family. While discovering how male dominance rules their world, and adapting to it, women and girls accept their fate.

Before discussing the components of *Adapting to Patriarchy*, it is important to have a common understanding of what patriarchy is and how it affects women and girls. Here I briefly introduce patriarchy as a concept, as a tool to help understand women's realities.

Patriarchy refers to male domination both in public and private spheres. bell hooks (no date) defines the world of patriarchy as follows:

Patriarchy is a political-social system that insists that males are inherently dominating, superior to everything and everyone deemed weak, especially females, and endowed with the right to dominate and rule over the weak and to maintain that dominance through various forms of psychological terrorism and violence.

Through the ideology of patriarchy, people form unconscious attitudes, values, and beliefs that are produced by and materialized in language, analyses of truth, and all claims to knowledge (Bauman, 2001). Therefore, patriarchy becomes a mindset that influences how people think and,

as a hegemonic ideology, does not allow space for people to consider alternative ways of doing things.

An example of how patriarchy in Mozambique prevents progressive thinking and adoption of new ways of doing things was described by a participant who does gender-work within the Maputo parliament and justice arena. She explained that the concept of gender continues to remain either foreign or misunderstood, despite years of work to improve gender inequality in Mozambique. She illustrated this point when describing her experience in a course on gender required for upcoming new judges in Maputo:

They would be judges after they complete a few courses and this being one of them.

Within the group, mostly men and two or three women, my impression was that the concept of gender was a completely new concept for most of them. They did not even know the definition, the linguistic definition of gender as being masculine and feminine, a concept that is formed socially. To me and the facilitator it was obvious that they had never really thought of it before. The question is, if they can't even grasp the basic concept of gender, how can they apply it judicially?

Because patriarchy is an ideology, it results in creating a value system, thus determining the order of things. The example above is a demonstration of how patriarchy in Mozambique has become unconscious and institutionalized. While the facilitator of the course was introducing the participants, who were mainly men, to the concept of gender using examples to illustrate basic concepts, the educated and influential participants seemed unable, and possibly resistant, to recognizing what she was talking about. Patriarchy therefore can be understood as defining a set of hierarchical social relations between men and women that create independence and solidarity

among men, enabling them to dominate women. This ideology is so powerful that men are able to secure the apparent consent of the women they oppress.

One participant, a professor and researcher with a local university, explained how embedded male dominance is, that even within a university setting where they aim to emancipate people's thinking, cultural norms and values reinforced by patriarchy become obstacles for women to confront their own oppression. She explained that during a lecture where they were discussing polygamy and gender inequality and how these practices oppress women, a female student adamantly objected. The student admitted that she was about to marry a man and become his second wife and did not view that this was in any way oppressive. The participant recalled how, in another lecture on gender-based violence, some female students supported the idea that husbands have the right to discipline their wives, sometimes using force, if they see the need. These accounts, in which even educated women consent to practices by men that oppress and hurt them, demonstrate the stronghold patriarchy has on both men and women's thinking.

Patriarchy, as a hegemonic ideology, frames the way people think, which consequently limits their actions. For women and girls, this is most detrimental in terms of the formation of identity. Patriarchy influences how identity is produced and categorized. Identity signals inclusion in a category or group, but it can also signal exclusion and difference from others. Identity for women and girls in Mozambique is based primarily through their relationships to their fathers or husbands, similar to identity construction in other modern patriarchal nation-states. This gendering of identity results in women and men effectively having different access to legal rights, privileges, and resources although race, class, and sexuality also can have an impact.

In Mozambique the patriarchal social context gives considerable legitimacy to male power. One participant explained:

For women to be alone, without a man, is very difficult socially. Sometimes oppression happens and we don't even realize it because it is so normal. When I went to buy a house, I had the money. The owner, a man, showed me the house and I said I want to buy it. He was happy to sell it to me but told me I must bring my husband to him to negotiate. I told him I wasn't married and he said fine, bring your father or uncle, I will not negotiate with a woman. I did not want to involve anyone in my negotiation, so in the end I did not buy the house.

This male legitimacy is fuelled by family ideology that gives the male head of the family the privilege to make all decisions, and if necessary, to use force to resolve conflicts, especially those that are considered domestic. The way in which the patriarchal ordering is reinforced with such success is through a process I have coined being robbed of sexual self-determination, which is further reinforced through violence. As women and girls experience this loss of self, they are led to believe they are inferior and that they require men's intervention and leadership in all aspects of their lives. In the following sections I describe how the processes of being robbed of sexual self-determination and living with violence unfolds in the Mozambican context and how these are critical processes that hinder the resolve of women and girls to overcome their circumstances by crippling their agency and keeping them believing they are inferior.

Being robbed of sexual self-determination.

Being robbed of sexual self-determination is a process of having one's sexual and reproductive autonomy taken away. This process also reinforces women and girls learning that their value within a patriarchal society comes primarily from their sexuality and eroticism. Women and girls learn through being robbed of sexual self-determination that men hold the power and make the decisions while women and girls are in positions of powerlessness.

Reproductive and sex are issues about which men make the decisions. It is well known that reproduction and sexual rights are a prerequisite to empowerment in order for women and girls to live self-determined lives. For example, reproductive and sexual rights of women and girls was one of the key topics for the 2015 G7/20 summit as a means to draw attention to the issue that reproductive health and the rights of women and girls affect their empowerment. Without the rights, capacities, tools, commodities, and support needed to make decisions over their health, bodies, and number and timing of children, women and girls are unable to complete their education, build a career, fulfill their dreams and contribute actively to their communities. In Mozambique, participants described multiple ways in which men control women's bodies; early marriages are a normal part of the culture, girls who go through initiation ceremonies learn to serve men domestically and sexually, the belief of sex with virgins to cure HIV/AIDS is established in some communities in the south, and men commonly decide for women whether they take contraceptives or use protection during sex. Men are also the ones to decide when, where, and how sex will be enacted, therefore limiting the ability of women and girls to exercise control over their reproduction and sexual activity. Therefore, women's and girls' aspirations, intentions, and ability to act are often overlapping decisions-points, all of which have a strong basis in personal, social circumstances and power-relations.

Sexuality is a strategic site through which women's subordination is maintained and enforced in postcolonial Africa (Arnfred, 2011). Commonly colonialists worked together with African patriarchs to develop inflexible and customary laws that evolved into new structures and forms of domination. Patriarchal religions such as Christianity and Islam, which are predominant in Mozambique, were and continue to be highly influential in promoting a view of women's bodies as inherently sinful and impure (Arnfred, 2011). Complicating matters, new forms of

Western media, especially music videos and *novellas*, clash and disrupt these messages, making it increasingly complex to navigate the sexual realm. While these religions promote an ideology that men are to be the heads of the household and women are there to listen and obey, traditional practices such as initiation rites and the translation of erotic knowledge from female elders that teach girls how to make love and please their husbands in bed, intersect with religious and patriarchal ideologies. Competing messages of assertiveness versus passivity within the realm of sex can set women up for failure because these can be interpreted as promiscuity. Yet, alternatively a woman's passivity can result in sexual dissatisfaction of the husband, a legitimate reason for divorce.

One participant described the complexity in her marriage in light of these competing messages. She explained that if she initiated sex with her *de facto* partner, he would assume she was having sex outside their relationship, and he might call her a "slut" because it is not her role to initiate sexual relations. Another participant explained that if "she uses them [female condoms], she is accused of being HIV positive. If she obligates a man to use a condom then the man will say she is HIV positive, it is always her who will be considered to be positive." Women's sexuality is controlled, giving men the legitimacy to regulate women's sex lives and reproductive capacity, which reinforces their domination over women. This is just one way women are being robbed of sexual self-determination.

Being robbed of sexual self-determination begins with child marriages (also known as early marriages in the literature) in Mozambique. Although not every girl will be married off young, child marriages are a common practice and unofficially well supported. One participant whose work focuses on gender issues, such as sexual rights and gender-based violence, has

experienced a range of reactions from both men and women, and stated that there are men who believe that his work towards gender equality is against them, betraying them.

There are many men who look at us and yeah they don't like what we are doing, they think we are the enemy of, they think we are perverted, betraying them. It is like we are doing something that is against our traditions, which is against our culture. I remember one of these guys, and the funny thing is that he was an MP [member of parliament] and now he is part of the state council, and after the discussion on TV he called one of my colleagues, who is the moderator of the TV program, to tell him that "you guys should not be talking about these things, and what you are saying is completely wrong, because we have our own culture and we have to stand for our traditional values."

This quote demonstrates a sense of collective, threatened manhood and the justification of support for practices that rob women and girls of sexual self-determination.

Participants spoke of how child marriages are an unfavourable situation for girls and women, not only because of the obvious reproductive complications that can occur from early sexual debut (e.g., fistulas), but marrying young can have severe consequences on the development of children who lose part of their childhood in both social and psychological terms (Jensen & Thornton, 2003). Girls are more likely to drop out of school to tend to their domestic responsibilities, which reinforces their ignorance and dependency on men. One woman explained how she committed to visit her neighbour's home as often as she could after the mother and father had died and left four orphaned young girls under the aged of 14. This participant explained that she recognized the vulnerability of these orphaned children. Soon the oldest daughter had to drop out of school because she became pregnant as a result of neighbouring men visiting the house and demanding sex. Although this girl was not married off, she experienced

the same consequences as girls who face early marriages. Studies have shown that married girls are much less likely than their unmarried peers to complete school and to get a job (UNDP, 2001; UNICEF, 2011). All of this contributes to women and girls being denied their most basic human rights such as the right to education and the right to have control over their reproduction and sexual decisions. Because sex is such an intimate and corporal experience, the loss of control over this aspect of one's life serves as a means to maintain unbalanced power relations between the sexes and can leave emotional scars.

Participants explained how the traditional practice of initiation rites is linked to early marriages. Initiation rites are a traditional practice in which girls are educated about what it means to be a woman and shown how to perform their domestic duties properly. This includes teaching a girl about her duty to give sexual pleasure to her partner. One participant explained it this way:

In the north of the country, once a girl goes through the initiation rights she is considered ready to get married. The same applies to the south. If a man from South Africa is looking for a wife, he can come here and get one. After a girl has menstruated she is considered ready and can go through the initiation rites. This usually occurs for girls who are 14, 15, 16 years old, but it can be as young as 11 years of age if her menstruation begins early.

Initiation ceremonies prepare young girls to embody being “good wives,” a requirement of their gender. Despite participants describing how initiation ceremonies can be a point to introduce positive teachings regarding things such as sexually transmitted infections or domestic violence, for example, it is also a point where girls learn what it means to be female in a Mozambican context, which is translated into obedience and inferiority and promotes the idea of seizing their

female power solely through their sexuality. Therefore, although initiation rites could reinforce positive teachings related to gender issues or other important coming-of-age education, and is a site where women can have a free gendered space without men, it continues to be used to communicate to girls that eroticism and subordination are at the heart of their value. These rituals instruct young women in the rules of decent female conduct. Arnfred (2011) describes these teachings in terms of self-control, downcast eyes, showing respect to men and elders, and always being ready to provide their man with food and hot water for his bath. Other participants described how initiation prepared them for lovemaking and taught them their roles as seducers and givers of sexual pleasure.

Not all women experience initiation ceremonies; many participants explained that these ceremonies are replaced, especially in the urban context, by female elders such as grandmothers and aunties providing a sort of knowledge translation of eroticism. Participants described how girls are taught by their female elders to use sex as a tool to keep their husband satisfied, warding off the lure of other women. This is known as “to put a man in the bottle” (por un homem na garrafa). “Putting a man in the bottle” is an essential learning for girls because their financial security and respect is determined by their marriage and ability to keep a man. Participants explained that a woman may draw on “negro magica” (black magic) to ensure that the man she wants to “grab” will become intoxicated by her, ensuring the man will stay with her. To do this she will go to a traditional doctor and buy a spell of some sort. Participants laughed when describing this practice, recognizing that it was unconventional, and somehow denying the validity of the practice, however, simultaneously confirming they would not fully dismiss the possible power in it. Sexuality is both a site of oppression and power for women in Mozambique.

Where it becomes oppressive is in the way that men regulate it and women become slaves to it, viewing it as the only source where they can access power.

In this study, I had an overabundance of women reporting how they were enslaved by a man's power over them in terms of the practice of sexual relations and the fear of losing him to another woman. One participant from Chokwe, an urban center in Gaza province, explained how her *de facto* partner and father of her child forced her to watch pornographic videos and repeat the acts with him. He threatened if she did not perform the various desired sexual acts, he would kick her out of the house, beat her, or find another woman to satisfy him sexually. This endangered this woman's stability because she believed she had nowhere to live and no means to care for her child outside her relationship.

Participants described that men claim authority over sexual decisions within the relationship, and when a man becomes dissatisfied he can turn to emotional or physical violence to keep his partner intimidated, keeping the power in his hands. Because she did not deliver her sexuality to her husband's (pornographic) satisfaction, divorce would be considered a legitimate option for this man. This particular participant did not want to watch the pornographic videos or participate in various sexual acts her partner insisted upon, however, her social circumstances and the power relation between her and her partner overshadowed her personal preferences. It is unknown whether this participant had been a product of an early marriage or whether she had experienced an initiation ceremony; however, because "keeping a man in the bottle" is tied to financial security and respect, women will allow their sexual self-determination to be taken from them.

Although being robbed of sexual self-determination can begin at an early age, it also manifests itself over and over again in adulthood and is linked to power-over and decision-

making authority. This process can be recurring in a woman's life, making it difficult for her to escape, avoid, or overcome it. As well, constant exposure to this process can sensitize women into believing they are inferior to a man, reinforcing the patriarchal system of domination. The process of being robbed of sexual self-determination is tied to women's and girls' socialization because this process is about women and girls discovering and accepting that men hold the power and women have to succumb to a subservient role next to men. Being robbed of sexual self-determination involves the discovery that women's and girls' value lies solely within their ability to perform sex well and reproduce. For example, if a woman fails to reproduce she becomes expendable.

I was married for two years, after that my father-in-law chased me away because I couldn't conceive and referred me as a "voided vacuum"... My father-in-law said that he doesn't want me anymore with his son, his son will suffer with me and he has already found a new wife for his son.

Wifhood and motherhood go hand-in-hand. Another participant said that he would not have married his wife if she could not reproduce. Therefore, before he officially married her he made certain she could provide children, impregnating her before legitimizing their relationship. When describing his views on marriage and sex he stated: "why would someone marry and not have children? There is no point?" This comment demonstrates the link between reproduction, sexuality, and women's worth. This is yet another example of how women's and girls' lives are determined by their sexuality and ability to reproduce, resulting in a context that enslaves them to their sexuality, clouding other possible conceptualizations of worth and value.

Sex, especially forced or with little control, is all about power. Because women and girls are expected to be subservient and obedient, their voices are secondary to those of men.

Participants noted that in northern Mozambique, where there is a history of both matrilineal and matrilocal traditions, women may have more control over their circumstances because they will reside closer to their own family and not their husband's, which provides opportunity for their family to intervene when problems arise. However, in southern Mozambique where my interviews were conducted, all women, despite whether they were from other parts of Mozambique, were subjected to a patrilineal and patrilocal tradition. What this meant for them is that there was little protection from their families regarding maltreatment by their husbands because they leave their families to reside with their husbands and the children produced are considered a part of the husband's family. Women explained to me that both sex and reproduction were regulated by their partners/husbands. Having children was a requirement and taking birth control was often forbidden, even though they could not properly care for the children they already had. Many women spoke about how they would hide their birth control from their partners or take Depo-Provera, which was less risky because their husbands would not discover it. Within this structure women's rights are further compromised.

Being robbed of sexual self-determination is one way that the tenets of patriarchy remain the paramount system here in Mozambique because robbing women and girls of their sexual self-determination acts to maintain subordination. It is here that women and girls learn that, because men hold and distribute the power, their value is wrapped up solely in their sexuality and reproductive capabilities, and that they are relegated to an inferior status. In the next section I present the second sub-process of *Adapting to Patriarchy*, accepting inferiority.

Accepting inferiority.

Accepting inferiority is a conditioning process in which women and girls are socialized into submission and total dependency on men. What occurs throughout this process of accepting

inferiority is the internalization of patriarchal values and attitudes about women's positioning.

Women and girls are socialized to submit themselves and gradually assume self-inferiority.

There are many ways in which women and girls are taught about, and conditioned to submit, and subsequently accept their inferior position.

Those who go through the initiation rites, which mainly occur in the north of Mozambique, may learn inferiority, but alternatively and combined with it, they learn this primarily through family relations and through the wider society. One participant described it this way: "I would say it is an aspect of Mozambique, where women are looked down upon, not valued or considered." Another participant agreed by stating: "Men are on top and women are on the bottom." In a context where patriarchy is dominant, women stand little chance of exercising their rights, and as a result continue to face oppressive situations and lack autonomy to shape societal values to their benefit. As women and girls learn their positions in their families of origin, their mothers, aunties, and grandmothers often teach these attitudes to them. Further, girls have these attitudes reinforced in schools and religious institutions.

For example, the church can be a very strong influence on women. One participant explained that, although she drew strength from her Christian religious beliefs in order to leave her abusive husband, she was unable to confide in her church community because the church would not condone a woman separating from her husband. Another participant who was abandoned by her husband found strength through a Pentecostal church and later converted to Christianity. She explained that now she views Jesus as her husband. By adopting Christianity as her religion and Jesus as her husband, this participant was in fact adopting a less hurtful form of patriarchy. Although she was avoiding partner violence, she was still subjected to patriarchal

teachings that place women in inferior positions, thus continuing her process of accepting inferiority.

Patriarchal values and attitudes that reinforce the process of accepting inferiority are also reinforced by the church and support a system in which women are subjugated. Another participant explained that people only respect a woman in society by the way in which her man respects her. “If a man [her partner] does not treat her with respect in front of family and friends, then these people will also not treat her with respect or value her.” In addition, women reported that without a man women are not considered important. Before the civil war (1977-1992), if a woman was a single mom she would be considered a prostitute or unrespectable. Although this may not outwardly be the case now, the sentiment of needing to “have a man” is so central to women’s social status that even women who have been subjected to domestic violence still prefer to resolve their issues and have their husbands return to them. The majority of women in my study told explicit stories of abandonment; they were asked to leave the dwelling when the husband found another wife or lover or when the family decided that she was unworthy. Most of the women interviewed explained how they were “chased” from their homes, often enduring violence in the process. Despite this maltreatment, all women preferred to find a way to regain their husband’s favour, and having him return to them was often the ultimate goal. The likely reason behind this fervent desire to reunite with their partners is twofold: on the one hand being married is the social norm and being a single mother is associated with being “loose” or a “prostitute,” and on the other hand, without a partner they often lose access to land and a roof over their heads (Tvedten, Paulo & Tuominen, 2009).

A woman will accept inferiority as a means to gain favour with the husband’s family in order to re-establish her status of wife. Women recognize the family as a central social unit and

the role it can play in determining their status and acceptance. Therefore, women have learned that by accepting inferiority, not only in the presence of her husband but also with his family, she will be respected and she can gain favour with them. One participant explained:

Women are victims of men. They experience emotional pain and are at the whims of his family's acceptance of her. His family respects me when I am a traditional woman and I think that women here live in two worlds. Women try to gain economic empowerment and at the same time need to gain respect of the husband's family.

Another participant explained that, despite the fact that she had a job in an international organization that provided her with health insurance and a secure income, this was not valued. She explained: "When I arrive at the home of my husband's family, they look me up and down and openly say in front of me: Who does she think she is? Why is she dressed like that? Go put on a *capulana* and start to cook in the kitchen with the rest of the women."

Women who do not embrace dependency and do not accept their inferiority face a harsh social backlash from family members who value a traditional woman over a woman who can work outside the home and bring in additional resources and knowledge that will benefit her children and perhaps the wider family unit. Because of the unbalanced relationship between men and women in which men are considered the rightful holders of both power and money, a woman finds it easier to embody inferiority and dependency. Doing otherwise may disrupt whatever peace she may have in the home or at work. One participant explained it this way:

A man can come home and announce that he is leaving tomorrow to work in another province as he has found a job there. But on the contrary, if a woman said this, he would say: "What! No, you cannot go. Who is going to take care of the kids, the house? Who is going to stay here?"

Thus, women are more likely to embrace the process of accepting inferiority because in this way they keep the peace within the home and are more likely to avoid retaliation and conflict as a result. Another participant explained how her friend who works for one of the ministry offices has learned to embrace inferiority in the context of the work place.

She told me that she always carries a *capulana* in her purse because her male colleagues will come to her office and demand sex from her. This situation happened so many times where she was having sex with her colleague on the dirty floor that she decided she would take a *capulana* always with her so at least she could lie on the floor on top of her *capulana*.

Clearly, this participant is accepting inferiority but in addition, this is also an example of simultaneously being robbed of self-determination. This woman did not question that she should not have to have sex with her colleagues on a dirty floor, or on a *capulana*. Therefore, she has no sexual self-determination and she has accepted her inferiority within this context. Against the backdrop of patriarchy, this example is a demonstration of how women do not question that their concerns are secondary to men's; these are women who may know their rights but will not demand them because they know that their concerns will not be heard. Having to endure forced sex at work with a male colleague can be more tolerable with a clean *capulana* to lie on.

Accepting inferiority and being robbed of self-determination are processes that reinforce each other and are inextricably linked.

Accepting inferiority on the part of women and girls also involves accepting dependency and reinforcing gender roles for both men and women. Instead of demanding equality and equity in terms of money and power, women and girls will often demand that their official boyfriends embody the role of provider while they embody the role of dependent.

When we [men] decide we want to have an official girlfriend, the girl and her family will expect that we will pay everything. For example, with my girlfriend, I pay for her school fees, her cell phone and cell phone credit; I give her money to do her hair, to buy feminine products and so on. It is expensive to have a girlfriend. It is not like we both pay for our own expenses. I am expected to pay.

This breadwinner ideal that is required of men is another double-edged sword for women. For example, one participant explained that her marriage failed because she made more money and was professionally more successful than her husband. He left her for a woman who “needed him” rather than continue to stay with her. She explained that when she found a new boyfriend she decided that when she got paid at the end of the month she would put the money in his hands. When she needed money to do her hair or for groceries, for example, she would request money from him instead of being independent. In this way, she was accepting inferiority because, in her view, if she appeared to be independent of him she would risk undermining his manhood, offending him and ultimately losing him.

Although some participants did not outwardly admit that they preferred to accept inferiority over independence, their actions spoke otherwise. One participant, who claimed to be “Western” in her values, demonstrated in her actions that accepting inferiority was her approach to saving her marriage.

I know my husband has a girlfriend. She calls on his cell phone and then he goes downstairs to meet her. I do not want to get crazy angry or let my girls (daughters) know what is happening. I am better than that. I will be patient and wait until he figures out what he knows is best for him and for us. He will return to me. If I get angry and confront him it will only fuel the problem.

Even women who appear to be Westernized, that is, those who wear Western attire, hold formal employment, and appear independent, apparently challenging their subordinate and inferiority norms, contend that they are unable to change gender politics within the home. One participant explained it this way: “When I go home, I leave my ideas at the door and I put on my *capulana* and go to the kitchen and prepare to serve my husband.” This participant, who holds a professional position in a Western donor agency, explained the incongruity between her domestic life and her work life. Although she did not feel particularly respected at work, she assumed a more subservient position at home.

Another participant reinforced this view when she described the challenges women face culturally. When women arrive home the husband will say: “Put on a *capulana* and cook for me. He will expect to have sex without protection [condom]. All things he will decide.” In these ways, women who are economically empowered outside the home still face cultural challenges when they return home; they never experience empowerment in all venues of their lives.

Another working female participant explained:

My husband and I both work. We are both professionals, but I have another job, my domestic responsibilities. He does not share this burden with me. For example, if we decide to have friends over for dinner, I will cook and I will have to clean up. He does not help me even though we both work. I am expected to do everything for the house. These examples are important because they are common examples of gender oppression that women face all over the world. In the latter example, the woman described her circumstance, recognized the unbalanced nature of this arrangement, but at the same time accepted her fate. She was making a conscious decision to “keep the peace” within the household by accepting inferiority. Where this example deviates from gender oppression within a Canadian context, for

example, is in relation to the context women are exposed to in Mozambique. Mozambican women are in a very different situation because their context is littered with multiple oppressions that add up as a significantly horrific situation when taken together.

Accepting inferiority is a sub-process under Accepting Patriarchy, which falls under the larger process of Putting On the Capulana. Putting On the Capulana is a socialization process that happens against the backdrop of a history of an imbalanced development compared to men. Therefore, accepting inferiority is a conditioning process because women and girls learn to accept the fact that they are discriminated against in terms of access to education, sexual self-determination, and other social discriminations that place them in an inferior position. It is within this context that we should understand how women have internalized inferiority, and as a result are frequently the transmitting agent for these oppressive ideas.

Accepting inferiority is a central part of women's and girls' socialization process in which they put on the capulana and thus fall into gender oppression. Violence is used as a tool to reinforce women's acceptance of patriarchy and further socializes women and girls into positions that are subordinate. The internalization of inferiority dissuades women from believing that they have rights, such as rights to education and a right to be safe in their own homes. In the next section I describe how violence against women has been used as a tool to keep women and girls in oppressively subordinate positions, fuelling and reinforcing the inferiority of women.

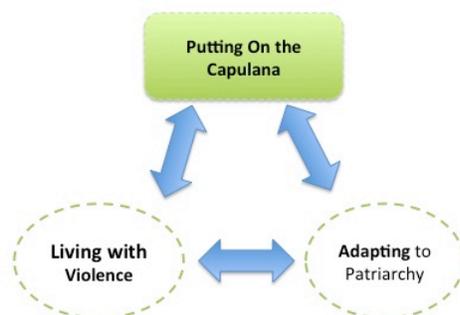
Living with violence.

Living with Violence (See Figure 6) is a sub-process of Putting On the Capulana. As I have explained, Putting On the Capulana is the process through which women and girls become socialized into the Mozambican context. Because a major part of this socialization involves *Adapting to Patriarchy* (described above), *Living with Violence* is the sub-process that enforces

male dominance enacted through a system of patriarchy. It is important to understand that the two sub-processes of Putting On the Capulana, *Adapting to Patriarchy* and *Living with Violence*, feed into and mutually reinforce each other.

Violence is about control and power, and the process of *Living with Violence* maintains the system of patriarchy. Within a context where patriarchy is the dominant system, violence is used as a mechanism to enforce male power. This domination occurs through the control of female sexuality, rape, domestic violence, and financial, emotional, and psychological violence. *Living with Violence* has not only been widespread for women and girls in Mozambique, it has also been experienced in varying iterations over a long period of time within Mozambique. As discussed earlier, starting from colonization, a 16-year civil war, and now in its most current form, domestic violence, violence is targeted towards women and children. As a result, violence has become normalized, especially small forms of violence where women and girls do not display any obvious signs of injury and therefore might not even consider this violence. This normalization disables people from seeing it as a major problem that requires attention.

Because the underpinning ideological foundation of Mozambican society is patriarchy, male dominance by any means necessary is a norm. Hence it supports, promotes, and condones sexist violence as a means of social control over women.

Figure 6: Living with Violence

Statistical data and a number of qualitative researchers suggest that violence against women and girls is widespread across the Southern African region (Arthur & Mejia, 2007; WLSA 2007a, 2007b). It is reported that 54% of women in Mozambique have been abused (Arthur 2007, 2008; United Nations, 2010; UNICEF, 2011; WLSA 2007a, 2007b). On December 10th, 2008, the Home Affairs Minister, Jose Pacheco, told a national parliament session in Maputo that cases of domestic violence and abuse of children continue to be on the rise in Mozambique (Club of Mozambique, 2008). Because reporting mechanisms for violence are new, most incidents go unreported. This suggests that the actual numbers are much higher than reported.

In Mozambique, a root cause of domestic violence, as discussed in the previous chapter, stems from unequal relationships between men and women maintained by a patriarchal structure within society. Violence against women is common among married women and is associated with husband jealousy, suspicions over infidelity, and controlling behaviour. Participants from my research support this statement and provided many situations of violence including physical,

sexual, emotional, psychological, and financial violence, of which their intimate partners inflict the majority of the violence.

Extreme sexual violence is often reported in local newspapers, and news broadcasts often describe rape and abuse by people known to the victim such as a spouse or neighbour. For example, in 2013 there was an abundance of articles in the local newspaper regarding groups of young men within the communities who were breaking into homes and raping and sodomizing women and children. One participant explained, “The vulnerability of women is diverse. It is through sexual relationships, violence, they are most violated by men who commit burglary, and men violate women, pressing hot irons on them. This society is full of violence.” Another participant described a similar incident: “My sister was sexually violated by eight men while she was returning home from church. After this she was diagnosed with HIV. She died after some time. Why do 8 men have to sexually violate a woman?”

One participant provided her perspective of why violence has become a normalized phenomenon:

There is a lot of violence here. People are discontent. We cannot say that people are mentally disturbed, or they have a mental disorder, because it is too widespread to say this. These are normal people who are unhappy with certain things. They (men) abandon their local villages to come to urban centers in hope of improving their life. After some time in these centers their aspirations are not met and they become discontent and they begin to become violent, killing and violating women. Not all of course, but many. And women bear the brunt of this violence.

As this quote demonstrates, participants viewed violence inflicted by men as linked to their frustration related to a lack of opportunity for upward economic mobility, with the result that

men are unable to be proper breadwinners to their families. Tvedten, Paulo, and Tuominen (2010) support this statement, noting that in their research interviewees also noted how unemployment frustration was manifested in violence, substance abuse and men's overall loss of hope in their future. Economic growth in Mozambique is not trickling down to the masses, but remains only for those in the upper class. Young men do not perceive their futures to be bright with opportunities. They only see the upper class and the government reaping the benefits of the discovery and extraction of natural resources within the country. The buzz surrounding the positive economic growth is not having direct benefits for everyday people (Mutch, 2013), as this participant described:

Natural resources and poverty are the main actors in contributing to [sexual] violence, which in turn results in high rates of [HIV] infection. In Manica [province] we have a lot of mining of natural resources, hence a lot of violence in those regions. In Nampula there has been many reports of incidents of violence because of the gold mining.

Disillusionment sets in because men are unable to meet a cultural expectation of the "breadwinner ideal"; men become idle and angry because there is no work for them. Unfortunately, it is women and girls who bear the brunt of men's disillusionment.

Most participants contended that excessive physical violence, such as the one described in a local newspaper called *Verdade* (Truth) (June 2013), is seen in Mozambique as unjust, and if the violence is from a male partner it is seen as an acceptable reason for a woman to leave the relationship. Simultaneously, however, these same participants described domestic and sexual violence as if they were a natural part of male-female relationships: "Many times the person who abuses lives in the same house as you. It doesn't matter if you are their sister, niece, or their daughter, these men feel like it is their right to overpower you." Therefore, it appears that there is

a fine line between rejecting violence and the acceptance of violence as an everyday part of women's lives. Because participants held contradictory views on violence against women; the subject is nuanced and complex for these participants. This nuanced nature of the perspective on violence reflects the complex nature of how personal beliefs and values on violence are muddled by widespread societal and cultural views on violence. Perhaps in the cases where violence becomes obvious, such as of broken limbs and obvious bruising and injury, violence becomes unacceptable, whereas in cases where violence is undetected it is considered a regular part of women's lives. All research participants reported knowing victims of domestic violence, sexual violence, and incest.

This [violence] is not a problem that is circumscribed to a specific area, it is urban, with very well positioned people, it is poor people, it is well-educated women. I have friends that are victims of violence and they are not poor, they are well educated, they can make their own decisions. Therefore I would say it is a widespread problem. You can't portray women victims of violence as just poor, as just illiterate. It is not correct. There are so many dimensions, but yes economic power can be one of the dimensions why women don't leave the cycle of violence because they are with a man of good economic position and she is accustomed to this lifestyle or she can't leave because she has no economic alternative.

Although participants may support *the idea* of leaving an abusive partner, most women are not in an economic position to leave, making this theoretical rather than practical and possible. Extreme violence may not be tolerated at an ideological level; the economic positions of most women, combined with the cultural belief of "having a man" as essential, dissuade women from leaving abusive partners.

In terms of other acts of violence that might be categorized as “smaller”, such as verbal abuse or physical abuse that does not break limbs or leave obvious bruising, most people do not even recognize these as violence. WLSA (2007) describes how violence becomes overlooked and dismissed as normal. *Living with Violence* therefore becomes a regular part of women’s lives: “Small episodes of daily violence are not even considered a crime, and are only detected when victims make a statement” (p. 11). From the perpetrator, to the family, to the policeman, to the judge, the reaction of the actors who have the power to administer justice within this context is ambiguous. The ambiguity lies somewhere between the legal imperative to do right and the social ideologies that normalize violent relationships between a woman and her partner. These ideologies are perpetuated at the level of family, making it difficult to address violence against women in terms of social change. Arthur and Mejia (2007) argued that only a minute proportion of the complaints by victims of domestic violence to police stations are passed on to competent authorities, such as the Criminal Investigation Police or the Public Prosecutor, and even fewer of these result in the punishment of husbands or partners of assaulted women.

Concurrently with women’s and girls’ socialization, men and boys learn from a young age what it means to be male. In Mozambique, the concept of *machismo* involves men learning they must uphold their breadwinner status for themselves, and maintain power and control. Many men, especially youth and younger men, are faced with an economic climate that is not favourable to obtaining work, as discussed above, so embodying the breadwinner ideology becomes difficult. Many men therefore resort to violence to demonstrate their authority and power over women in the name of masculinity. One male participant described it this way:

Many men mistreat women for the sake of masculinity issues. I see a lot of situations where we, as men ourselves, we put ourselves into trouble and we create a lot of difficult

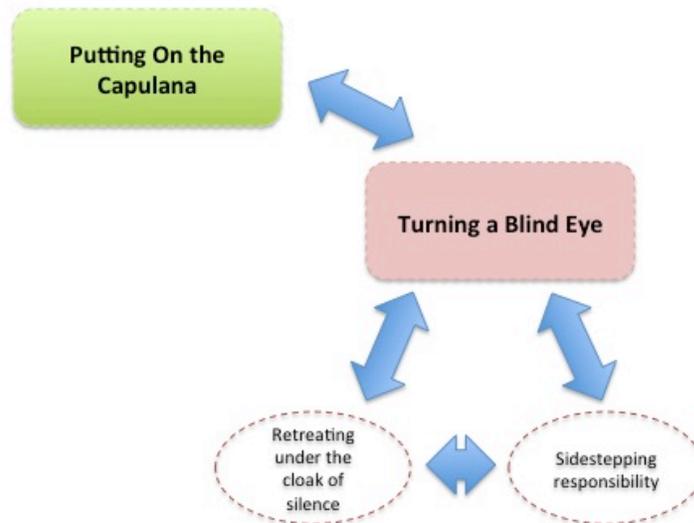
situations for ourselves, you know, just for the sake of being a man. I've seen, like, many women being beaten by men.

It is common for men to believe that to be manly they must demonstrate their power physically, showing their manliness by exploiting women sexually and by being violent.

Because of this emphasis on males as breadwinners, both men and women suffer from a patriarchal ideology that reinforces gender roles that are unattainable and unequal. We know that violence against women, especially intimate partner violence, has effects ranging from financial hardships and decreased intimacy to high rates of morbidity and mortality, including a wide range of other consequences from physical, reproductive, psychological, social, and health related consequences (Center for Disease Control and Prevention, 2015). Therefore, it is disturbing to find in my data indications that *Living with Violence* is normal for women and girls and is central to their socialization experience.

Turning a Blind Eye

Turning a Blind Eye (See figure 7) is the second major process in the theory of **Putting On and Taking Off the Capulana**. Turning a Blind Eye is the process in which women and girls engage in being silent or are silenced, and the rest of society colludes in this. People chose to be silent regardless of the cost to themselves or to others.

Figure 7: Turning a Blind Eye

Turning a Blind Eye has two sub-processes: (a) *Retreating Under the Cloak of Silence*, and (b) *Sidestepping Responsibility*. *Retreating Under the Cloak of Silence* is how women and girls cope with their realities when they feel they have no other options. *Retreating Under the Cloak of Silence* is the sub-process in which women and girls conceal their oppressions in order to avoid facing their unpleasant reality. *Sidestepping Responsibility* is intertwined with the sub-process of *Retreating Under the Cloak of Silence* because the two are in a reciprocal relationship to each other. The act of retreating and concealing leads to avoiding responsibility, which in turn can lead back to retreating and concealing. Thus, these processes feed into each other. In this

way, the two sub-processes of *Retreating Under the Cloak of Silence* and *Sidestepping Responsibility* make up the larger process of Turning a Blind Eye.

Turning a Blind Eye happens at all levels; individuals, families, and society all do it, and this is why the situation of oppression for women and girls is so slow to improve. In the following paragraphs I describe how *Retreating Under the Cloak of Silence* and *Sidestepping Responsibility* make up the category of Turning a Blind Eye and how Turning a Blind Eye relates to the larger theory of **Putting On and Taking Off the Capulana**.

Retreating under the cloak of silence.

Retreating Under the Cloak of Silence is a sub-process of Turning a Blind Eye. *Retreating Under the Cloak of Silence* is the process that women use to avoid dealing with their oppressive situations. Instead of acknowledging and confronting the oppressions they face, women are consciously silent about them. *Retreating Under the Cloak of Silence* involves being silent within the context of family, friends and society. In this process a woman has a clear understanding of the impact and consequence of what is happening, and therefore retreats under the cloak of silence to protect herself. A part of this silence is learned, in that women and girls are taught to prioritize the needs of men above their own; however, it is also a protective tool a woman uses to prevent anything else from exploding in her life. For example, one participant explained:

Women are supposed to take care of the house and her husband. The husband may have other women out; she shouldn't get upset or question the husband. She must continue with her responsibilities. When he gets back home she should give him food and care for him. This is how it is perceived. That is why you find other women saying "It's okay, accept him, he will give you a house, though he has a family outside, he will still come

back to you, don't cause problems, do your part." She knows everything but still accepts and remains silent.

Retreating Under the Cloak of Silence is a deliberate and conscious process that has been learned because of fear of retaliation. As the sub-process is explicated, *Retreating Under the Cloak of Silence* involves hiding and escaping a sense of terror. For example, in the Oxford dictionary the word "retreat" is defined as: "to withdraw from enemy forces as a result of their superior power or after a defeat, move back or withdraw, move back from a threatened position" (p. 1518). Therefore, women and girls who retreat under the cloak of silence, for example to refrain from complaining about their partners' behaviour, do this because they are fearing consequences such as violence, loss of a home, displeasing family and community, and other types of retaliation that may disrupt a sense of peace and her own sense of security in the home. Fear of violence and shame reinforce a culture of silence, blocking any attempts for emancipation and justice.

Another example in which both men and women enact *Retreating Under the Cloak of Silence* is in terms of transactional sex, the practice of exchanging sex for gifts. One participant explained how *Retreating Under the Cloak of Silence* is a process female university students may use in order to conceal their engagement in transactional sexual relationships.

We used to see many friends of ours going out with older men, married men, and even they are shamed to show them and they just go and say it is their uncle. We know it isn't her uncle; she just goes with him to get some money. Even some of them are prostitutes, going to the street and doing it. I tried to talk about it with one girl and she got very mad at me saying "just leave me alone, it is none of your business." None of us on campus talks about it, we all know, we just leave it, we don't talk and we pretend nothing is unusual and nothing happened.

According to participants, many young women from around the country who come to study in Maputo are very poor, and these girls are confronted, sometimes for the first time, with extreme wealth and dire poverty juxtaposed. In their hometowns, poverty may be the norm, whereas in Maputo these same girls now recognize the extreme inequality right in front of them. They learn, often from their friends, that engaging in transactional sex or even prostitution can provide them with additional means to improve their lives.

According to participants, transactional sex and prostitution are different. Prostitution involves standing on the street corners soliciting sex in exchange for money, whereas transactional sex is a relationship formed on the basis of sex in exchange for certain gifts that can include money, among other things, but did not involve standing on street corners. In the context of the university setting and among female friendships, *Retreating Under the Cloak of Silence* is the common approach because it is easier to pretend that everything is okay than to confront an issue that is uncomfortable for everyone.

Most families oppose the idea of their daughters going out to meet men during the week and on weekends. For this reason, young girls and young women attempt to keep their activities secret by giving various excuses for why they are out late. Yet, despite families' concerns regarding their daughters' respectability, they seem to accept their excuses and disregard signs, such as a new cell phone or hairdo, of transactional sex. One male participant explained this contradictory behaviour of family members towards these women in a similar light as to why boyfriends also remain silent when it is obvious that their girlfriend is engaging in transactional sexual relationships outside their relationship. He explained that, for these boyfriends and family members, the benefit of the girl engaging in transactional sexual relationships outweighs disrespectability and infidelity. Many of these girls obtain inaccessible luxuries, such as

fashionable clothing, mobile phones, and even money that will improve their living conditions. Therefore, both the family member and the boyfriend will engage in *Retreating Under the Cloak of Silence* rather than confront their daughters or female partners about infidelity.

Retreating Under the Cloak of Silence can have grave consequences for women in terms of gender oppression. Remaining silent about child abuse, for example, in their homes, schools or communities, allows the perpetrator to escape justice, and being silent communicates acceptance of this practice. *Retreating Under the Cloak of Silence* ensures that everyone, both men and women, stay quiet about activities, such as violence or sexual abuse, that on some level they know are bad. All female participants spoke about sexual abuse or violence, and often both. One participant described how her family engaged in *Retreating Under the Cloak of Silence* in the context of child sexual abuse.

It was a cousin of mine and his niece. She was seven years old and he was 40 years old. You see, you have this issue that came from South Africa, this issue if you are an HIV positive man, then if you have sexual relations with a virgin, a child, then you are cured, so you have this situation. This happened in my family. The worst thing is that he has his own daughters of the same age, more or less (laughing). These kinds of things, you don't talk openly, nobody knows. Only seven people knew about this situation within my family. It is not something that you say "it happened", even to those close to you.

In this case the family did not tell the police or take the girl-child to the hospital. The people who were aware of the situation dealt with it quietly by *Retreating Under the Cloak of Silence* and, as a result, were also *Sidestepping Responsibility*. The man had to pay some money to the mother of the child to compensate for what happened, however, no one spoke out or demanded any justice.

This example demonstrates how the processes of *Retreating Under the Cloak of Silence* and *Sidestepping Responsibility* reinforce one another, which I discuss more in the next section.

In addition, by remaining silent, the issue of concern becomes hidden. Covering up the shame associated with this act was prioritized. It is likely the family feared they would be alienated and ostracized by the wider family and community if they were to go public with allegations of abuse. During this interview there was no consideration about the child, whether the child was psychologically impacted, whether she became infected with HIV, or suffered internal injuries such as a fistula from the physical act of intercourse, a clear indication the adults in this situation failed to protect the child's health and wellbeing. The only aspect about the story that the participant continually stressed was the shame and the need to keep the story concealed. *Retreating Under the Cloak of Silence* was the mechanism through which the family managed their concern related to shame and fear of being ostracized. *Sidestepping Responsibility* was the outcome of being silent, and this example demonstrates how both these processes are intertwined.

In terms of child sexual abuse, *Retreating Under the Cloak of Silence* was the common process used to manage these situations. When I questioned participants who could not outright deny the existence of child sexual abuse, because they worked in areas where they had access to data and were required to know about it, they instead denied and minimized the impact of sexual abuse in communities and schools. For example, when I asked one participant with responsibility for gender and HIV/AIDS issues at his job, about child abuse and children having sex with their teachers, he could not deny the existence of this practice, but he denied that it was a widespread problem:

I would say that it occurs but not as a generalized issue. But it occurs, but as isolated aspects and into specific behaviour of that teacher, but not that it is a standard behaviour of teachers. Like a policeman who finds a person and ask for a bribe, and that is a specific policeman, and that is how I see it. But it is not a generic or molestic behaviour. I wouldn't say that it is a problem.

Because this participant could not deny child sexual abuse in schools based on the nature of his job, he is able to retreat under the cloak of silence by minimizing the issue and redefining child sexual abuse as something that happens infrequently. By retreating into silence and manipulating definitions regarding child sexual abuse, the participant is facilitating the continuation of a harmful situation because he enables it to be left unchecked and purposefully separates sex with children from molestation, reconstructing reality in favour of the perpetrator. In this way, this participant is actually endorsing a harmful situation, which highlights, yet again, how *Sidestepping Responsibility* often follows the process of *Retreating Under the Cloak of Silence*, once again demonstrating the intertwined nature of these two processes.

Researchers have demonstrated how schools in Mozambique have become repositories for pedophile teachers who demand sex from young girls in exchange for good grades (Rambe & Mawere, 2011; Spector, Schloss, Green, Hart, & Ferrell, 2005); denying this fact endorses sexual corruption and exposes students to HIV/AIDS, stigma, and psychological trauma (Rambe & Mawere, 2011). Despite the fact that Mozambique is a signatory to the UN Declaration on the Rights of the Child (United Nations Convention on the Rights of the Child, n.d.; United Nations, 2016), having sex with minors and child marriages are examples of how traditional practices continue despite apparent progress towards protecting the rights of children.

Another participant who worked for a donor agency funding education, gender initiatives, and HIV/AIDS, explained that her Mozambican colleagues, both male and female, do not like to use the terms “child abuse” or “rape” when referring to adults having sex with children. This participant explains: “My Mozambican colleagues prefer to call this practice ‘inappropriate’ sex or ‘improper behaviour’ because if they were to acknowledge the problem of teachers having sex with children, with terms such as sexual abuse or rape, they would then have to take responsibility and act on this as a problem.” Instead, it is easier to deny the problem by *Retreating Under the Cloak of Silence*. As a result, child abuse is swept under the carpet, preventing transparency regarding an issue that harms children. By sweeping the issue under the carpet, people are able to escape their responsibilities towards the protection of children. This is another example of how the process of *Sidestepping Responsibility* is reinforced by *Retreating Under the Cloak of Silence* because it is a conscious decision to ignore facts that contradict one’s way of engaging with the world.

Another participant explained how her cousin, who committed suicide, had told her mother that the stepfather was trying to have sex with her. In the end, the girl committed suicide because the stepfather had been sexually abusing her. The mother did not leave the stepfather, her *de facto* partner, or press charges against him, but instead engaged in *Retreating Under the Cloak of Silence*. The entire family remained silent about what happened despite the knowledge that a crime had taken place. It is likely that the mother feared shame and ostracism if she confronted her *de facto* partner. Perhaps the mother even feared retaliation from her partner if she attempted to seek justice for her daughter. However, what is certain is that issues related to child sexual abuse are issues that family members prefer to keep quiet. Being silent about harmful practices such as child abuse further harms children, repudiating their rights and denying them

justice. Even among people who are friends, *Retreating Under the Cloak of Silence* is the common approach because it is easier to pretend that everything is okay than to confront an issue that is uncomfortable for everyone.

Sidestepping responsibility.

Sidestepping Responsibility is the second sub-process under the category of Turning a Blind Eye. This process is completely intertwined with *Retreating Under the Cloak of Silence* because the two are mutually supportive practices. One cannot retreat without sidestepping responsibility in terms of this theory. *Sidestepping Responsibility* is the process of failing to act in situations that require public intervention and policy implementation. *Sidestepping Responsibility* is a common response both by and towards women.

For example, women who present themselves at police departments seeking help in relation to domestic violence commonly encounter the process of *Sidestepping Responsibility*. Several participants provided examples of going to the police to report domestic violence, and the police disregarded their case, referring to their issue as a “family matter” to be resolved at home. Police would provide a number of excuses that prevented them from helping these women, one being that the perpetrator was HIV positive, therefore an ill man, and how can they possibly put an ill man in jail? A number of participants noted they were married to police officers, and because of this the police would not receive their cases. Therefore, the police sidestepped their responsibility and thus failed to uphold the law.

Participants explained the normalcy associated with individuals or groups of people purposefully being silent about situations that they deemed not proper. One participant explained how she was angry that her cousin brought his mistress to their grandmother’s funeral, where his wife was also present, but no one seemed to want to do anything about it:

One of my aunties passed away and we went to the house and my cousin's wife was there and his mistress was also there too. I asked my brother "why did he allow the mistress to come to the house?" He said "Ahh, why not?" He said "she has kids with him and they wanted to go the funeral of the grandmother." But no, he is with the wife, maybe she can send the kids with someone else, it is a funeral. But I would not like if I was with my husband and the mistress comes to my house, although it is a funeral situation, but the other people was talking with her. I myself was angry with this situation. I said this is not proper, this is not right, to have the wife and the mistress at the funeral.

Women such as this participant, who often do not agree with these semi-polygamous situations, find it difficult to navigate their worlds, setting up unwritten protocols that should be maintained in order for them to cope with situations that they would not choose, but in which they often find themselves. Proper etiquette, according to this participant, would have been for the mistress to send her kids to the funeral but the mistress herself would not be welcome to attend due to her "mistress" status. Although this participant questioned the situation and was angry about it, she remained silent, *Retreating Under the Cloak of Silence* and *Sidestepping Responsibility* by failing to advocate for the official wife. The interplay between *Retreating Under the Cloak of Silence* and *Sidestepping Responsibility* is demonstrated here. On the other hand, the brother reinforced a patriarchal system by being flippant about this social indiscretion, and protected his cousin's male right to do what he wanted.

Patriarchy is reinforced through *Sidestepping Responsibility* and *Retreating Under the Cloak of Silence* about situations that Mozambique officially considers human rights violations. Mozambique has ratified many UN Human Rights Conventions, including the International Covenant on Civil and Political Rights and the African Charter on Human and Peoples' Rights

(African Commission on Human and Peoples' Rights, 2015), and as a result has made binding international commitments to adhere to the standards laid down in these universal human rights documents. Yet child marriages continue to be widespread, and child abuse, both in schools and in the home, is not uncommon. People remain silent about issues that oppress both women and girls, *Sidestepping Responsibility*, where Mozambique has otherwise claimed to be committed to upholding these rights.

One participant who works for an NGO explained that one of their field workers discovered that her landlord had raped her 18-month-old and three year old children. What was shocking to this participant was that the mother of these girls was unconcerned about the rape or the physical and emotional trauma that her daughters endured, but was overwhelmingly concerned about the landlord and the community's reaction to the incident. Despite the NGO's support for the mother and their encouragement for her to press charges, the mother refused to do so. The participant noted: "It was almost like the mother was unconcerned about this sexual abuse and that it was something all women endure, therefore making the act unimportant. It was the social shame that was more concerning." As a result, the mother did not demand any justice or help for her daughters and thus was *Sidestepping Responsibility* as a parent expected to protect them. It is possible the mother felt that protecting her daughters from shame was more important than these other considerations, such as justice and help for her daughters.

Women and girls experienced the process of *Sidestepping Responsibility* by others at various points in their lives. One participant explained how her experience with the process of *Sidestepping Responsibility* in her youth was confusing.

He was my English teacher and he used to call on me at first and ask to see my notebooks from class. Later he started to give me presents like bras and underwear. They were

wrapped up and at first I thought it was a book. Then he asked me one day if the present fit me well and when was I going to show it to him so he can see it fits well. At this point he said if I don't do what he wants he will fail me and I will have to repeat the grade.

This participant went on to explain how scared she was because this teacher was someone she was supposed to trust and she now felt like something was not right. She confided in her Auntie, who further confused her by *Sidestepping Responsibility* in encouraging her to go out with him because he would give her money. Instead of being people who this young girl could trust to protect her, the Auntie and the teacher were acting in ways that are against the United Nations Convention on the Rights of the Child. Thus, this participant received the consequences of people who were *Sidestepping Responsibility*, and because of the shame she felt from the teacher's advances she *Retreated Under the Cloak of Silence*. Because she had good grades, she was passed on to the next level, but this did not stop the English teacher from threatening her that if she did not give him what he wanted, and he told her that next year he would do everything in his power to fail her. When asked what happened the following year, she said her circumstance was saved because her friend had become pregnant by the same teacher and was forced by her parents to marry him, thus distracting the teacher's attention from her.

One participant explained that she became fed up with being sexually harassed by her clients and went to her male boss, seeking support and a position change to escape the toxic environment. The boss responded by saying "This [sexual harassment] is normal" and she just needed to learn to accept this and move on. The boss was in fact *Sidestepping his Responsibility* to protect the safety of the employee and the workplace, and chose to Turn a Blind Eye to her concerns. In doing so, he was reinforcing a culture where she will engage in *Retreating Under the Cloak of Silence* in order to maintain her job. This participant could challenge her boss by

grasping onto a rights-based approach, but preferred *Retreating Under the Cloak of Silence* because doing otherwise would be futile and could risk her job security.

Turning a Blind Eye is a common way that women and girls deal with their oppressive contexts. Turning a Blind Eye comprises two processes that are intertwined: (a) *Retreating Under the Cloak of Silence*, and, (b) *Sidestepping Responsibility*. The processes of *Retreating Under the Cloak of Silence* and *Sidestepping Responsibility* were interconnected and could not exist without the other. Overall, however, Turning a Blind Eye is a process where women and girls are placed in precarious situations. By *Retreating Under the Cloak of Silence* women and girls end up remaining oppressed and miss opportunities to take strides forward in empowering and emancipating themselves. *Retreating Under the Cloak of Silence* may help women and girls to maintain the status quo and their place in the system, but the long-term effect only serves to keep them “on the bottom” and further reinforces a context of patriarchy that is generally toxic to progress for gender relations.

In the following section I introduce the process of Playing the Game. This process is central because this is how women and girls take action to live within their context and move from a culture of silence towards seizing the few opportunities they have and manipulating them in their favour.

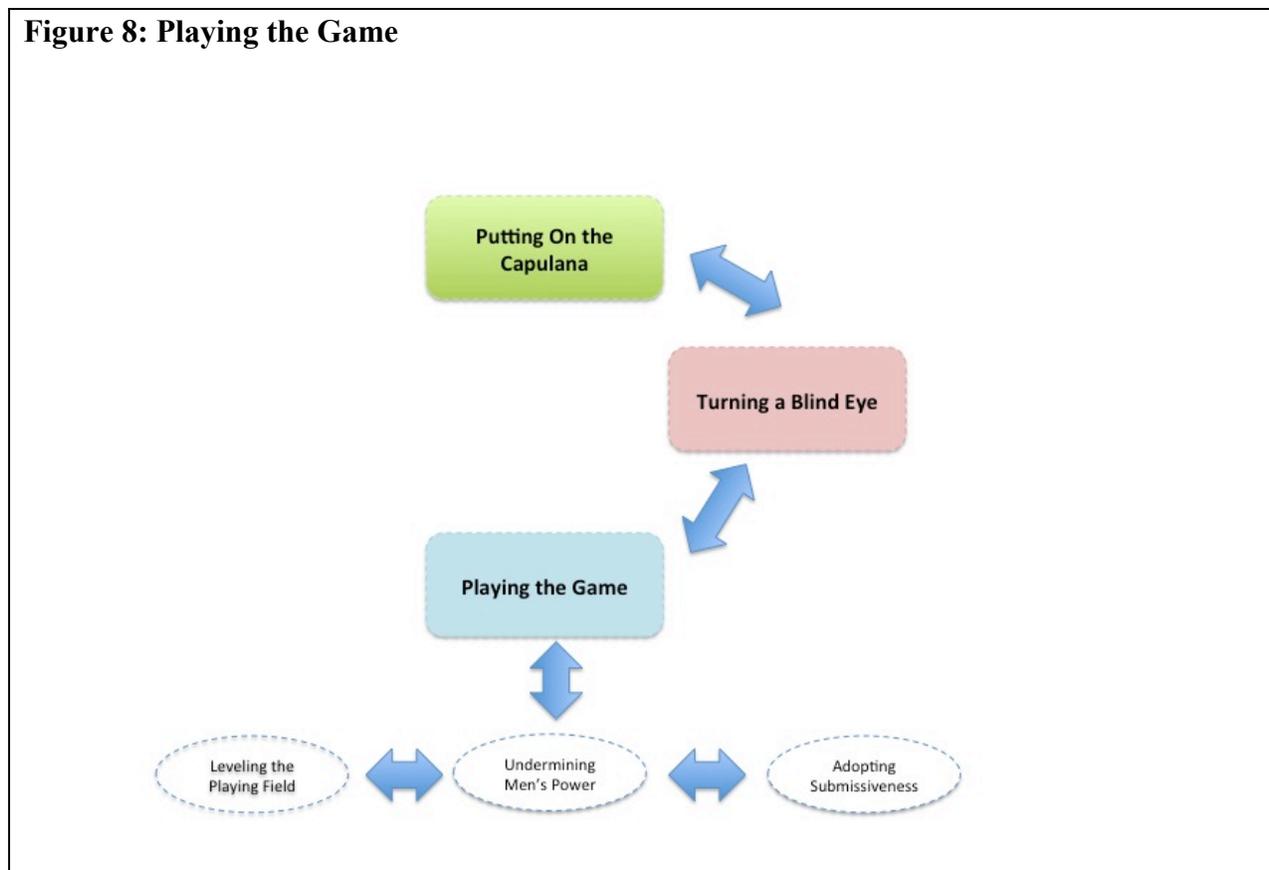
Playing the Game

Playing the Game is the third major process in the theory of **Putting On and Taking Off the Capulana**. This process marks the beginning of women and girls Taking Off the Capulana, in other words getting out of gender oppression. The process of Playing the Game involves actions that are manipulative and ameliorative, rather than emancipatory. Playing the Game is a strategic process used to evoke a sense of some control over situations where control is largely

taken from them by the patriarchy. These strategies do not necessarily emancipate them, but give women some sense of control and even a sense a power and shifts the relations of power, between them and men. For example, women may garner control by appearing submissive, behaving in a way that looks like what is expected of them.

Playing the Game serves a particular purpose because its intent is about trying to gain some level of power, even if that power may not necessarily empower them. For example, transactional sex and prostitution can allow women to gain money, and in some cases long-term relationships. Both money and a steady relationship can provide them with a sense of financial security, however, this type of activity does not move women towards gender equality and may place them in risky situations. There are benefits and drawbacks that accompany this process.

Playing the Game is composed of three sub-processes: *Levelling the Playing Field*, *Undermining Men's Power* and *Adopting Submissiveness* (See Figure 8).

Figure 8: Playing the Game**Levelling the Playing Field.**

Levelling the Playing Field is a sub-process of Playing the Game, and it is through this process that women and girls attempt to gain a level of power that is generally not available to them. They do this by taking advantage of certain aspects of being female that they can manipulate to their advantage, such as their sexuality. *Levelling the Playing Field* as a concept is understood to be about creating fairness. Players on a football team may not have an equal chance to succeed, but they all play by the same set of rules. It is customary that teams switch sides of the field to ensure that one team would not have an unfair advantage over another team. In this study, *Levelling the Playing Field* is a process in which women and girls recognize that the playing field is tipped towards the advantage of men, and in order for them to achieve any measure of advantage, especially in terms of economic gain, they must hold onto anything that might afford them some headway. In the Mozambican context of flirtation, women and girls

exploit beauty and sex, and the financial returns of attractiveness and eroticism can be equal to, or go beyond, the returns of qualifications and education.

Participants spoke about men having two needs, one of the stomach and one of the penis. Therefore, through different knowledge transfer mechanisms, women and girls are taught that if a woman is a good wife, meaning she knows how to care for these two needs of her partner, he will be at her beck and call. Seduction, through both sexual eroticism and domestic competency, is a necessary strategy that a woman must learn to ensure that she will be the only wife. Monogamy, as Arnfred (2011) describes, is not a moral issue but an issue of strategy.

Women and girls have a paradoxical relationship with sexuality and their gendered bodies. As discussed above, gendered bodies and sexuality constitute key targets for maintaining subordination. Paradoxically, however, they are also important tools within the informal systems of negotiating structures and systems of inequality. Within my formal interviews with experts in the development field and in gender inequality offices they all spoke about women's and girls' vulnerability, especially in terms of sex, early marriages, and inequalities in general. However, when speaking with these same folks in an informal setting, outside the context of a formal interview, both men and women described women here as "vultures" and warned me that these same "vulnerable women" they spoke of earlier were really there to steal other women's men. The inconsistency between these views is that the latter perspective reflects a failure to analyze the process women and girls experience that leads them to become seducers and so on. For women, it is about buying into gender oppression and lateral violence, while for men it is about embracing patriarchy in a way that demonizes women rather than recognizing other factors that reinforce women and girls taking the path toward prostitution or transactional sex. From my research, the process of being robbed of sexual self-determination (discussed earlier) is a

prerequisite for women and girls to learn how to navigate gender politics to their advantage. This process of being robbed of sexual self-determination triggers women to reclaim their bodies and autonomy in this later stage in this theory called Playing the Game. However, what is important to understand at this point in my theory is that being robbed of sexual self-determination has ignited women to develop tools ranging from subtle sexuality, eroticism and seduction to unrestricted subversive sexuality.

It is losing or being denied sexual self-determination that later triggers women and girls to manipulate their sexuality to their advantage. This viewpoint is consistent with that of prominent scholars of African women's sexuality (Arnfred, 2011; Tamale, 2005a). Sex therefore becomes a double-edged sword, because women and girls somehow become slaves to the act of sex and the sexualized context, yet they are also able to manipulate their context to their benefit by using sex to survive. They do this by *Levelling the Playing Field*, through transactional sexual relationships, prostitution, flirtation, and the use of sexual seduction both within marriage and outside of it.

Several participants explained that women who engage in transactional sexual relationships in which they find sponsors (*patrocinadores*) could gain an apartment, a car, and have all expenses paid for them. Although transactional sex has both an economic and sexual component, it is often differentiated from formal sex work because women and girls engaging in transactional sex do not always view themselves as sex workers. They use their sexual appeal to gain an upper hand and use whatever means possible to achieve money, status, and gifts. Other common rewards for women who engage in these types of relationships are the most recent smart phone or money to go to hair and nail salons. For most women in Mozambique, going to school is not an option, and even when they have completed high school or a university degree,

finding a job may be difficult. Transactional sex is easy and accessible, and can be used to supplement income.

In contexts where transactional sex is common, men predominately provide the gifts or monetary benefits, such as paying for a woman's rent, or buying her a phone or even a car, and women and girls are the recipients of these material benefits. Although there is some evidence of older women paying younger men for sex, this practice appears to be much less prevalent than men paying women for sex and companionship (MacPherson, et al., 2012). In a society that is highly sexualized, and in a context where women lack other resources, it is not surprising that women and girls draw on sex as a commodity in an attempt to gain both power and economic position.

One participant explained that many women who used transactional sex to pay for their university expenses continue to engage in transactional sexual relationships long after they have graduated. Another participant, who claimed to be a professional massage therapist and worked out of the most prestigious hotel in Maputo, explained to me that she prefers to give her male costumers a "happy ending", because she will make double, and sometimes triple the money. This work is not viewed as prostitution by the women involved, but as a means to get ahead.

Catherine Hakim, a professor of sociology from the London School of Economics, encourages women to use what she calls "erotic capital" to advance (Corkindale, 2011). She may not go so far as to promote transactional sex, but she encourages women to use every asset they have. Corkindale explains that the "beauty premium" is an important economic factor and women can gain 10 to 12% more than their dowdier colleagues. According to Hakim, exploiting these assets is being intelligent and strategic rather than trivial and superficial. Therefore, in her view, women who use their beauty premium, sexual appeal, and even going so far as

commodifying their bodies, may be no different from those who exploit other advantages such as money (economic capital), intelligence, education (human capital), and contacts (social capital) (Corkindale, 2011).

Not all women used sex as a means to gain money or gifts, but used it as an attempt at *Levelling the Playing Field* in a context where they had little control over the behaviour of their men. This group of women spoke about “being tired” of their partners going outside to have sex with other women. Instead of demanding monogamy, these women teetered between the categories of Playing the Game and Taking Off the Capulana, because they were attempting to gain some fairness in some way and engage in a type of resistance that happens in the process of Taking Off the Capulana. These women described, “doing what they do to us” by having sex with many men outside their formal partnerships as a way to “get back” at how men treat them. One woman explained it this way:

The husband does not stay at home [going out on Friday nights], how can a woman survive that? No affirmation from the husband, no love, no care etc., imagine she gets the same from her [male] friends, her [male] colleagues, what will happen? The colleague asks about her, asks about how her kids are doing, he makes comments that she is looking good, the dress fits you well, etc. Next she will be vulnerable to go out with another man.

In other words, some women expressed they were fed up with their male partners going out on Friday nights and not returning until Sunday because they knew they were having sexual relations outside their relationship. Therefore, these women decided to gain some fairness through the process of *Levelling the Playing Field*, and when they felt betrayed by their partners, they used infidelity to retaliate, and often did this semi-openly.

One participant explained how the married women she worked with would sit together at lunchtime and openly talk about their sexual affairs with men. They would say, “If they [men] can do it to us, we can do it to them.” For these women, extramarital relations gave them a sense of power and agency, turning men’s power upside-down. These financially independent women described the many men they were sleeping with. One participant described that, when she would date someone and he would come back to her house for sex, he would attempt to leave some clothes or something at her house. She would forbid this from happening. “He needs to know he has no claim over my life and that I decide when he comes and goes.” Women who have purely sexual relationships with men may do it for the purposes of retaliation or to prevent men from infiltrating their lives and controlling them. Therefore, these purely sexual relationships women have with men allow them to gain a measure of control and help them to feel like they are overcoming their oppression by taking some power back. However, these women failed to cross over the threshold fully from Playing the Game into Taking Off the Capulana because their actions have yet to become purposefully rights-based, lacking the ingredients towards full empowerment. As a result, women teetered between Playing the Game and Taking Off the Capulana, and their actions within this sub-process of *Levelling the Playing Field* remained palliative rather than emancipatory.

It is not uncommon for women and girls to engage in transactional sex with multiple partners in Mozambique. It is also not uncommon for them to have a boyfriend, who is around the same age, whom they consider their “love”, and simultaneously have three to four or more other male sexual partners who sponsor their lifestyle. The same aged partner would not know about these other sexual partners, or may choose to pretend they don’t exist, Turning a Blind Eye to this knowledge if it was benefitting him in any way. He may benefit from his girlfriend’s

sexual network because she would have the means to look beautiful and have extra money to buy certain food items for the house that would otherwise seem extravagant, improving his domestic life. However, one participant indicated that most men would break the relationship and become violent if their girlfriend's activities became too obvious, forcing him to confront the issue in order to save face in front of his male friends.

In this way, *Levelling the Playing Field* is a way that women and girls can strive for more equality in economic terms. Yet it is inherently risky, exposing them to possible infection or even violence. *Levelling the Playing Field* is a process women and girls use to manipulate a patriarchal environment that keeps power in the hands of men. Women and girls not only use the sub-process of *Levelling the Playing Field* to create fairness; they simultaneously draw on the sub-processes of *Adopting Submissiveness* and *Undermining Men's Power* in an attempt to further manipulate and ameliorate their situations.

Adopting Submissiveness.

Adopting Submissiveness is a sub-process of the larger process, Playing the Game. This sub-process is a tool that women and girls use to keep the peace within their homes and lives. They also use it as a covert mechanism to influence their partners and heads of the family so that their opinions might be considered. The process of *Adopting Submissiveness* within the larger process of Playing the Game draws from the earlier sub-process of being robbed of sexual self-determination. It is important to make this connection because the process of *Adopting Submissiveness* is the avenue through which women and girls draw on certain manners, codes of conduct, and actions that are considered submissive, such as being subdued, controlled, and respectful in order to gain men's favour. What happens is that women and girls are taught, and

learn, that they should combine these behaviours with their sexual powers in order to gain influence. One participant referred to this process in the following statement:

I don't like to convey women as victims; they are not always victims. In the south, yes women have to respect, keep their heads down, be submissive, but they find ways to influence in a different way. They can find ways to sit with their husbands, convey their concerns and then he can bring it forward.

Other participants explained that if, for example, their husband is going out late, and not returning home for days, they will not complain, they would be patient. When he returns home, the wife will make sure his favourite food is cooked, she will take off his shoes and clothes for him and prepare him a bath. If he accepts, she will try and have sex with him and please him in bed. When the time is right she will carefully present her thoughts to him about her concerns. Everything is done deliberately to gain his favour in order to gain her influence in a situation.

Adopting Submissiveness within Playing the Game is a way for women to gain power by appearing compliant. Sexual relations are considered a mode of transaction, even in the context of marriage. This is likely the reason why women appeared to disregard the notion of being betrayed or hurt when it came to infidelity; they coped with this in a matter of fact way, rather than through an emotional reaction that many Western women might likely invoke. Interestingly, one participant from the south of Mozambique who appeared empowered and autonomous, reflected on her own life and stated that if she had been from the North and underwent an initiation ceremony, which teaches the act of lovemaking and subservience, perhaps her marriage would have been saved. This woman had lived with domestic violence for over 20 years of marriage until she finally found the courage to leave. At first I found her statement somewhat incongruent with who she is and what she represents, which to me was an independent and

powerful woman in Mozambique. However, after more analysis, I realized her comment explained a lot about the tension women experience between being empowered and simultaneously living within an overwhelmingly strong culture that imposes certain values for women such as the need for women to “have a man”. This woman, in essence, was strong and independent, but what she revealed was that this strength and independence that she has gained came with a social cost.

Another example of *Adopting Submissiveness* was in the context where men did things that women had no control over, such as having sex with other women outside their relationship, or not coming home for several days as they partied. This latter practice was common, usually beginning on Fridays, known as *Sexta Feira dos Homens* or *Dia dos Homens* (Men’s night). Women’s compliant behaviour was a reaction to having no control over their situations and surrendering to the context of their oppressions. As noted earlier, participants noted that men’s unfaithfulness also stemmed from women’s inability to “keep their man.” To capture a man was referred to as “*por um homem na garrafa*” (putting a man in the bottle). Women explained on multiple occasions that they must be patient, which meant not causing a fight, and waiting for the husband to come around because he will get tired and return. This is why, for example, many participants simply laughed in an apparently apathetic manner when I questioned them about how they felt when their partners went out for the entire weekend, returning only on Sunday or Monday morning. All participants admitted that it was likely that their partners were engaging sexually with other women and shrugged their shoulders, communicating nonverbally the sentiment of “what can we do about it?”, “That’s men in Mozambique” or “It is what it is”, or “What can we do about it?” Women were clearly not happy with men who did this, but at the same time they shrugged it off as normal.

Unfortunately, *Adopting Submissiveness* can be a painful process for women when coping with their realities. One participant who was a victim of domestic violence explained how she refrained from questioning her husband's actions related to fidelity because it only ended in violence. Instead, she adopted the strategy of submissiveness and slipped condoms into his wallet on Fridays in the hope that he would use them with other women. In this example, this woman was using both the processes of *Undermining Men's Power* and *Adopting Submissiveness* as strategies to gain her husband's favour but was refraining from being a complaining wife, and silently communicated to him that she preferred he used condoms with other women. In this situation, *Adopting Submissiveness* was a key strategy for this participant to avoid violent retaliation from her partner, yet at the same time attempting to gain some control over her situation by silently voicing her preference. *Adopting Submissiveness*, however, can only be successful up to a point. When *Adopting Submissiveness* alone became unsuccessful, women drew on *Levelling the Playing Field* (discussed above) and also used another sub-process, *Undermining Men's Power*, as a means to gain some power over their circumstances.

Undermining Men's Power.

Undermining Men's Power is the process through which women subtly sabotage men's illusion of control. This third sub-process also falls under the higher process of *Playing the Game*. *Undermining Men's Power* occurred in elusive and varied ways.

An interesting example of *Undermining Men's Power* occurred within the context of an aid program for empowering women. The program offered women a cow or other type of livestock to be under their ownership. The central idea of the program was that by offering assets to women that are usually under men's authority, it would give women some economic power. The program was unusual in and of itself because it was undermining men's position within the

household, because men are seen as the legitimate holders of power and considered the head of the household. Initially men made it clear to the program sponsors that, because they were the heads of the house and their wives were under them, ultimately the cow was theirs. This sentiment created a problem for the program implementers because they questioned whether the program would have any impact at all on women's lives.

The project leader, however, described how she saw a change in women through this dialogue among the men, the women, and the program leaders. The women had to accept their husband's authority over them, however they did this with some conditions. The project leader reported that the women stated: "This animal has come to the house because of me and I will not accept you taking this animal to use as a *lobolo* for another wife." This demonstrates how there was a change in the women who were offered livestock through this program, despite the fact that they were under their husbands' control and the men viewed the cow as theirs. These women were able to grab onto a power position in light of this program. In prohibiting men from using the cow for *lobolo*, women undermined men's power even though men made it clear they were the head of the household. As a result of this stipulation in the agreement to receive the cow, the men had to accept their wives' demand. Although these women did not gain much empowerment in their overall circumstances, they were able to manipulate the situation to their benefit, warding off a potentially imminent threat that an asset could create, such as wealth to buy a second wife.

Another example of how women enacted *Undermining Men's Power* was in response to men's stronghold over their reproduction. Participants spoke about how men controlled all the decisions regarding childbearing. One participant explained it this way:

Many women do not have the capacity to decide when they use or do not use contraceptives. This is not something that depends of them. It is something that depends on the man who makes those decisions.

In this way, the patriarchy in Mozambique limits women's rights over their own bodies, which is also a reflection of the fact they have lost their sexual self-determination. One participant explained it this way: "The right to have sexual protection is not seen within the context of human rights within the Mozambican society, and therefore women and girls are denied the right to control what happens to their bodies." As a result, participants explained how some women use Depo-provera, a long-acting contraceptive injection, to secretly manage their reproduction. Depo-provera injections are required every 3 months for pregnancy prevention and women do not need to take home pills that their partners could discover. It was not clear whether there are some women who use an intrauterine device (IUD) to obtain the same end, although if they do, they may be increasing their risk for potential pelvic disease if their partner transmits any sexually transmitted disease to them because of his engagement with multiple sexual partners. Nevertheless, using IUDs, despite the risk, can give women more control because once they are inserted they can last up to five years. By using Depo-provera as their method of contraceptive, women keep control over their reproduction, sabotaging men's power, and avoiding retaliation by their partners because they can easily conceal it.

A patriarchal governance model, combined with individual male dominance, has historically controlled women's reproduction in Mozambique. An abortion ban originated during colonial times when the predominantly Catholic Portuguese ruled the country. Because of this abortion ban, women and girls are known to have engaged in a number of dangerous practices to abort an unwanted pregnancy. For example, Durr (2015) explains: "some women drink bleach or

home-brewed mixtures made with livestock manure. Others insert a twig or chicken bone into their uterus or rub their vagina with herbal elixirs to induce early childbirth” (para. 1). Backroom abortions by traditional healers are common, and they are dangerous, resulting in thousands of deaths (Durr). It was only in December 2014 that President Armando Guebuza quietly signed into law a revised penal code easing prohibitions in abortion regulations. Despite this law, only put into place in 2014, my experience over a 15-year period in Mozambique has provided me with many examples of women undergoing abortions by qualified local physicians who conducted this procedure secretly in hospitals. Therefore, women and girls engaged in *Undermining Men’s Power* over their reproduction in silent ways that were often dangerous due to the past criminalization of abortion and the risky nature of traditional abortions.

Durr (2015) reports that decriminalization of abortion is only a first step for improving reproductive rights for women and girls in Mozambique. In order for women and girls to be fully empowered, the underlying causes of unwanted pregnancies, such as lack of access to family planning, domestic violence, and the stigmatization of what it means to be female, must be addressed. Therefore, abortion and secret use of technologies such as Depo-Provera and IUDs, are still used as part of *Undermining Men’s Power* rather than in the context of full reproductive empowerment for women and girls. It is from within the context of *Undermining Men’s Power* that women remain chained to the process of Playing the Game. This can be a step towards emancipation, but requires women and girls to live their lives under male dominance and control, rather than breaking free from it and relishing in the same rights afforded men.

Although reproduction and sexuality were heavily saturated aspects of *Undermining Men’s Power*, there were some references to how women would attempt to undermine men’s power as a means to belittle them in social situations, grabbing on to small episodes of power-

over men. For example, one participant explained how some women would provoke men at bars or restaurants when viewing their choice in (non-alcoholic) beverage or their lack of interest in them sexually. These women would taunt these men in a way to sway them and gain some social power over them. The problem with this approach is that it does not emancipate, but actually incites a divide between men and women that can lead to violence. On the other hand these women are fuelling a *machismo* culture, rather than trying to create a more positive environment for women that does not revolve around sexuality.

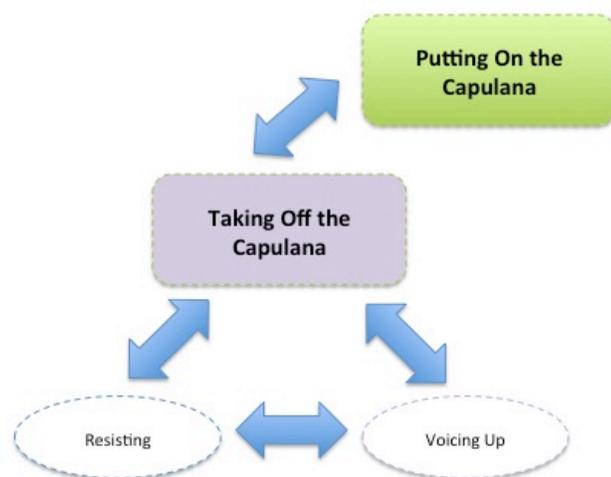
Undermining Men's Power is a tricky process because it could be a first step on the road towards emancipation. At the same time, it can incite a negative culture that works against any gains made for women, and when men who are reluctant to share power with women discover that women are purposefully trying to undermine their power, they may react with violence. Because *Undermining Men's Power* is conducted in manipulative ways with no conscious intention to change social relations between men and women, but only to ameliorate relations palliatively, women are often left with few gains and much disappointment. Taking Off the Capulana, in its full sense of getting out of gender oppression, is the most advantageous approach because it is done openly and with the legal mechanisms needed to ensure long-term empowerment for women.

Taking Off the Capulana

Taking Off the Capulana is the final process in the theory **Putting On and Taking Off the Capulana**. Taking Off the Capulana is the point at which woman reach a state of critical consciousness related to gender oppression, and they apply real resistance, resistance that is not covert or manipulative, but is targeted and emancipatory. Although earlier in the process, women may touch on a conscious understanding of their oppression and take some action, because of the

complex nature of patriarchy their awareness can fade. Therefore, women who engage in Taking Off the Capulana take tentative steps within it and there is some ambiguity associated with it. The action of Taking Off the Capulana involves two sub-processes: (a) *Resisting* and (b) *Voicing Up*. These sub-processes are overt and purposeful; they are actions where women and girls use their agency to draw on mechanisms that are in place to fight for their rights. Taking Off the Capulana is a conscious move by women to grasp onto their rights in order to change their situations, and some women have had the courage to become vocal about the injustices they face, with the intent of making gender oppression more transparent. This process moves beyond Band-Aid solutions and manipulative strategies that are temporarily ameliorative, towards concrete actions based on tangible efforts to emancipate (See Figure 9).

Figure 9: Taking Off the Capulana



Taking Off the Capulana is not achieved as a one-time intervention, but through countless efforts on the part of the woman to overcome her oppressive situation. Women do it little by little, piece by piece; like a dimmer switch, it is a gradual process of getting to the point where they can truly remove the *capulana* and edge out of oppression. For women, edging out of gender oppression is an important metaphorical image because it is more accurate than the image of ripping off the *capulana*, immediately freeing themselves. Although Taking Off the Capulana is an emancipatory milestone, not one woman actually arrived at this point in the fantasy where they rip off their oppression and claim their freedom. In reality, women had to work hard at it, often taking two steps forward and one step backwards, and so on. For example, women want to pursue legal action against a husband who threw them out and beat them, and then in the next breath they described to me that they wanted their husbands back. This ambivalence can often undo whatever agency they exerted and progress away from oppression. Therefore, this process of Taking Off the Capulana had a degree of contradiction and uncertainty associated with it. Women were at various points in the process of Taking Off the Capulana, and although some women embraced the idea of Taking Off the Capulana theoretically, in practice applying this process to their own lives was much more difficult and was fraught with uncertainty, causing them to retract some of the values they seemed to be trying to embrace, such as gender equality and equity. The process of Taking Off the Capulana, edging out of gender oppression, begins with the sub-process of *Resisting*.

Resisting.

As a sub-process of Taking Off the Capulana, *Resisting* occurs when women and girls refuse to accept their gender oppression and fight back to gain some level of gender equality. Feminist scholars often refer to the act of resisting in terms of subverting power (Tallis, 2012).

Power, according to Foucault (1980) is everywhere and it cannot be understood in absence of resistance. Foucault (1980) states “there are no relations of power without resistance” (p, 142). Foucault, defines resistance in terms of enacting transgressions on the limits that are imposed on us (Foucault, 1965). *Resisting*, therefore, is where women and girls begin to make a conscious and deliberate effort towards refusal to accept their gender oppression, such as a transgression as Foucault might describe it or in terms of subverting power, as many feminist scholars might identify the action; it is at this point they attempt to take a stand against it, although few women were truly able to embody the emancipatory image that “taking a stand” evokes.

All participants who sought assistance from the local civil aid NGO were, in fact, enacting the process of *Resisting*. Many of these participants, however, appeared to take two steps forward and then one step back. For example, the women would begin *Resisting* by, for example, beginning legal processes against their abusive partners, but then they simultaneously regress into earlier phases of this theory, such as *Playing the Game*. Due to inefficiency and ineffectiveness of the legal process, they often found it difficult to remain courageous when living within an environment that favours men.

Another major challenge for women who purposefully were attempting to remove the *capulana* through legal action is that they found the process was often intolerable. It took months and sometimes years from when they first began legal action against their ex-partners, neighbours, or other perpetrators, to achieve a satisfactory outcome. Most legal action cases for these women involved some level of violence, often domestic, as well as land disputes and fighting for compensation related to child support or dividing up property in relation to the termination of a relationship. Because most women faced dire situations of poverty, to make

ends meet they were often forced to engage in activities such as transactional sex throughout this process. Despite these challenges, all of the women I interviewed from the NGO planned on seeing the process through until justice was achieved. It is likely that the NGO's support and counselling helped the women to remain committed to seeking justice. Many women described the civil aid assistant who helped them as someone who was an integral positive support to them.

The women I interviewed outside the NGO were victims of sexual harassment and domestic violence and did not engage in *Resisting*, but instead remained in the phase of Playing the Game. Perhaps the fact that these women were volunteering to participate in this research was a first step for them to cross the threshold from Playing the Game into Taking Off the Capulana. I indeed had two types of participants, those who crossed the threshold and those who did not. Despite this divide, all participants moved back and forth between phases, a key aspect of this theory. Thus, the theory is not linear, but as stated above it is an iterative process reflecting the complex nature of oppression. All of the women I interviewed from the local NGO were pressing on to make concerted efforts to emancipate themselves from their oppressive situations through the legal process. This demonstrates the power patriarchy has over how they engage with the world.

Unfortunately, for those who arrived at the point of seeking some form of emancipation, their initial motivation was often not rights-based, but rather because their ameliorative efforts at Playing the Game failed. For example, they were unable to persuade their husbands to stay with them, and their families did not provide the traditional support for which they had hoped. Most of these women were completely abandoned, both by their families and by their partners. As a result, these women were forced to draw on whatever agency they had to get some sort of restitution. Although these women voluntarily engaged in Taking Off the Capulana, it was not

necessarily their preferred option, and there was some reluctance in this process; although by taking this direction they would get some sort of restitution, there would also be consequences, such as losing their position within a household, their relations with their partner, and the interconnectedness that is associated with this social relationship. Women may gain whatever legal win surfaces from the process, but the connection to the husband's family and her husband's perceived power through patriarchy that provides her with some social position is in jeopardy. Women therefore are making trade-offs and calculated decisions to take the path of emancipation. The question that surfaces for women is: will this path towards emancipation be worth it?

Some women did not take the route of legal action, however, and were able to engage in the process of *Resisting* because they were empowered or received some form of support, often from a female family member, and in some rare situations from a brother, that supported the notion of female independence. One participant shared her "rags to riches" story with me. She had been living with her *de facto* partner, with whom she had a child. Her partner was described as a "typical Mozambican man," one who goes out with other women, drinks a lot and returns home violent. She endured this for some time until one day he abandoned her and the child. At this point she began working in a restaurant but was not well paid and the customers and owner sexually harassed her daily. She could not take the environment of the restaurant any longer and found a job at a nail salon. She learned how to sculpt nails and worked for some time at this salon. However, once again the pay was very poor and she decided to try her luck at the petty market business, buying cheap things from South Africa and selling them in the market place in Maputo. The market place was yet another dangerous place for her, and although she was able to be more independent, she was robbed many times, causing her gains to become losses. At this

point, her Auntie decided to give her a small sum of money and encouraged her to open her own nail salon. With this small sum of money she was able to build her nail salon and become a successful business owner. She attributes her success to the encouragement and small sum of money her Auntie gave her, combined with her faith in God. This is an example of how a woman resisted an oppressive environment through a core belief that she did not deserve to be treated in the manner she was experiencing. She resisted situations that were oppressive and abusive, leaving these jobs in an attempt to find a better life. Finally, it was her Auntie's belief in her that afforded her the opportunity to become fully independent.

A significant component to arriving at and embracing the process of Taking Off the Capulana is by becoming consciously aware of, and confronting, gender oppression instead of hiding from it. One participant, who was critically and consciously aware of her gender oppression, stated the following:

... Our challenges here in Mozambique are natural, adopted from the very beginning, there was education saying men are superior to women, that is our major challenge for us as women: to be respected and valued.

This participant was able to reflect critically on women's plight in Mozambique, apply it to her own life, and evaluate what was needed for women and girls to become emancipated.

There was a continuum of critical consciousness that women displayed throughout my interviews. For example, women who were less educated and in situations of complete dependency, often relied on an innate sense of injustice rather than having access to information and discourses related to the rights of women and children. I asked all participants who were interviewed at the civil aid office what was it that made them come there to seek help from this NGO. One participant, who was illiterate and poor, stated: "I knew that what he was doing was

not right.” This participant was referring to her husband kicking her out of his home and moving in his new mistress. In this example, the husband had physically beaten both the participant and his two sons, stripping the clothes off her body and leaving her in the street naked. She was left with a broken arm, nowhere to live, and no money to care for her kids. She did not know what her rights were, but went to the police station. The police station turned her away and said it was a domestic issue. At every corner no help was offered. Despite these setbacks, she persevered, and finally a female friend referred her to the NGO, and she arrived in hopes of getting justice. This example demonstrates how Taking Off the Capulana is fraught with roadblocks and disappointments. Taking Off the Capulana requires support and perseverance on the part of women.

The processes within this theory are fluid and the power of male dominance is overwhelming and few women were able to push back against it. This participant sought justice and was able to take her *defacto* husband to court and receive some compensation. However, when I asked her what she would want if she could have anything she wanted, she responded again and again that she would want her husband back, despite the incredible cruelty he bestowed on her and her children. This participant demonstrates how the misogynic blinders that patriarchy imposes on her have limited her ability to see other possibilities such as an independent life free from male dominance. She has been socialized to want the economic support that a man gives and the comfort and status that are associated with that security. However, she does not want the violence, the verbal abuse, or the HIV infection, nor does she want to live in a relationship where she shares her husband with another woman. She wants the fantasy of what a husband can mean symbolically, but without the negative parts. This example, along with others, is evidence of how women internalize their inferiority. Participants found it

difficult fully to take off the *capulana* psychologically and rise above their gender oppression. This participant sought legal compensation and demanded all of her rights and entitlements, but had difficulty Taking Off the Capulana psychologically. So even while this woman used her rights by law, she found it difficult to escape from an enslaved status of inferiority.

Resisting has its risks, such as male violence or the uncomfortable feeling that pushing back produces for people. This is why women often slip back into other stages of the basic social process when it serves their purposes. One participant refused to engage in the processes of Playing the Game, especially in behaviours that involved sex. Instead, she moved back into her parents' house when her husband continued to be violent and continued his sexual relations outside their relationship. She decided that it was futile to hope that her husband might provide some financial assistance to her son, so she began to work toward becoming financially independent. At first she tried her luck at bringing petty items from South Africa into Mozambique but found this was dangerous and scary. Next she got two jobs, as a maid and in a factory. Despite her friends' encouragement to go out looking for a rich man and engage in transactional sex, she rejected this type of life and decided to live within her means. The disadvantage for this woman was that choosing not to use sex as a way to get ahead left her relying on a jobs that paid her little, making it difficult for her to make ends meet and forcing her to struggle in her attempt to resist male dominance. This woman pleaded to the court for a divorce, but her husband, who now lives with his new partner of over five years, refuses to divorce her keeping her chained legally to his dominance. Because she does not make a lot of money, she cannot afford a proper lawyer to fight her case.

Participants who were successful in the process of *Resisting* and were able to live independent lives without the help of men, were women who had certain advantages. These

advantages included social class, education, and having a career. One participant spoke about how she refused to have a man in her life despite the social advantage that having a man can bestow. This participant, however, was educated and held a prominent position with a competitive wage. She owned her own car and house, and lived alone. She told me how she had many male friends whom she would date when she wanted, and on her terms. She also told me that it is her rule never to allow a man to spend the night at her home. She explained that when a woman allows a man to think that he is always welcome in her home, he begins to take over. Unlike the majority of women I interviewed, this woman had an intersectional advantage over other women. She was rich and was born into an influential family that gave her the opportunity to be educated and independent. Yet she, like many others, soon found herself in an abusive relationship with her husband. Unlike many other participants, she had the support of her parents, who openly welcomed her and encouraged her to return home and seek out her legal rights in relation to abuse and divorce. This support of her family, according to the participant, is unusual in the context of Southern Mozambique, and even surprised her when her family offered this support to her. Therefore, engaging in *Resisting* was possible because of the support she was offered and because she had the knowledge and financial means to ensure her legal claims were processed.

Percival (2016) points out that Mozambique is characterized by a number of paradoxes. I see that these paradoxes can blur the reality for women making it difficult to mobilize a largely elitist feminist movement down to everyday women. These paradoxes, for example, begin with the civil war. Mozambique endured a brutal civil war (1977 to 1992) and yet it has avoided recidivism and has now become one of the fastest growing economies in Africa (Percival, 2016). Mozambique ranks 178 out of 187 countries on the UN Human Development Index, with high

levels of inequality and yet it has been praised for its high level of female political participation, with women making up almost 40 percent of the parliamentarians (Percival, 2016). It has, for example, produced global roles models like Graça Machel. Furthermore, both the government and donors have made a strong political commitment to gender equality and gender mainstreaming. Yet there is little evidence that the rhetorical commitment to gender equality has resulted in significant benefits to most women and girls in Mozambique. One participant pointed out that the female parliamentarians do not have a ‘real’ political career as their male counterparts, they are simply token participants who do little to help the plight of women in this country.

Therefore, another challenge that women face in executing the process of *Resisting* in Mozambique is that the feminist movement has largely remained elitist, and is, at best, barely nascent for everyday women. Most women are not aware of their rights and have so thoroughly internalized their inferiority that they cannot imagine what a feminist movement might look like, let alone imagine that they would be a part of it. The women I interviewed who appeared to be potential leaders of a women’s movement were apathetic to the cause. Some even blamed women for the situation women found themselves in. Many of the older women I interviewed, who were affluent and took part in the war in various ways, were now in positions of financial stability, often married to prominent government officials, or were from prominent families associated with the party in power. I questioned whether their apathetic sentiment regarding obvious women’s oppression was a result of a sense that they had done their part and now were receiving their due. Perhaps they felt all women needed to endure what they did and then they could reap the same benefits. These attitudes demonstrate the horizontal violence that occurs within oppressed groups (Purpora, Blegen, Stotts, 2012). Instead of helping each other, members

of oppressed groups, such as nurses, impose their own negative experiences onto the new budding generation of nurses, as a form of initiation.

It appeared that affluent and successful Mozambican women, who could offer valuable support and guidance to young Mozambican women, were engaging in a type of horizontal violence towards the new generation. For example, the sentiment in Mozambique that women might steal your husband was a reflection of horizontal violence because women viewed their relationship with each other as competitive rather than cooperative and did not see other women as allies. This view incited women against women. This resulted in destructive competition between women rather than women coming together in healthy ways to demand their rights as a collective whole. This incitement is likely a result of patriarchy, and what patriarchy does to women. In an encounter with a male participant, I observed how he incited the women in his life against each other. When I asked him how his current girlfriend can tolerate his playboy behaviour, he stated: “they know that I can go out with any woman I want at anytime, and they can be nothing to me tomorrow, therefore, they will never complain and she will welcome me home with open arms and good food.” This demonstrates how men use an ideology of patriarchy to set women against each other as competitors, warding off any form of collective power that women might otherwise muster if they saw their common plight. Despite this bleak picture of a women’s movement in Mozambique, I found pockets of hope. These pockets of hope presented themselves through the sub-process of *Voicing Up*.

Voicing Up.

Voicing Up is a sub-process of Taking Off the Capulana and involves speaking out about gender oppression and demanding the rights of women and girls be recognized publically. This sub-process is integral to the larger process of Taking Off the Capulana, because it is through

this process that gender oppression can become a transparent subject within the public sphere, making it difficult to ignore and necessary to address.

A timely example of *Voicing Up* was the recent disclosure by the daughter of Nelson Mandela's widow, Graça Machel, that she is a victim of domestic abuse and this abuse left her blind in one eye. The incident occurred in Maputo, on the 17th of October 2015, during Graça Machel's 70th birthday party. Josina Machel and her boyfriend argued after she said she wanted to spend the night in her family's home in Maputo. After insulting her, the boyfriend punched her repeatedly in the face. Josina described how she stumbled her way around a wealthy neighbourhood, but no one helped her until she passed out on the road. Her horrifying experience is common among women in Mozambique, and because of the legacy of her parents²², and her stepfather Nelson Mandela, she felt she had no right to be silent. She has gone public with her experience and legal proceedings against her boyfriend have begun.

Josina Machel's story tells us many things, among them that gender oppression in Mozambique does not discriminate because of class or education. For instance, having all the privileges that she has, such as near-royalty status and education, voicing up was likely difficult to do. It is also likely she endured violence for a long time and it is possible that the severity of the beating, which left her partially blind, put her in a position where she could no longer hide the abuse or ignore the abuse any longer. All women ultimately will need to *Voice Up*, however, women with position and power, need to lead the way in the fight for women's rights and equality within a context where gender oppression prevails. It is a breath of fresh air that Josina Machel has spoken out so publically about her experience, because this may give other women the courage to seek help for their situations.

²² Josina Machel's father is Samora Machel. Samora Machel was the first president of Mozambique from 1975 until his death in 1986.

Nonetheless, I question whether there is more to Josina Machel's story. It would be interesting to know whether she was living within a relationship dominated by male control, and perhaps she had also experienced a period of emotional and psychological abuse that preceded this so-called one time physically abusive encounter. It may be too early for Josina Machel to divulge the totality of her experience, however, only sharing part of her story might mislead women regarding recognizing signs and symptoms of abuse and what they can do about it.

Voicing Up has been happening through a number of local women's organizations such as MULEIDE, WLSA and Forum Mulher. These organizations participate in advocacy and knowledge dissemination, and have worked tirelessly to promote the rights of women and girls in Mozambique. In fact, WLSA was the only entity that distributed knowledge in regard to both the new Family Law and the Law on Domestic Violence. This sadly demonstrates that the government has little stake in these laws and appears unable to promote their full implementation. *Voicing Up* through these local NGOs has been the only avenue to promote the rights of women and make headway for women in Mozambique.

Other examples of *Voicing Up* include women providing newspapers with their accounts of gender oppression, such as domestic violence or violence in general. In these articles in the local newspaper, the writer describes extreme situations of domestic violence, providing some publicity regarding gender oppression. It is likely that these articles have gotten attention and space within the newspaper because the new domestic violence law has only taken effect in 2009 and considerable advocacy effort has contributed to the illumination of domestic violence. In addition, episodes of violence over the past two years have targeted affluent expatriates who work for prominent organizations, such as Rio Tinto, resulting in pressure from international news agencies to cover violence generally in Mozambique. Whatever the motivation, *Voicing Up*

is occurring in public spheres such as newspapers and the internet, making domestic violence, sexual assault, and land disputes for women issues that no longer can remain under the radar.

Although information about domestic violence has become more available, and there is more awareness, other forms of oppression women face are overlooked. These include the lack of child support from the fathers of their children, land grabbing by men, and issues related to sexual harassment of women in the workplace. Other forms of *Voicing Up* include, for example, the willingness of women to participate in research related to women's oppression. I found that women were both open and eager to tell me their stories. This demonstrates that women want to overcome their oppression and they want to be empowered.

Resisting and *Voicing Up*, sub-processes of Taking Off the Capulana, are important components of a process in which women begin the journey out of gender oppression. One key observation I made related to Taking Off the Capulana was the way in which women have begun to wear the *capulana* physically in new and modern ways. Most women I interviewed had affection towards the *capulana* as a piece of cloth that covers them. Most noted that the *capulana* made them feel safe and secure despite the fact that many also contended that it somehow represented their gender oppression. It was interesting to observe how women were beginning to take this cloth, in its vibrancy and tradition, and use it to make modern clothing, such as business suits and fashionable dresses. Against the backdrop of this theory, I viewed this as a statement by women that they wanted to conserve the good parts of their traditions and culture, but break free from aspects that oppressed them. It was also a way of reframing their tradition. In some way, this new use of the *capulana* cloth is embedded within the process of Taking Off the Capulana; although they are not verbally taking action, their non-verbal statement is consistent with the

process of *Resisting* and *Voicing Up*; and demonstrates their eagerness to show that they are ready for, and creating their own change.

Conclusion

In this chapter I presented a grounded theory about how women and girls submit to gender oppression, how they navigate the murky waters of a context full of oppressions, and how they attempt to free themselves from it. The theory of **Putting On and Taking Off the Capulana** takes place within the context of multiple oppressions, and women and girls have to go through four major processes to reach a point where they are able to climb out of gender oppression. Most often, however, they never fully reach the point of Taking Off the Capulana. Unfortunately, they remain stuck in an earlier phase of this theory, such as Turning a Blind Eye. It was common for women to engage in a kind of “two steps forward and one step backwards” type of dance, vacillating between processes, making some progress and then regressing back into earlier processes. The major aspect of women’s gender oppression in Mozambique stems from a context that permits men to sexualize women and prevent them from having sexual self-determination. Robbing women and girls of sexual self-determination is reinforced by violence, and together these experiences often lead women and girls to engage in the process of Playing the Game, in which they manipulate and strategize to live within a system that prioritizes men’s needs.

In the final chapter I summarize my findings and discuss key aspects of this theory in light of relevant research on sexuality, rape, and violence, to demonstrate where my research fits within the literature and how my research contributes to knowledge. I discuss the potential impact of this research on gender work in Mozambique and how it may be useful for an audience beyond the Mozambican borders.

Chapter Seven – Discussion and Implications

The original purpose of this study was to answer the following research question: How do women and girls navigate the HIV/AIDS situation in Mozambique? I quickly discovered that participants' concerns went beyond HIV/AIDS and involved a bundle of oppressions. The problem participants faced, at a broad conceptual level, was gender oppression. As a result, my study shifted slightly in that I aimed to understand how women and girls managed their lives in relation to gender oppression, how they become socialized into a context that systematically makes room for social and political dominance over them, how they cope with the manifestations of dominance, and how, if ever, they control the situational and characteristic realities of gender oppression. Consequently, I have developed a grounded theory about how women and girls manage gender oppression in Mozambique.

In this chapter I begin with a brief discussion of the usefulness of Ubuntu combined with constructivism and intersectionality to study gender oppression within an African context. Next, I discuss the main findings and their contribution to knowledge: (a) the significance of how women and girls manage gender oppression; (b) the sexualization of women and girls, including child sexual abuse; (c) the prevalence of violence against women, (d) the culture of silence that surrounds it; and (e) the strategies women use to manage their lives in a patriarchal world. I address all of these findings in light of the literature. In addition, I address the impact of these findings, implications for public health and nursing practice, nursing education, and policy. I finish with implications for future research, ending with a brief conclusion.

The Usefulness of Ubuntu, Constructivism, and Intersectionality

As a Western nursing researcher conducting an investigation in the Mozambican context, I anticipated I would face a number of challenges as I aimed to approach my work in an anti-

oppressive, culturally sensitive, and rigorous way. I prepared myself with knowledge regarding the fact that it can be argued that all qualitative research is outsider research in which the researcher must be prepared to address issues related to language (Hennink, 2008), translation (Temple and Young, 2004), cultural differences (Amerson, 2015), and the intersection between and among history, power, and colonial legacies (Vannini & Gladue, 2008). Therefore, I devised an approach to my research based on the use of Ubuntu as an ontological underpinning, combined with the philosophy of constructivism, as a methodological package to inform my grounded theory study.

In short, Ubuntu is portrayed as either a true African philosophy or a value system that governs societies across the continent (Kamwangamalu, 1999). I used Ubuntu, which is prevalent throughout southern Africa and comprises principles including solidarity, spirituality, and harmony, to help ensure I attended to all of the issues such as colonial legacies in an appropriate way. For example, the concept of solidarity, which is often summarized in the phrase, “I am because we are”, enabled me to consider how I might envision the interconnections between and among people (myself and the participants) and our shared, mutual responsibility.

Constructivism is a social science view on how realities are made rather than discovered (Charmaz, 2014). Constructivists view people as actively creating their worlds of meaning, and the actions and interactions that result are based on their understandings (Schreiber & Tomm-Bonde, 2015). I used the canons of Ubuntu and the standpoint of constructivism to guide the way I approached all aspects of my study. I was excited by the notion of approaching my study from an African, rather than Western philosophy.

Intersectionality is a theoretical framework that can help us understand how multiple social identities such as race, gender, class, sexual orientation, and disability at the micro level of

individual experience reflect interlocking systems of privilege and oppression (e.g., racism, sexism, classism) at the macro social structural level (Bowleg, 2012). For the purposes of this study, I used intersectionality as a theoretical framework and tool to assist me in understanding how gender intersects with other identities and how these intersections contribute to unique experiences of oppression and privilege. I used this theory to sensitize me to the multiple and interlocking influence of systems of privilege and oppression instead of examining each system independently. It was a way for me to ensure that I did not overlook certain social identities or systems of oppression or privilege but instead for me to be aware of the multiple possibilities that can and did arise throughout my research journey.

Overall the values of Ubuntu and the philosophy of constructivism and the theoretical framework of intersectionality served me well as a worldview that strengthened my research and encouraged a solidly ethical approach. However, what I was not prepared for was the fading of Ubuntu within the Mozambican context, and the way in which some people were, curiously, using Ubuntu to justify a patriarchal system. Some people were initially generous, and appeared to want to be reciprocal, but when they realized that I did not have any additional funding or network contacts that they could benefit from, I was of no use to them. Within the Maputo context I found that capitalism and neo-liberal principles were much stronger than values of reciprocity, communalism, and interdependence. Despite the realization that Ubuntu appears to be fading within the Mozambican context, its values can serve as a worldview that would strengthen any research, not only that done in southern Africa with women and girls. “Ubuntu, as a way of engaging with the world, teaches nursing researchers to enter the field with humility, awe, and wonder at the complexity of human life” (Schreiber & Tomm-Bonde, 2015, p. 9).

Contribution to Knowledge

This is the first study conducted in Mozambique to describe and explain, how women and girls manage gender oppression. In this section I discuss the contribution I have made to knowledge with specific attention to: (a) the sexualisation of women and girls; (b) child sexual abuse; (c) violence; (d) understanding the culture of silence; and (e) illuminating strategies women use to manage gender oppression.

In previous literature and research, authors have largely depicted women and girls either as vulnerable victims (International Youth Foundation, 2012; Tvedten, Paulo, & Tuominen, 2010; UNICEF, 2015) or as gainers of power and status through the very structures that oppress them (Arnfred, 2007, 2011, 2015; Bandali, 2011; Bagnol & Mariano, 2008; Decker, 2015; Groes-Green, 2013, 2011, 2009). What I add to the research on gender oppression in Mozambique is a nuanced understanding of the complexity of this situation. In past research women and girls were seen as either victims preyed upon by men who would exploit their sexuality, or ruthless opportunists using their sexuality to prey upon men for their own gain. Before my study there was no middle ground. In my study I found that, although these elements were there, it was insufficient to understand fully what was happening, and the previous dualism characterizing women was an oversimplification that obscured the degrees of agency that women were able to exert.

There is an absence of theorizing about the lives of women and girls in relation to the cluster of oppressions presented in my findings chapter. Throughout my doctoral experience I have asked myself many times “why theorize”? What can theorizing provide us with that can make a significant difference in people’s lives? Broadly speaking, grounded theories can provide a conceptual handle on the studied experience (Charmaz, 2014). By providing a conceptual

handle, the researcher can offer a fresh or deeper understanding of the studied experience, which can assist in developing relevant and meaningful policy.

Grounded theory can also be used as emancipatory research. Wuest (2001; 2011) adds that grounded theory can be “transformative;” it can be used by participants to clarify their own issues, and through the process of repeated interviews, participants can be engaged in theory construction. For example, after repeated interviews and a particular discussion about the *capulana* and its meaning, a key participant recognized herself in the theory and went on to disclose her experiences with violence. Participating in the process changed this participant’s awareness of her own oppressions.

I went back to the same participants several times to seek clarification on data, and I sought feedback related to the emergence of the theory. By doing this, I was staying true to my commitment to Ubuntu and constructivism. This transformative nature of grounded theory ensures that participants are not objects of research but are actively a part of the process. Their participation might give them insights into their own oppression, and perhaps new ideas, avenues and possibilities to make changes in their lives. Certainly my study had challenges related to language and literacy (many participants were illiterate and could not speak English), although taking back the data in verbal form allowed women to frame their experiences within a larger context and see new possibilities. For example, one participant, who had tried to divorce her abusive partner in the past with no success, asked me to take her to the NGO that was providing legal aid services to some other women participants, so she could get the legal support for her divorce.

An important outcome of a grounded theory is an abstract theoretical understanding of the studied experience that can assist us in explaining both how and why people do what they do

(Charmaz, 2011; Wuest, 2001). Understanding the “how” and the “why” can help us create better programs and policies, in this case aimed at empowering women in relation to gender oppression. Theorizing allows us to explain a phenomenon, and being able to explain something is the centerpiece of scientific research.

Because of the lack of theorizing by researchers in Mozambique, there is an abundance of opportunity for researchers to conduct theory-generating research within the Mozambican context. When I searched for research about gender oppression in Mozambique, I did not find any theorizing on even a single oppression that women and girls face. This is not surprising in light of my own findings, but at the same time it is disturbing and revealing. It is disturbing because the absence of theorizing about women and girls in Mozambique exposes and reconfirms the value that women and girls have within this society. It is revealing because a lack of theorizing symbolizes that power differences between men and women, inequality issues, and ultimately gender oppression are not phenomena of concern that warrant theorizing. The value of women and girls is reflected in their absence within the research arena. In my theory I have explained the processes that women and girls go through, from a period of socialization, towards a place whereby they aim to free themselves from gender oppression.

Conducting systematic research in areas such as this, where little work has been done before, is valuable because it can provide frameworks for practice to guide how to address gender oppression in meaningful ways. For example, being robbed of sexual self-determination, which includes challenges such as sexualization and child sexual abuse, has largely been ignored in Mozambique. Presenting policy makers with a meaningful theory, derived from data that is grounded, could have transformative and anti-oppressive influence in guiding practice. For example, new laws alone do not change social behaviour, and policy makers intent on seeing

social change must develop media advocacy plans to change embedded practices, such as Turning a Blind Eye. This is discussed below.

Sexualizing women and girls.

Throughout the years of data collection in Mozambique, as well as drawing on over 12 years of experience in the country, I found the sexualization of women, specifically girl's sexualization, to be a prominent concept in my study. I define the term "sexualization" according to the American Psychological Association (APA) Task Force on the Sexualization of Girls²³. In this section I briefly explain why sexualization in Mozambique is a major concept in my research, and relate this to other research conducted within Mozambique. Finally, I talk about this concept in relation to the broader literature on sexualization of women and girls and its impact.

Child sexual abuse is a topic that is given little attention in Mozambique but obviously relates to the sexualization of women and girls. Because child sexual abuse is such a devastating phenomenon for people, it deserves particular attention, especially in terms of how it affects identity and overall development.

I discovered quickly that sexualization was a widespread issue. Every participant I spoke with could give a personal example of sexualization. Hence, the centrality of female sexualization was overwhelming and appeared to permeate all aspects of lives. Child marriage is one example of how girls' identity is valued based predominantly on their sexuality. The

²³ The American Psychological Association Task Force for the sexualization of girls defines "sexualization" in terms of a number of components that sets it apart from healthy sexuality. Sexualization occurs when: a) "a person's value comes only from his or her sexual appeal or behavior, to the exclusion of other characteristics; b) a person is held to a standard that equates physical attractiveness (narrowly defined) with being sexy; c) a person is sexually objectified—that is, made into a thing for others' sexual use, rather than seen as a person with the capacity for independent action and decision making; and/or d) sexuality is inappropriately imposed upon a person" (American Psychological Association, 2010).

predatory nature of sexualizing girls is manifested not only in child marriage, but in schools where male teachers prey on their female students.

Sexualization of a woman in the context of the home and marriage was a common experience for my participants. Women commonly experienced abandonment by their partners because they were no longer sexually appealing or did not perform well enough in the bedroom; in many cases, the men found younger women to satisfy them. This act of abandonment goes beyond simple infidelity because participants emphasized how their sexual capital became a defining factor in their livelihood and how their value was determined by their sexuality.

As a consequence of this environment, I have demonstrated with my theory (Playing the Game) how women manipulate this sexualization to their advantage, to get ahead and gain an upper hand in a world that sexualizes them in an oppressive way. Sexualization was a strong concept throughout this research and I was surprised by the lack of attention it has been given in other research related to gender or women in Mozambique.

In my early, and most recent search of the literature, I found an absence of material on sexualization in relation to women and girls, and conclude there have been no previous efforts to study the phenomenon in Mozambique. Interestingly, I did find authors making a point of giving particular attention to women's power and agency as they relate to women's sexuality, in direct opposition to earlier practices whereby missionaries tended to demonize and demean images of a sexualized African woman (Arnfred, 2011).

I found the term sexuality more commonly mentioned in the literature and studied from the perspective of power and agency, and erotic pleasure (Arnfred, 2011, 2007; Bandali, 2011; Bagnol & Mariano, 2008; Groes-Green, 2014, 2013, 2012, 2011, 2009; Hawkins, Price & Mussá, 2009; Hilber, Hull, Preston-Whyte, Bagnol, Smit, Wacharasin & WHO GSVP Study

Group, 2010; Tvedten, Paulo, & Tuominen, 2010). Researchers seemed more interested in female sexuality as a common site of exploration, with particular attention given to traditional practices such as the elongation of the labia minora to increase sexual experience for the man, and occasionally, for women's pleasure (Bagnol & Mariano, 2008; Hilber, Hull, Preston-Whyte, Bagnol, Smit, Wacharasin & WHO GSVP Study Group, 2010). Other sites whereby women and sexuality are given some attention by researchers are in terms of transactional sex and prostitution. Yet, here again, the researchers tend to frame these studies in terms of sexual capital and/or HIV/AIDS risk (Arnfred, 2015; Bandali, 2011; Groes-Green, 2014, 2013; Hawkins, Price & Mussá, 2009; Inguane, Horth, Miranda, Young, Sathane, Cummings, & Mcfarland, 2015). In all of these studies on transactional sex and prostitution, which include under-aged female sex workers, researchers paid little to no attention to the concept of sexualization of women and girls.

In contrast, researchers have attended, however little, to predation on girls, especially as it relates to child marriages and sexual harassment in schools (Girls Not Brides, 2016; International Youth Foundation, 2012; UNICEF, 2015). I have been unable to find any studies on the sexualization of women and girls in Mozambique and the impact or consequences of this.

When I reviewed the broader literature across Africa, specifically looking for articles on sexualizing of women and girls, I came across only one article from Zanzibar by Decker (2015). It is the only article found on sexualizing of girls in Africa. In contrast, Western feminist literature is saturated with material on sexualizing women and girls and exploration of the consequences of it. Second, Zanzibar is no longer a British protectorate, limiting the article's overall relevance to my study because it is a historical look at sexualizing and does not provide anything current about the situation. Third, Zanzibar was, and continues to be both Arab and

Muslim in nature, which differs substantially from the southern Mozambican context. Finally, and most interestingly, the author characterizes girls as seducers, and their sexuality and desirability are seen as overwhelming for the man, rendering him unable to think and behave as an adult. Therefore, Decker blames girls and sees the adult man as a victim of the young girl's seduction. Because the author does not convey a full understanding of how women and girls are sexualized, the focus is primarily on the girl's sexual capital, power, and agency, and the fundamental notions of child rights and protection are eclipsed. The reason I mention this article is both because it is the only one I could find on sexualizing women and girls in the African context, and because the way women/girls were characterized as seducers has parallels to the contemporary way in which researchers such as Arnfred (2007, 2015), Bandoli (2011), Bagnol and Mariano (2008), and Groes-Green (2009, 2010, 2013, 2014) have portrayed Mozambican women and girls.

When I began this study, I was not attuned to the issues of female sexualization in Mozambique because of its absence in the literature. However, because sexualization of women and girls was overwhelmingly saturated early in my study, there is something important both about female sexualization and sexual predation, and their consequences. Unfortunately, I still could not find any literature, let alone research, dealing with this concept within the African context, and therefore I turned to the broader literature and research on consequences of the sexualization. According to the American Psychological Association (APA) (2010), the sexualization of girls and women occurs on a continuum, with sexualized evaluation (i.e., looking at someone in a sexual way) on the less extreme end, to more extreme forms such as abuse and trafficking. Sexualization becomes particularly problematic when it begins in early childhood and youth, as it does in Mozambique. Developing a sense of oneself in terms of

identity formation and as a sexual being are both important tasks during early childhood and adolescence (Adelson, 1980; Arnett, 2000; Collins & Sroufe, 1999), but sexualization of girls makes this developmental task more difficult, having consequences reaching far into adulthood.

Tolman (2006) argues that girls are encouraged to look sexy, yet they know little about what it means to be sexual, to have sexual desires, and to make responsible and rational decisions within an intimate relationship, while at the same time acknowledging their own desires. The APA (2010) suggests that younger girls imbued with adult sexuality may appear sexually appealing, communicating perhaps a sense of sexual availability, and thus becoming elevated in some minds to a status of appropriate sexual objects. Cook and Kaiser (2004) explain that women are often considered sexy only when they appear youthful, which blurs the line between who is, and who is not, sexually mature. As a result, young girls are required to decode contradictory messages during a time period where they are developing their identity.

A review of the evidence links a number of harmful consequences to the sexualization of girls (Fredrickson & Robinson, 1997; Fredrickson, Roberts, Noll, Quinn & Twenge, 1998). Numerous researchers have demonstrated that sexualization contributes to impaired cognitive functioning (Fredrickson & Robinson, 1997; Fredrickson, Roberts, Noll, Quinn & Twenge, 1998; Gapinski, Brownell, & LaFrance, 2003); researchers have also shown that viewing sexually objectifying material can contribute to body dissatisfaction and shame (Fredrickson, Roberts, Noll, Quinn & Twenge, 1998; McKinley, 1998, 1999), eating disorders (Abramson & Valene, 1991; Harrison, 2000; Hofschire & Greenberg, 2001; Stice, Schupak-Neuberg, Shaw & Stein, 1994; Thomsen, Weber, & Brown, 2002), low self-esteem (Polce-Lynch, Myers, Kilmartin, Forssmann-Falck & Kliewer, 1998; Tolman, Impett, Tracy, & Michael, 2006), depressive affect (Durkin & Paxton, 2002), and even physical health problems in high school-aged girls and young

women (Hawkins, Richards, Granley, & Stein; Stice & Shaw, 2003). Researchers have identified an important link between adolescent girls' body dissatisfaction and the onset of cigarette smoking (Camp, Klesges, & Relyea, 1993; Stice & Shaw, 2004). Therefore, the sexualisation of girls has consequences that seriously affect both mental and physical health.

In my study I found that women and girls were socialized into a patriarchal society, and this socialization is supportive of the transference of attitudes and beliefs that objectify women and girls, and of valuing them largely in relation to their sexuality. In the literature on sexualization of girls, authors point out that when girls are socialized into attitudes and beliefs that sexualize them, they are more likely to accept themselves as sexual objects and also to accept double standards in relation to societal expectations for men and women (Ward, 2002; Ward & Rivadeneyra, 1999; Zurbriggen & Morgan, 2006). In addition, researchers show that women and girls exposed to misogynist influences, are more likely to accept male violence than those not exposed (Johnson, Adams, Ashburn, and Reed, 1995). This is particularly harmful because women and girls begin to view themselves as inferior to men and less deserving of safety and equality, which is very much the case in Mozambique.

Authors have discussed female sexualization in terms of its harmful impacts, however, what is also important to point out is the impact of this on society itself. According to the APA (2010), there may be negative consequences on social institutions such as schools, hospitals and the workplace in light of a sexualizing cultural milieu. Social attitudes about sexuality and gender may be affected in problematic ways as a result of sexualization and objectification of women. Considering this research with what we already know about Mozambique and women's socialization, it is clear that both women and girls are compromised in their development. It is clear that women and girls have difficult hurdles to overcome, requiring the strength and support

of (largely absent) women role models. According to the APA (2010), pressing social problems that disproportionately affect girls and women, such as violence, sexual exploitation, and pornography, may be maintained or even increased if the sexualization continues.

Another possible consequence of sexualization is a societal embracing of sexism, sexual bias, and sexist attitudes. In a number of studies, researchers found that men and young boys exposed to content objectifying women and girls, and displaying sexualizing imagery, had a greater acceptance of attitudes that sexualize and objectify women; had a greater acceptance of rape myths²⁴; and accepted sexual harassment, sex role stereotypes, interpersonal violence and sexual violence (Kalof, 1999; Milburn, Mather, & Conrad, 2000; Ward, 2002; Strouse, Goodwin, & Roscoe, 1994; Ward, 2002; Ward & Friedman, 2006; Ward et al., 2005). Further, exposure to sexualized content and models of sexualizing behaviours has a direct impact on how men respond to and treat women in subsequent situations (Rudman & Borgida, 1995), as can be seen in Mozambique. The APA Society (2010), and scholars such as Lavine, Sweeney, and Wagner (1999) and Merskin (2004), contend that exposure to sexualized content can lead to attitudes and thoughts that women and girls are seducers and frivolous sex objects, and this can promote an overall climate that devalues women and girls and their contributions and voices.

In this grounded theory, I expose how women and girls are socialized into a context that sexualizes them. It is the first research conducted in Mozambique on female sexualization and how women and girls are robbed of their sexual self-determination. In the broader research about female sexualization, authors have shown myriad negative consequences that impact girls' identity formation, general development, sexual development, and health and well being (APA Society, 2010; Lavine, Sweeney, & Wagner, 1999; Merskin, 2004).

²⁴ Rape myths are the belief that women and girls invite rape by behaving in certain ways (Kalof, 1999; Milburn, Mather, & Conrad, 2000).

Child sexual abuse.

A specific type of sexualization of girls is child sexual abuse. I did not come across child sexual abuse in my original literature review and as a result I was unaware of it as a core issue for women and girls when I began this study. Child sexual abuse robs girls of sexual self-determination, and without sexual self-determination it is difficult to enact agency and be an active contributing citizen because of the devastating physical and psychological consequences. The common occurrence of child sexual abuse is an important finding of my research, particularly because it is a growing problem in Mozambique and has not been connected with the practices of child marriages, transactional sex and prostitution of under-aged girls, and trafficking of women and girls. Participants in my study spoke at length regarding their experiences with child sexual abuse, and newspaper articles frequently appeared over the course of data collection pointing to the proliferation of rape cases (e.g., @Verdade, 2013). In addition, participants spoke about transactional sex and the prostitution of under-aged girls as a problem of their society, yet in the same breath these activities were described as normalized phenomena. Having sex with girls who were considered virgins, and raping them to cure HIV/AIDS, was another finding that I had previously understood from the literature as only a South African problem (Jewkes, Martin, & Penn-Kekana, 2002; Leclerc-Madlala, 2002; Schuler, 2001), therefore, the occurrence of child sexual abuse is a significant finding that deserves attention in my discussion and also within Mozambican society.

Recently the *Agência de Informação Moçambique* (AIM) (2015), a local news agency, reported that Mozambican Health Minister, Nazira Abdula, expressed concern at the increase in the number of rapes reported over a short period of the 2015 Christmas and New Year holidays. AIM reported that, between December 20, 2015 and January 3, 2016, 130 rapes were reported in

Mozambique, compared to 91 in the same period last year, an increase of 42%. The Minister highlighted that it was particularly disturbing that many of the victims were children under the age of 14, and in some cases as young as five. Although reporting of rape is not the same as incidence, and an increase in reporting can be a good thing. What is important to note from the Health Minister's comments is that rape, particularly of children, is an issue in Mozambique.

Although it is difficult to know the full extent of child sexual abuse of girls in Mozambique, in previous literature, authors have noted that child sexual abuse is a problem in Mozambique (*Agência de Informação Moçambique*, 2016; Efraime Junior, 2004; LoLordo, 2016; Osório, 2011; Van Deijk, 2007). When a technical coordinator from an international NGO supporting a program for sexual abuse victims conducted a review of hospital records, he found that, of the 2,406 victims who sought assistance from Maputo Central Hospital between June 2005 and October 2011, 58.6% of these were children under the age of 14 years old (LoLordo, 2016). Between 1996 and 2001 the Maputo Central Hospital psychological unit treated 488 child victims of sexual abuse, and in 1996 alone the hospital registered 43 cases of sexual abuse; twenty of those cases were under the age of 12 and in three cases the victim was 3 years old or younger (Efraime Junior, 2004; Bagnol, 1996).

In 2002, Mauricio conducted a study in Mozambique on 145 children who survived child sexual abuse. In this study the researcher showed that 45 participants displayed severe anxiety disorders, 14 manifested post-traumatic syndrome, nine displayed chronic behavioural disturbances, six manifested psycho-organic disorders, eight had very low self-esteem, three had attempted suicide, and nine suffered from depression. Although this is a limited study of child sexual abuse in the Mozambican context, Efraime Junior (2004) points out that psychological consequences of child sexual abuse have yet to be systematically studied in Mozambique. In the

limited research that does exist, Efraime Junior suggests that local cultural beliefs do not allow for the recognition of child abuse, let alone its traumatic effects (Efraime Junior, 2004).

According to the *Gabinetes de Atendimento às Mulheres e Crianças Vitimas de Violência Doméstica* (Offices that assist women and children victims of domestic violence) during the 2004-2005 time period, 453 cases of sexual violence were reported in the provinces of Maputo, Sofala, and Inhambane. Of these, 125 were cases of sexual violence against children under age 12, 211 were cases of sexual assault, 91 were cases of rape, and a final 26 remained uncategorized. From the reports analyzed, it is unclear how sexual abuse differs from rape in definition, however, I speculate that it lies within the confines of forced and violent sex versus a situation whereby the perpetrator lures in their victim through various mechanisms and violates them. The number of reports of sexual violence are likely unrepresentative of the true, higher incidence. Child marriages are also an example of how child sexual abuse remains invisible because of its widespread practice in Mozambique. Although child sexual abuse is not a new finding in Mozambique, my research is among the few in which child sexual abuse is identified as a problem.

International agencies, such as UNICEF, have also highlighted child marriages as a significant problem. For example, a UNICEF child protectionist specialist, Ana Maria Machaieie, stated: “Child marriage is one of Mozambique’s most serious but largely ignored development challenges – requiring far greater attention from policymakers” (UNICEF, 2015, para 1). According to UNICEF (2015), Mozambique has the 10th highest rate of child marriages globally. In fact, when I did a Summons literature search on both child abuse and child marriages in Mozambique I did not get any results other than results related to violence against women. When I searched the internet broadly, I found that child sexual abuse tends to be slotted under

the title of child marriages or child protection within the literature in Mozambique (Cengel, 2014; UNICEF, 2015). This is problematic both because of a lack of attention generally to the issue of child sexual abuse and because child marriage as a term does not clearly and immediately link it to the terminology of child sexual abuse, which is a more powerful term. I point this out because of the complex disconnect between the legal definition of a child and the local understanding of what constitutes a child in Mozambique. Local culture generally deems a girl to be a woman at the onset of breasts and menstruation, and when child marriage falls under the category of marriage generally, then the child sexual abuse involved is eclipsed. However, if child marriage is categorized under child abuse, the problem of child marriages comes to the forefront and can be viewed differently. Child marriages are a clever way of making child sexual abuse invisible and acceptable. Survivors of child sexual abuse lack the capacity to offer positive role model experiences for their children because the negative consequences of their own experiences leave them with little emotional availability and a lack of psychological stability (Trickett, Noll, & Putnam, 2011).

Violence.

Despite the fact that the high rate of violence against women is not a new finding, in my research I confirm that violence continues to plague women and girls in Mozambique (Arthur, 2007; Disney, 2008; Jethá, Lynch, Houry, Rodrigues, Chilundo, Sasser, & Wright, 2011; McKay, Mazurana & Canadian International Development Agency, 2004; Mejia, M., Osório, C., Arthur, M. J., 2004; Zacarias, Macassa, Svanström, Soares, & Antai, 2012). My findings are another voice of confirmation of the ongoing presence of gender violence as a health problem, underscoring it as a relevant issue for research, practice, and policy. All my participants either had a personal experience with violence or an immediate close friend or family member who

experienced violence from intimate partner abuse. Gang violence, including both physical and sexual, which tended to target women and girls, is increasingly reported in Maputo and the surrounding areas (News24, 2012; Overseas Security Council, 2013; Sepúlveda, 2013) and was an ongoing issue for women during data collection. Gender violence, combined with the loss of sexual self-determination, works to completely disempowers Mozambican women and girls.

We know from the broader literature that gender violence is a major public health problem with effects ranging from financial hardships and decreased intimacy, to high rates of morbidity and mortality (Zacarias, Macassa, Svanström, Soares, & Antai, 2012). Hutchinson and Sinha (2013) explain that violence against women has devastating consequences on women's short and long-term health and wellbeing. There are immediate physical and emotional impacts, and women's overall quality of life can be negatively affected for an entire lifetime, which can, in turn, impact their participation in various aspects of life and society (Johnson, Ollus & Nevala, 2008). The consequences of violence on the individual women, along with the violent act itself, can have ripple effects on society as a whole (AuCoin & Beauchamp, 2007; Reeves & O'Leary-Kelly, 2007; World Health Organization, UNAIDS, & UNICEF, 2011). For example, broader societal impacts, such as the cost associated with the delivery and maintenance of health care and social services to victims of violence, and the cost related to the justice system, are added implications of violence (Johnson and Dawson, 2011). This, combined with being robbed of sexual self-determination, disempowers women and girls in devastating ways.

The culture of silence.

An important finding from my study was the recognition of a culture of silence and how this silence impacts the ways women and girls deal with gender oppression. In previous literature and research in Mozambique there is mention of a culture of silence in passing, particularly

related to child sexual abuse and the history of atrocities that happened during war (Abban, 2015; Arnfred, 2011, Efraime Junior, 2004; Zungu-Dirwayi, Shisana, Udjo, Mosala & Seager, 2004). For example, Efraime Junior (2004) explains that, “child sexual abuse often goes unreported because the victim fears reprisals by the perpetrators and/or feels embarrassed” (p. 419), and in this study I found that the family’s embarrassment was a bigger concern than any impact on the child. In cases of *lobolo*, rape may directly affect the girl’s value and therefore silence is considered the best option (Efraime Junior, 2004). In another reference to the culture of silence, Efraime Junior discusses how some traditional healers are known to provide girls with herbs to wash themselves with after a rape, with the sole purpose of this treatment being to “forget” the rape (p. 420). In this previous research and literature, although there is mention of the culture of silence, there is no study delving in-depth into the role it plays.

What I add with my study is recognition of the impact of a culture of silence on the lives of women and girls, particularly how it relates to child sexual abuse and violence. The well-known African proverb “It takes a village to raise a child” can also be replaced with the notion that “It takes a village to abuse a child,” referring to the fact that being silent can also be harmful. In my study, women and girls are taught to be silent through the modeling of this behaviour by their elders and peers. The culture of silence is a major instrument for keeping women and girls oppressed, and until this is addressed, gender oppression will likely prevail.

Strategies women use.

In Mozambique I found that women and girls use socially imposed expectations, such as passivity and submissiveness, which also oppress them, as strategies to manipulate the men in their lives to get what they want. They also draw on strategies such as flirtation and seduction to gain access to social circles that can help them obtain resources to improve their lives. Women

use these approaches dynamically and interchangeably to manage the patriarchal world they face. Therefore, my study is unique because of its nuanced understanding of gender oppression. This is an important contribution because I demonstrate the complexity that is evident in human beings, the ability for women, for example, to hold contradictory positions and take contradictory actions simultaneously.

In previous literature and research on gender oppression in Mozambique the authors do not specifically address how women and girls manage their lives, nor do they address the strategies used to do so. In the literature there is mention that sexuality is a key site through which women's subordination is maintained in Mozambique (Arnfred, 2011). However, most authors move away from that point and focus on either the nature of power that flows from sexuality (Arnfred, 2011; Groes-Green, 2009, 2011, 2013, 2014), or on women's sexuality as a site of vulnerability (Tvedten, Paulo, & Tuominen, 2009, 2010). For example, Arnfred (2011) presents how Mozambican women use sexuality as power; however, in her research she is uniquely focused on a distinct population of rural northern Mozambican people, where matrilineal and matrilocal practices prevail. The nuance in this theory could be helpful to policy makers working to create relevant strategies to address gender oppression in Mozambique. For example, policymakers who are developing interventions aimed at reinforcing protective factors inside the families and communities related to child sexual abuse in Mozambique could draw insight from my theory, especially in terms of the process of being robbed of sexual self-determination. In my theory I explain how the process of robbing girls of sexual self-determination, combined with a culture of silence and a patriarchal system, for example, can lead them to engage in risky behaviours such as transactional sexual relationships when required, and when appropriate be subordinate. Women and girls learn to draw on different ways to access

agency and power when required, and sometimes that access is via subordination. Understanding this symbiotic relationship between agency and power and submission and inferiority can help to thwart women's use of risky sexual strategies because interventions can account for these different strategic processes women and girls use to manage gender oppression. Interventions should be undertaken at multiple levels, including families, schools, and neighbourhoods, and should include sectors such as education, law, justice, and social work sectors.

Limitations of this Study

The main limitation is in relation to language. I conducted interviews in English or Portuguese, and sometimes participants needed to move back and forth between their local dialect, English, and/or Portuguese to stress the essence of their point. Portuguese was not only my second language, but also that of a number of my participants, which is why at times, participants felt constrained by language. Even those participants who were fluent in English, or even in cases where English was their first language, sometimes found it necessary to use a word or phrase in Portuguese or Changani, for emphasis or because no direct translation exists. Therefore, at times, both the participants and I had difficulty expressing ourselves. When this happened, we improvised by discussing at length a single point, moving back and forth between languages; there were times we requested the assistance of the legal aid representative from MULEIDE for clarification. As a result, we managed the best that we could. However, I sometimes wondered if some significance or nuances might have been lost in translation.

An additional limitation was the fact that many of the women I interviewed were illiterate. Their illiteracy was only a limitation when I returned to them to seek some clarification and verification of the data. Again, I improvised, and instead of having the participant read the transcript, I would either read it aloud or ask clarification questions regarding what she had said

at a previous interview and whether my understanding of her words or my interpretation of them was correct.

Nevertheless, I did everything possible to ensure I collected large amounts of rich data that were reflective of the participants' voices and ideas. I went back to participants on countless occasions to reconfirm ideas, notes, or transcripts that were in question, to ensure that the data were truly grounded. I sought expert advice from knowledgeable participants about particularities within the research when needed. Therefore, although language could be considered a limitation, it was also a point that led me to collect richer data, and because of my sensitivity regarding language, I was forced to take particular care in considering all aspects of what participants said and did not say. When participants avoided or remained silent about certain issues, such as child sexual abuse, I sought additional data and expert advice elsewhere that enabled me to develop a deeper understanding of the issue and the culture that surrounded it.

Grounded theory offers a rigorous, orderly guide to theory generation (Glaser, 1978). A grounded theory is what it is: a glimpse in time and space from which the researcher mediates and interprets experiences and perspectives of the participants. Its limitation lies in that the methodology can only provide the guidance necessary for the researcher to theorize about a substantive problem. Therefore, like all methodologies it can only do what it is meant to do, in this case provide the researcher with a systematic way of generating theory from data. If the theory has fit, work, and grab, it is theoretically viable and useful (Dey, 1995; Glaser, 1978; Glaser & Strauss, 1967). As Charmaz (2006) points out, grounded theories are substantive theories because they address delimited problems in specific substantive areas; yet, the logic of a grounded theory can reach across substantive areas and into the territory of theoretical generalizability. I think that my study may have fit, work, and grab within contexts other than

Mozambique because many nations other than Mozambique are steeped in patriarchy that sustains gender oppression. However, it is yet to be determined whether or not this is the case. My theory of gender oppression and its processes could be theoretically generalizable, and might eventually be useful as part of a formal theory, perhaps on resistance or power.

Implications for Practice: Nursing and Public Health

By conducting this study I discovered a number of important implications for nursing practice, as well as for public health practice. In this section I discuss implications for practice, which include: (a) addressing the social determinants of health, (b) becoming aware of othering, and (c) addressing context.

Addressing the social determinants of health.

The Public Health Agency of Canada (2011) highlights 12 determinants of health, gender being one of them. This recognition of determinants of health by our federal government is one step towards addressing health issues at a societal level. For example, Canada's Global Affairs office (previously known as Canadian International Development Agency [CIDA] and then Canada's Department of Foreign Affairs, Trade and Development [DFATD]) has had a long commitment to gender policy (CIDA, 1997, 1999), despite their challenges in implementing it (ByTown Consulting & C.AC. International, 2008). Having an understanding of social determinants of health from a nursing perspective can alter health assessments (i.e. including questions that may otherwise go overlooked) and interventions, and trigger the need for community resources. For example, by attending to the need for clean water in a community, nurses can promote their patients' health and prevent disease. At the broader level, nurses need to know how the health of their patients can be improved by advancing progressive policies that address the social determinants of health (SDH).

Because I am a Canadian nurse practitioner doing research overseas, I found myself in many situations in which I was involuntarily placed into the position of ambassador for all Canadians, but especially for Canadian nurses. Of course, I cannot represent this in any way because of the diversity of Canada and of nurses. However, there is a sense of responsibility when one is thrown into such a position. Because of this unsolicited position, on many occasions I became sensitive to the importance for both nurses and public health practitioners in general to possess a strong knowledge regarding the social determinants of health. For example, it is important for practitioners to understand how the concept of gender as a social determinant of health combined with other determinants of health, can radically change both one's understanding of health and change the way health interventions are delivered.

Within the Mozambican context, a plethora of problems plague the health care situation and go outside the scope of this dissertation; however, I highlight one important need for capacity building with nurses in this country. Because of extreme health care worker shortages, a result of the war in which health care personnel were specifically targeted, the “doing” of nursing in any context can easily overshadow the “knowing”. Carper (1978) emphasizes the importance of the relationship between the “doing” and the “knowing,” in the provision of knowledge-based care. Having the knowledge behind what we do is important in order to justify why we do it. For instance, maternity care is often women's and girls' first experience with the health care system. Nurses may be their first contact, so nurses must be knowledgeable and operate from a SDH perspective, in order to address important health issues.

Paying attention to the Public Health Agency of Canada's (2011) fifth determinant of health coined “social environments”, for example, can assist nurses to identify women's and girls' exposure to violence in Mozambique. This is vital knowledge because experiences of

violence can have severe health consequences, such as the suffering from physical and psychosocial health problems, especially when left unchecked (PHAC, 2011). Social environments, therefore, can have a powerful influence on health. Social status, for example, is linked to better health, and this goes beyond simple material conditions and is also a matter of social hierarchy (Wilkinson, 2006). Again, if we look at the findings, where women and girls in Mozambique are socialized into positions of inferiority and subordinate status, processes of stigmatization and exclusion, according to Wilkinson (2006) follow. This can be manifested in aspects of social organization in terms of opportunity in life, which then can have consequences on how much control one has over one's life. Lack of control can lead to feelings of hostility (Wilkinson, 2006).

If nurses do not have the knowledge of SDH, then the risk is that their care is limited to task performance (the “doing”), and opportunities to promote health are missed. Although building nurses' capacity will not necessarily be easy, we need to start somewhere in order to ensure that the health and well being of girls becomes a focus. If development officers keep saying, in effect, “Oh we will address that when the country has more capacity or when it becomes more developed”, the country will increasingly enshrine unhealthy mindsets towards women and girls, such as those I found in my research. The health care system in Mozambique can be a champion rather than a follower in this effort. Therefore, the “doing”, although important, should not replace the “knowing”, the why we do what we do in nursing. The *why* must guide the *doing*, and in this case the *why* can be summed up in the evidence that points us towards why working from a SDH perspective is necessary to advance women and girls towards the pursuit of gender equality (Sen & Östlin, 2007).

Becoming aware of othering.

Othering is another concept that I thought about throughout this research project. Johnson et al. (2004) describe othering as “a process that identifies those that are thought to be different from oneself or the mainstream, and it can reinforce and reproduce positions of domination and subordination” (p. 253). Before I embarked on my data collection, I was aware of othering as a process that I especially wanted to avoid, as a semi-outsider in Mozambique. Therefore, I used othering as a sensitizing concept in relation to my grounded theory methodology. I was aware of the ease with which othering can potentially seep into, and pollute, a person’s perspective, especially when the research is conducted on difficult situations such as gender oppression. It can be easier to label something as different rather than take the time to reflect and understand what is leading me to essentialize the experience of someone other than myself, because in doing so, I would be identifying the person’s experience as separate and excluded from my own. Unfortunately, by doing this we can unintentionally marginalize, discriminate, reinforce, and reproduce positions of domination and subordination.

There were a few incidents when I interviewed development specialists who spoke about women and girls who “preyed” on other women’s men, and these participants described the women as “vultures”. These depictions of women and girls who engage in transactional sexual relationships are an example of othering because the participants are unable to view their own humanity wrapped up in their fellow woman, a loss of Ubuntu. By depicting women and girls in this way, they create positions of domination and superiority because they are viewing themselves as good while viewing these women as essentially bad and undeserving of empathy and understanding. For example, one specialist described how the US Government was giving money to antiretroviral treatment rather than to behavioural change because the problem of

multiple sexual partners, promiscuity, and transactional sex was so prevalent in Mozambique that it was seen as pointless to give money to supporting behavioural change. In doing this, however, the donor funding intended to decrease HIV/AIDS transmission, inadvertently reinforced the othering of these women and girls, and enabled them to continue their risky sexual activity unchecked. This was interesting because the attitude of othering even permeated decisions about the way in which the donor money is spent on HIV/AIDS.

Addressing context.

A final note on implications for nursing and public health practice is the need to address context. To implement interventions effectively, nursing and public health practitioners need to seek proactively an understanding of the environment in which they work and the context in which health care practice occurs. Authors have highlighted that implementation is the function of the relationship between evidence (e.g., research, clinical experience and patient preferences) and context (e.g., culture, leadership, politics, economy) (MacDonald & Green, 2001; McCormack et al., 2002). For example, the context of an organizational structure can be anywhere from straightforward environments that are simple and plain with no salient features, to turbulent environments, complex in nature. This complexity is often manifested in the interaction between and among multiple systems, which can include inter-sectoral collaboration. Having an understanding of the relationship between evidence and context, as well as the possible impacts that context can have on a policy or practice intervention, is vital to practicing intelligently and effectively.

By addressing the relationship between context and evidence, practitioners can ask questions such as: (a) Where are people coming from? (b) What actors participated in the shaping of these individuals/communities? and (c) Have we asked the right questions of people

so that they can provide us with sufficient knowledge related to their worlds to be able to offer relevant and adequate care intervention? We might further ask: What are the intersecting social determinants of health in this particular context and how might they interact with the intervention that we are considering? Addressing context also involves understanding history and culture to ensure that anti-oppressive practice occurs. Addressing context needs to occur at a practice level and at the highest policy levels so that the thinking behind the intervention can include the needed education of nurses and public health practitioners.

Implications for Nursing Education

There is evidence that concepts related to the social determinants of health are well integrated into the Canadian nursing programs in general (Froude et al., 2007) and in particular into Canadian community health clinical courses (Cohen & Gregory, 2009). The Canadian Nursing Association (2005) and Community Health Nurses Association of Canada (2008) both address and expect nurses to work from social determinants of health perspective. However, despite efforts to provide students with opportunities to apply SDH concepts, researchers (Reimer-Kirkham, Van Hofwegen & Pankratz, 2009) point to the challenge educators face in ensuring nursing students retain a vision for social consciousness within their practice after their graduation. Cohen and Gregory (2009) highlight the limitations that nursing programs in Canada face in providing students with opportunities to develop their nursing role in addressing social justice, inequity, and social determinants of health in the clinical setting. In addition, these same authors (Cohen & Gregory) point to the difficulty in ensuring that the curriculum, which was intended to promote a social justice/equity lens, is actually promoted by the educators throughout the program and in all the coursework.

Understanding concepts such as the SDH, and issues related to social justice, combined with the competencies and skills to address them from a nursing practice perspective, are the attributes needed for today's nurse (CNA, 2005, 2006, 2008; CHNA, 2008). Based on my research I support the need for this continued commitment. When I reflect on the research related to the implementation of a SDH perspective in nursing education and its challenges, my main recommendation is that the commitment to a SDH perspective is sustained, and innovative ways to provide nursing students with opportunities to address these concepts practically are explored. Therefore, as a result of my research, I conclude that the most important implication for nursing education is to provide rich opportunities to develop the nursing role in addressing the social determinants of health, such as gender, social justice and health inequities, in particular, finding opportunities where nursing students can address the consequences that arise for women and girls as a result of gender oppression.

The Commission on the Social Determinants of Health (2008) points out that “the high burden of illness responsible for appalling premature loss of life arises in large part because of the conditions in which people are born, grow, live, work, and age” (p. 1). Therefore, nurses must understand that looking solely to the health care sector to deal with issues related to health and disease is shortsighted. Social policies, programmes, unfair economic arrangements, and bad politics all play a major role in creating and sustaining health inequalities. Action to address these issues must go beyond individual care within a health system. Nursing education must provide students with opportunities to be empowered to reach beyond the health system boundaries and envision alternative and innovative avenues to address health issues that are caused by key social determinants.

In the Canadian context, faculty in nursing schools might aim to develop rich and meaningful collaborations with First Nations, Inuit, and Métis communities. A practicum experience in a one of these communities could push nursing students to confront the SDH in a very real way. To address the SDH nurses need to be aware of the historical injustices of colonialism and residential schools and their long-term affects that continue to impact the health of communities. Nursing students could have practical ways to learn about and apply cultural safety.

In a developing country such as Mozambique, nurses can learn to identify or suspect violence against women or child sexual abuse and, they can connect with the Women and Children Victim Service Units for support. Advocacy organizations such as Women and Law in Southern Africa (WLSA) or the Canadian Center for Policy Alternatives within the Canadian context, could be ideal practicum placements in which nursing students could explore the policy-practice connection and apply a social determinant of health perspective.

When I relate these recommendations to my own nursing education, I can testify that I was provided a strong foundation regarding the SDH and the path I took is likely a reflection of this grounding. However, from my own experience as a nursing student I see that educators, including myself, can build on this in terms of Canada's 11th SDH, gender (Public Health Agency of Canada, 2011). Nurses need to be taught more about the impact of gender oppression so they can be sensitive to the fact that their clients might have experienced, for example, child sexual abuse, and that they might begin to question ways in which they themselves have been oppressed. Understanding the many ways gender oppression can impact people, and how to address these impacts as care providers, is important in providing the best care possible. As well,

gender oppression is worldwide (Kristof & WuDunn, 2009), which makes it a health problem that is relevant in any context.

In Mozambique policy makers are focused on aspects of gender oppression such as violence and child marriages, but there is little mention of how they would deal with the underlying issues that reinforce these oppressions, such as patriarchy and a culture of silence. These root causes of gender oppression that reinforce and sustain it are difficult to address. For example, how might we address a patriarchal ideology that saturates the Mozambican context from a policy perspective? How can we bring the issue of patriarchy combined with child sexual abuse and violence, to the policy table in a meaningful way that will resonate with policy and decision-makers? Even as I write this I am perplexed regarding how to address it from a policy perspective, and the challenge appears insurmountable.

Therefore, I argue that influencing policy and understanding the policy process as a key component must continue to be a central aspect of nursing education. I support the notion that nurses must be leaders in reorienting health services, advocating for better health policies and being a part of the development of health policies. Having a strong foundation on the SDH, combined with strong skills about policy development and the political process, is essential to the development of nurse leaders. Courses on how policies are formed and ways in which nurses ought to influence policies need to be linked in meaningful ways for nursing students to envision their potential role within the space between practice and policy. In these ways it is important for nurse educators to stress the SDH in order to prepare graduates for practice in an increasingly complex world.

Implications for Policy

Gender oppression will not improve until robbing women and girls of their sexual self-determination is properly addressed. For example, child sexual abuse, and sexualization more generally, not only hurts women and girls but also causes them to internalize their oppression and reinforces their inferiority. In addition, gender oppression has a widespread impact on society at large, and on the formation of boys and men's identity, for example instilling in boys and men their need to adhere to a machismo nature; this has its own consequences (O'Neil, 2015), thus, contributing to a vicious cycle. Therefore, I discuss the following policy implications as they relate to sexual abuse of girls: (a) sexual abuse of girls, transactional sex, prostitution and trafficking; (b) building a feminist movement; (c) investing in education; (d) creating anti-oppressive social change and social marketing; (e) building a rights-based approach as a policy strategy; and (f) promoting corporate responsibility.

Sexual abuse of girls, transactional sex, prostitution and trafficking.

In 1990 Mozambique ratified the UN Convention on the Rights of the Child (African Commission on Human and Peoples' Rights, 2015). The overarching goal of this Convention is to protect children and to ensure that all possible measures are put in place to ensure that children grow up in an environment that fosters good health, self-respect and the respect of children. A recent positive policy development for Mozambique in relation to child marriages is that the Mozambican Government, together with UNICEF and United Nations Population Fund, supported the Accelerated Action to End Child Marriages (UNICEF, 2015), an international strategy. The aim is be able to promote changes in attitudes toward child marriage, to increase advocacy opportunities for policy reforms and support for high quality education; economic

opportunities are expected to follow (United Nation Population Fund & International Planned Parenthood Federation, 2006). This is an important step.

This new strategy is designed to address a core process within my theory: being robbed of sexual self-determination. The challenges of creating and implementing policies such as this, however, are twofold: (a) how do we create policy that addresses root causes? and, (b) how to we create strategies that are implementable? Based on my research, one of the most significant issues for women and girls is the context of multiple oppressions, yet the underlying issue that is often mentioned in reports (see, e.g., Arnfred, 2011; Sheldon, 2002; Tvedten, 2011) is the problem of patriarchy. Few authors, however, attend to how to address this. A needed reform is to create policy that reverses patriarchal power in Mozambique, removing often-traditional practices that harm women and girls, such as child marriages. Women and Law in Southern Africa (Mozambique) has stated that, although they were successful in advocating for laws such as the Family Law and the Domestic Violence Law, the real ongoing challenge is ensuring that this law is not only implemented but that knowledge about it is adequately disseminated across the country. This has been a major problem within Mozambique and something for which the country continues to be criticized. Mozambique has many good laws but these laws are rarely implemented or are unknown, rendering them ineffective. Women themselves must rise up and fight for a better Mozambique.

Building a feminist movement.

In my research I also found, similar to Disney (2008), that Mozambique lacked a general feminist movement. As Percival (2016) points out, a feminist movement exists at an elitist level but has not trickled down to everyday women. I was troubled with this lack of mobilization for women and by women. In order for gender oppression to be challenged in Mozambique, women

must occupy and claim the place they deserve within their homes, communities and at a broader political level. Although 40 percent of parliamentarians are women, participants asserted that these women do not have “real political careers” and are simply there as token representatives. Here I discuss the policy implications that need to be addressed in order to support women to achieve that space in the following section. Policy-makers need to pay more attention to what happens to women as a collective when they are disempowered. I have already talked about the impact, for example, of child sexual abuse on women as individuals and at a societal level. However, another outcome of group oppression can be internalized oppression.

Internalized oppression can be detrimental to achieving real change because members of the group experience: (a) damaged self-respect; (b) lack of cohesiveness as a group; and (c) pessimism (Jones, 2010). Dong and Temple (2011) point out, in their analysis of nurses as an oppressed group, that oppression has harmful consequences because it constrains freedom, and produces an inability of the oppressed to realize their potential and address negative group behaviours such as lateral violence. Dong and Temple point out that oppressed individuals often lack insight into their own oppression, which was similar to what I viewed in my own research participants. Many of my research participants were unable to identify their experiences as gender oppression. This lack of insight can result in lateral violence towards other women and an aggressive-submissive syndrome towards the oppressor (Dong & Temple), both of which I observed. These consequences are detrimental to the realization of a feminist movement to challenge gender oppression in Mozambique. Policymakers must support efforts to address oppression of women and girls (e.g., local women’s groups such as WLSA), and introduce awareness campaigns about gender oppression, in order to diminish lateral violence and promote a feminist movement.

Policymakers can support women's activism and feminist agency through supporting women's mobilization, participation, and organization in the political realm. With government support of activities such as these, women could experience transformation in both the public and private spheres of their life, shaping their own relationships to, and understandings of feminism (Disney, 2008).

Investing in education.

Another policy implication is in relation to the education system. Participants spoke about school sexual harassment, which was consistent with other research findings (UNICEF, 2011). Therefore, education policy must be developed to highlight the importance of professional education for teachers, reinforcing appropriate adult behaviour, and setting guidelines for student-teacher relationship boundaries. Education must be ongoing for teachers, with an emphasis on ethics, professional boundaries within and outside the classroom, social responsibility, and what public service is all about.

This education cannot be simply provided to teachers and schools, but must also target communities in order for everyone to have a stake in the protection of the rights of children to education. By ensuring that such policy is embraced both within the education sector and in the communities, the process of Turning a Blind Eye can be subverted because people will understand their responsibility in protecting children and the impact when that doesn't happen. Therefore, when thinking about education policy we need to think beyond the obvious actors and understand what other structures and processes must also be included to ensure successful implementation. Policy must address the need to increase teachers' capacity with higher education, starting at the baccalaureate or beyond.

UNICEF (2014), United States Agency for International Development (USAID)(2015), and the Government of Canada (2014), together with the Mozambican Government, have all recognized the need to support the improvement of the education sector in Mozambique. USAID (2015) points out that, although there is initial high attendance of children in primary school, for example 94% of girls in Mozambique are enrolled in primary school, the quality of the education is so low that many never learn to read or write. Mozambique's overall literacy rate is 48%; female literacy (28 percent) lags behind males (60%) (USAID, 2015). By the times girls reach grade five, over half of them drop out, and only 11% go on to secondary school. If girls remain uneducated, there is little hope for them in overcoming gender oppression. Therefore, at the policy level, work needs to continue to address the issue of keeping girls in school and improving educational quality in general.

Attitudes and negative consequences that are inherent in a sexualizing culture where violence against women prevails will only change with education and local leadership (Kristof & WuDunn, 2011). The Mozambican education system must advance policy aimed at incorporating child abuse prevention programs. These programs can be aimed to increase children's skills in protective behaviours and knowledge of sexual abuse prevention strategies (Topping & Barron, 2009). These types of programs, which are common in the United States and Canada, have proven to be effective at preventing abuse and increasing children's disclosure of abuse (Topping & Barron, 2009). Educating children about child sexual abuse and violence is an important way to combat suffocating traditions that sustain violence against women and children (Kristof & WuDunn, 2009).

Creating anti-oppressive social change.

Because my findings directly relate to socialization and social norms, policy must aim to create anti-oppressive social change. From a public health perspective, media advocacy marketing can be a powerful approach when policy makers hope to influence social behaviours to create social change (Slater, Kelly, Edwards, 2000). Policy makers must consider the available routes to access people and how they can use these to facilitate the changes we want. From my experience in Mozambique, both in rural and urban areas, most people have easy access to radio. Therefore, radio is an obvious high-impact mode to facilitate social messaging. In addition, people increasingly have access to newspapers, Facebook and twitter (via computers and cell phones), cell phones, and other emerging and popular forms of communicating, such as whatsapp. These avenues can be used to assist in promoting positive messages, but simultaneously can also perpetuate patriarchal values. Thus, it is important for the government to take an intersectoral approach to social marketing and media advocacy that includes international aid agencies, the business sector, and civil society, to ensure that a common voice is advanced in terms of messaging related to gender equality within Mozambique.

When looking to what kind of future we want to envision for Mozambique, such as one where people embrace gender equality, we can look to the past, learn from it and strive together for a better future. Samora Machel, the first president, together with his Frelimo party, showed us that, even before social marketing technologies and media advocacy practices were available, they were able to transform social and economic relations. Evidence of this transformation was reflected in the state's rapid health and education expansion, religious freedom gains for Protestant and Muslim peoples, and traditionally oppressed women achieving more power through the development of a recognized women's organization (Hanlon, 1991). Samora Machel

demonstrated how to influence social change through the use of techno-current modes of media advocacy (See Machel, 1973, Opening Speech of the First Conference of Mozambican Women), such as public forums, radio, newspapers, and TV, to ignite a women's liberation movement in Mozambique. As a result, the first five years after Mozambican independence produced dramatic gains, and women experienced rights for the very first time (Hanlon, 1991).

Yet Disney (2008) provides a critique of Frelimo's approach to women's emancipation as antifeminist, and sees it as being a productivist Marxist model. She argues this provided an inadequate solution for women's oppression. Nevertheless, as Hanlon (1991) points out, women were seeing their rights for the very first time and women across the country were informed about them. This is important to note, because in order to make social change, a process of mobilizing the government to mobilize the people needs to occur. Samora Machel was able to do that, and whatever the underlying philosophy behind the action, it was effective in getting women's emancipation on the table for the very first time.

When looking towards social change, and efforts to mobilize the government to mobilize the people, we have to be conscious of competing interests. Sadly, Mozambique has one vital competing interest that fundamentally challenges any effort to address gender oppression in this country. This vital component, I identified in my research, is the issue of patriarchy. I argue that deeply rooted patriarchal values among (largely) male leaders, a limited vision of gender equality, and few female leaders who are publically active in promoting female empowerment (e.g., Graça Machel) limits women's progress in Mozambique. There is a vital need to challenge the ideology of patriarchy in this country, using every avenue that can be imagined. A few possible avenues include: (a) using watchdog groups; (b) increasing advocacy efforts related to proper implementation and dissemination of female-friendly policy/legal frameworks; (c)

increasing training and capacity building within the educational system; and (d) creatively using social marketing to educate about gender oppression and its impact and to challenge patriarchal values. In addition, the government can support the leadership of women, encourage women champions, and develop women and girls who have critical consciousness and begin to question the status quo.

Although social marketing can be one way to influence change, it is based on a market justice philosophy that is more individually orientated (placing the responsibility in the hands of the individual) versus media advocacy, which is based on a social justice philosophy (Slater, Kelly, Edwards, 2000). Media advocacy is community/population orientated, which would align well with local philosophies such as Ubuntu. Media advocacy can be a significant force for influencing public debate, discourses, and the overall social environment to advance public health goals (Dorfman & Daffner Krasnow, 2014; Jernigan & Wright, 1996; Slater, Kelly, Edwards, 2000; Wallack, 1994). Although social marketing can be one avenue to move forward with influencing social change, I argue that media advocacy is perhaps the better choice to promote the rights of women and girls based on traditions, such as Ubuntu, that are not harmful to them.

Finally, another important strategy for creating anti-oppressive social change is for Mozambican women to learn from their neighbouring African countries what they are doing in terms of an African Feminist movement. African feminism dates as far back as the eighteenth century, in which discussions of gender, as well as religious and nationalist struggles, were featured prominently (Moore, 2008). Although there has been reluctance by some women activists to embrace the classification of a Western-based packaging of feminism, many African feminist scholars have affirmed that feminism is indigenous to Africa because its ideals of equity

and resistance to all forms of domination are central features of the social action within the African context for centuries.

For Mozambican women to fight for emancipation and empowerment, I see that a positive way to move towards this goal is through embracing an African feminist movement that has been envisioned by scholars such as Catherine Acholonu, Simi Afonja, Ama Ata Aidoo, Olabisi Aina, Omofolabo Ajayi-Soyinka, Tuzyline Jita Allan, Ifi Amadiume, Bolanle Awe, Ada Azodo, Calixthe Beyala, Gloria Chukukere, Helen Chukwuma, M. J. Daymond, Florence Abena Dolphyne, Akachi Ezeigbo, Aisha Imam, Mary E. Modupe Kolawole, Amina Mama, Patricia McFadden, Micere Mugo, Juliana Nfah-Abbenyi, Obioma Nnaemeka, Molaria Ogundipe-Leslie, Chikwenye Okonjo Ogunyemi, Chioma Opara, Oyeronke Oyewumi, Mansah Prah, Zulu Sofola, Filomina Chioma Steady, Marie Umeh, and Zoë Wicomb (Moore, 2008). Drawing on the writings by these scholars can assist in theorizing a feminism that can meaningfully unfold within the Mozambican context and capture the specificity and uniqueness, as well as the diverse meanings and dimensions – including womanism, African womanism, motherism, and other distinct conceptualizations of what an adequate feminist label might look like for Mozambique.

Building a rights-based approach as a policy strategy.

Mozambique is steeped in an ideology of patriarchy, which has worked to maintain and reproduce gender oppression in Mozambique. It is difficult to make positive change when the very values of this positive change go against the values of the people who possess the power. Therefore, it is important to choose a strategy that has the potential to chip away at the patriarchal ideology that controls this context. It is possible that a rights-based approach is one strategy that can be effective. In a rights-based approach, the intent is to develop the capacity of individuals and communities to realize their human rights by focusing on unjust power

distribution as a core obstacle for sustainable development (Sarelin, 2007). Although there is not one uniform definition of a human rights based approach (HRBA) (UNAIDS, 2004), for the purpose of this paper I adopt the Scottish Human Rights Commission's (*n.d.*) explanation of it. They posit that a HRBA is about empowering people to know their rights and claim their rights, and by keeping individuals and institutions accountable for respecting, protecting and fulfilling these rights.

The United Nations has already demonstrated success with a rights-based approach in scaling up interventions and programs for the fight against HIV/AIDS in the Eastern and Southern African region (Sarelin, 2007). WLSA (Mozambique) has also used a rights-based approach in their advocacy work to improve women's and girls' rights (Siteo, 2010). They were successful in getting new laws passed, but have fallen short in getting women and girls to know that these laws exist and how they can access them. Innovative use of media could play a positive role in this effort. Therefore, the continuation and scale-up of the use of a rights-based approach, combined with techno-modes of social marketing and media advocacy, is necessary for policies to make the impact needed to overcome gender oppression in Mozambique.

Promoting corporate responsibility.

Finally, another key policy implication is in addressing the need for real corporate responsibility rather than accepting corporate rhetoric with no tangible targets that actually keep corporations accountable. The African Development Bank Group (2016) stated that, in 2014 the gross domestic product in Mozambique grew by 7.6% and is expecting growth to remain strong, with growth up to 8.1% by 2015/16. The main drivers included transportation, communication, construction, and the financial and extractive industries. Industries, such as the extractive sector, which includes mining, has been an important economic driver, however, if women's and girl's

needs are ignored by these companies operating in communities, they can have devastating effects on the lives of women and girls (Ezpeleta & Madden, 2015). For example, in one of my interviews I was told about the growing problem of underage girls involved in prostitution and transactional sex with the miners in northern Tete province. Although I could not go there myself due to guerrilla fighting in the area, other reports confirmed this problem (Integrated Regional Information Networks, 2013). Instead of creating economic opportunities for advancing gender equality, the result is that companies perpetuate barriers that further disadvantage women and sometimes even place them in harm's way.

One way to protect and prevent against women's and girls' sexual exploitation is to develop policy and programs that support and promote corporate responsibility (United Nations, 2008). Ideally the development of programs and policies should be done with the support of United Nations agencies, civil society organizations, the private sector, government, and workers' and employers' organizations. One way to do this is to encourage the use of businesses that put in place appropriate child-protection focused corporate responsibility strategies and/or provide other incentives that aim to prevent against this. There are policy implications, in that the government can require corporate responsibility, as it relates to advancing gender equality and preventing gender oppression, as a condition for access to the country.

Coming Full Circle: HIV/AIDS and Gender Oppression

This dissertation would not be complete without mention of how my original question related to HIV/AIDS fits within my theory on gender oppression. As I have explained before, I initially aimed to study women and girls and HIV/AIDS and then my study shifted to understand how women and girls manage their lives in relation to gender oppression, how they become socialized into a context that systematically makes room for social and political dominance over

them, how they cope with the manifestations of dominance, and how, if ever, they control the situational and characteristic realities of gender oppression. And yet, there is still a relationship to HIV/AIDS because gender oppression puts them more at risk. So although my study moved away from HIV/AIDS as its central focus, HIV/AIDS is still part of the story. As other scholars before me have asserted (Tlou, 2002), and my own study confirms, there are some particularly gender-bound consequences of HIV and AIDS that deserve mention here.

Women in my study often discovered their HIV status by chance; in many instances participants told me that when they became pregnant and were tested for HIV at an antenatal clinic, they discovered they had HIV. In my study, HIV diagnosis was often the confirming indicator that the participant's spouse has had another partner, and this discovery, combined with having HIV infection was traumatic.

In many cases women are also wrongly accused of having brought HIV infection into the family. This accusation is easy to make because it is often the woman who gets tested before the man at the antenatal clinic. The assumption here is that if you are tested first, then you are the one who brought it into the relationship. The fear of social stigma, physical harm, isolation, and/or abandonment by her partner, family, and friends is real because many women in my study confirmed that they experienced at least one of these, if not all, when they told their partner they were HIV positive.

In my study, all women were affected by gender oppression; however, the women who had education and economic stability had greater agency to draw on their privilege to protect themselves from risk related to HIV and domestic violence. For example, one participant, who came from a prestigious and affluent family, discovered her husband had a girlfriend outside their marriage. When she confronted him about this, he became very angry and raised his hand to

hit her. Before he had a chance to hit her, she threatened to take him to the police if he ever laid a hand on her because she was aware of her rights. She claimed that he never did hit her because he feared that she would take him to the court.

She did not leave him and continued with their relationship, Turning a Blind Eye to his infidelities. She also explained to me that she refused to have sex with him without a condom while she was aware he was having sex outside their relationship. This again demonstrates that the intersection of education and affluence in this woman's life provided her the capacity to demand some boundaries within her relationship while she contemplated whether to stay with him or leave him. Other women who did not have the same intersections continued to have sex with their partners without condoms because they did not have the education or economic confidence to demand otherwise. If they did not have sex when, where, and how their partner demanded, they would not be fulfilling their womanhood role and would potentially be at risk for violence, abandonment, isolation and other social consequences.

Gender oppression and HIV/AIDS feed into one another. Gender oppression further places women and girls at risk for HIV/AIDS, while HIV/AIDS can further influence situations of domestic violence, abandonment and increase in the burden of care. As I mentioned earlier in this dissertation Piot, Bartos, Ghys, Walker, and Schwartländer (2001) discuss the impacts of HIV/AIDS in sub-Saharan Africa and assert that the future impact of the epidemic will erode social capital and erase decades of developmental gains made in this region. My research supports this claim and I would also assert that there are and will continue to be negative consequences for gender oppression if HIV/AIDS is not addressed with a gender-lens approach. Therefore, I assert that the success of any strategic response to HIV/AIDS requires, on the part of

policy makers, program implementors and practitioners, the need to apply a gender-lens when addressing HIV/AIDS.

I conclude that HIV/AIDS cannot be viewed in isolation from gender oppression. Participants spoke about how health programming, specifically HIV/AIDS, is gender blind, which is congruent with other gender-health analysis research in Mozambique (Percival, 2016). An improved strategic response to HIV/AIDS in Mozambique must include the application of a gender lens. Therefore, policy and future research must examine why health-related programming in Mozambique, especially in relation to HIV/AIDS, is gender blind. After doing this study, I see how a situational analysis could be an ideal fit for exploring the social worlds, arenas of action, connections and relationships that, for example, influence the gender equality mandate and implementation at both the international donor and Mozambican government level. In the context of HIV/AIDS in Mozambique, it would be timely for an in-depth analysis of the implementation of a gender equality mandate and whether the donors/international non-governmental organizations and government are using a gender-lens to implement them.

Implications for Future Research

A study like this, which is grounded in the data, directly engaging women and girls and privileging their voices, is likely to raise more questions than answers. As I was conducting this study I saw many possibilities for further research. First, I recommend that more study is needed to determine whether the core process (Putting on and Taking Off the Capulana) is sound. I would be interested to know whether my findings would be the same or different if the study was conducted in other areas of Mozambique such as Lichinga, Pemba, or Tete. This research could even be extended to other countries such as India, where a capulana-type of dress for women is also used. The capulana is symbolic, and I would be interested to find out if it is symbolic in the

same way in other settings as it is for my study participants. Therefore, I recommend that my theory should be tested. Future research could include getting more data from other parts of the country or in other places where girls are oppressed. Both qualitative and quantitative studies would be useful in this pursuit.

Second, I support further research on other key findings such as Turning a Blind Eye (culture of silence). Turning a Blind Eye is an interesting finding in my research because it is a representation of a fundamental context affecting women's and girls' lives. Future researchers might discover other ways of undermining the culture of silence, and provide further insight into gender oppression. In future studies with an intergenerational element, researchers could specifically focus on understanding more about how the culture of silence operates in the lives of women and girls. Participatory research with a photo voice element could make an otherwise silent culture visual, enabling us to "see" and "hear" the impact of the culture of silence on women and girl's lives. This visual evidence would be compelling for policy makers. Such studies would also be important in enabling women and girls to see and understand gender oppression, particularly if studies were undertaken with representation from each critical period of woman's life cycle.

As I reflect on this research journey and the commitment I had to ensuring that women's and girls' voices are heard, a third implication surfaces for future research in relation to sexuality. I think it is important that future researchers should conduct studies on girls' first sexual experiences and what they remember about them. How did these experiences shape their views about sexuality and about themselves as females? What type of impacts did these sexual experiences have on girls? Girls' very early years of adolescence are a key developmental period and this particular period is a gap in the research literature for the African context (Jones et al.,

2010; Population Council, 2009). We need to deepen our understanding of girls' experiences with sex during this critical period of growth and development with an eye towards accessing relevant solutions to problems such as child sexual abuse and the socialization of gender oppression.

In the same vein, I would also want to look more deeply at girls who have had sex with teachers. One specific reason this is important is because of the number of participants who worked in the area of gender and HIV/AIDS who were reluctant to admit that this was an issue, despite my own findings and the findings of other researchers (International Youth Foundation, 2012; Rambe & Mawere, 2011; Spector, Schloss, Green, Hart, & Ferrell, 2005; UNICEF; 2011). Because there is resistance to this as an issue, it is necessary that more research be done to enable girls' voices to be heard.

In light of the overall focus of my research under the umbrella of gender oppression, questions related to empowerment and emancipation are raised. Therefore, I see that continued research is needed on discovering other strategies that women and girls use to escape gender oppression to develop a robust understanding of this process. I only found a few ways in which women attempted to overcome gender oppression, and I would be interested to focus on this aspect of my findings. Therefore, research could be extended to discovering other successful strategies women use to become empowered or even emancipated. Again, participatory research methodologies such as action-research, participatory research, photo voice and others, would likely yield the best results. I would also recommend that theoretical underpinnings, such as intersectionality and critical feminist theory, would be ideal for this type of research.

Another area for further research, that can also use participatory research, would be in exploring more about the "tipping points" that cause women to leave abusive relationships or

take action regarding seeking out restitution for their gender oppressive situations.

Understanding more about what it is that gives women the courage or motivation to get help or leave abusive relationships in Mozambique can provide important knowledge about where to implement support or capacity building within social services, police stations, and legal aid. In my own study I attempted to understand these “tipping points”, however women appeared unable to reflect carefully in relation to this issue. Perhaps focus groups where women might bounce their ideas off one another might yield richer data. Understanding more about “tipping points” is essential to generating meaningful policies and programs that can support women who want to abusive situations.

Finally, it would be useful to conduct a comparative study between matrilineal and patriarchal societies and the role these have on producing and maintaining oppressions. We need to know what type of political will and resources are attached to each ideology and how this affects women’s and girl’s ability to attain their human rights.

Concluding Remarks

I conducted a grounded theory study in Mozambique and I discovered that gender oppression is a central issue for women and girls. I also discovered women use a core process I have coined **Putting On and Taking Off the Capulana** to manage gender oppression. **Putting On and Taking Off the Capulana** includes processes such as *Adapting to Patriarchy*, *Living with Violence*, *Turning a Blind Eye*, and various forms of *Resisting* and *Voicing Up* to manage their lives in the context of gender oppression. The development of this theory is a significant contribution to the research on gender oppression in Mozambique because it adds a nuanced understanding of the complexity of this situation.

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Appendix A – Mapping



Appendix B

Recruitment Script

My name is Laura Tomm-Bonde from the University of Victoria working in affiliation with the Center for African Studies at the University of Eduardo Mondlane in Maputo.

This research is intended to develop a bottom-up understanding of the realities related to women and girls related to HIV/AIDS from the perspectives of women and girls living in abject generational risk (poverty, geography, educational status and income opportunities) and the challenges they face in developing sustainable and reliable mechanisms to maintain their health and wellbeing. Specifically I would like to focus on the necessary skills, opportunities and knowledge required in order to keep you healthy and well in a context where there is a high prevalence of HIV/AIDS. What are the gaps that need to be addressed in order to increase relevant capacity to address the needs of women and girls that face substantial risks (both physical and social) of being affected by the HIV/AIDS situation. What are the roadblocks you face and how do you navigate those? Where do you see opportunities for relevant capacity building? We consider you as a knowledgeable and experienced person about the issue I am trying to explore.

The interview will take approximately 60-90 minutes of your time. Participation in this research is voluntary and you are under no obligation to participate. If you agree to participate, please feel free to discuss your opinions openly. You have the freedom to refuse to answer any questions and to withdraw at any time without penalty. If you decide to withdraw from the study, your data will not be used in the analysis.

Results will be published in such a way as to preserve your identity. If quotes or photographs are used, no names will be associated with them. It will be impossible for anyone to identify any statements you made. Nonetheless, photographs can compromise this; we will only use your photograph if you agree to having your photos taken and possibly reported with the findings.

The goal of this study is to understand how women navigate their social worlds in a country where HIV/AIDS poses a real risk for women. We all are partners in this journey. Your information and opinion is considered extremely valuable to us.

Are you interested in participating in this research?

Thank you.

Laura Tomm-Bonde, MN, NP, PhD (c)

Appendix C

Adult Consent Script

You are being invited to participate in a study to learn about your (or women's and girl's) thoughts and feelings on the HIV/AIDS epidemic in Mozambique. I, Laura Tomm-Bonde, am conducting this study. I am a PhD (Doctor of Philosophy) candidate from the School of Nursing at the University of Victoria in Canada with a formal affiliation with the Center for African Studies at the University of Eduardo Mondlane in Maputo, Mozambique. You may contact me at anytime if you have further questions by emailing me at ltomm@uvic.ca or by phoning _____ (local number not yet established). This research is funded by the Canadian Institute of Health: Health Services/Population Health HIV/AIDS Research Institute through a doctoral award.

The purpose of this research is to learn how women and girls make sense of, and manage their lives in relation to HIV/AIDS. I am interested to know more about what factors/contexts influence or affect women and girl's ability to navigate the HIV/AIDS situation.

Research of this type is important because it aims to increase knowledge about the HIV/AIDS situation as it relates to women and girl's lives. As well, this research aims to make women and girl's voices visible in relation to the HIV/AIDS epidemic. Ultimately, the knowledge generated from this study can be used to improve public health policy and practice so that ultimately, the health of women and girl's in Mozambique is improved.

You are being asked to participate in this study because of your knowledge about what it means to be female in Mozambique and how that relates to navigating the HIV/AIDS situation or because of your involvement in HIV/AIDS work in Mozambique. While there are many factors that will influence the total number of participants, we anticipate that participant numbers may range from 20 to 40.

If you agree to voluntarily participate in this research, your participation will include being interviewed and audio-recorded. Participation in this research must be completely voluntary and you are under no obligation to participate. If you agree to participate, please feel free to discuss your opinions openly. You are expected to say only what you feel comfortable in communicating. Your name and characteristics including the name of your employer, if present, will be removed or altered and contents of quotes will not reveal individual identities. In other words, no individuals will be identified in any reports or papers emerging from the project unless you wish to be identified. You have the freedom to refuse to answer any questions and to withdraw at any time without penalty. If you decide to withdraw from the study, your data will not be used in the analysis.

It is also important to note that during an interview you may be asked to describe your role within your community, family or workplace. Depending on the nature of your position, it might be possible for those external to the research project (e.g., colleagues), to determine your identity. Every precaution will be taken to ensure that this is minimized. For example, no information will be attributed to you directly. Furthermore, only myself will have direct access to the data. All data analysis will be conducted by me.

The interview will take approximately 60 to 90 minutes in length and can be conducted in a location of your choice. There are no known anticipated risks to you by participating in the research.

Participation in this study may cause some inconvenience to you as it will require some time commitment. Participation may take place during work time (unless it is more convenient for you to participate outside work time). There are no known or anticipated risks to you by participating in this research.

The potential benefits of your participation in this research include increasing your knowledge about the HIV/AIDS situation in Mozambique and providing your perspective on the HIV/AIDS situation in Mozambique with the intent for this project to influence the development of meaningful policy and public health practice.

It is anticipated that the results of this study **might** be shared with others in the following ways:

1. Directly to participants and/or their organizations,
2. In a dissertation
3. In a book chapter
4. In a professional journal article
5. At a conference presentation
6. At a photo exhibition to be held with community, school, church, not for profit, donors, government, academic, civil society groups etc.
7. At meetings with community, school, church, not for profit, donors, government, academic, civil society groups etc.

Data (including audiotaped transcripts) from this study will be secured for 5 years post publication. In Mozambique the data will be stored in a private residence in a password – protected computer. Data will be backed up on the University of Victoria shared drive in a password-protected space. Upon returning from Mozambique, any hard copy data will be stored in my supervisor’s office (HSD b-216) at the University of Victoria Data collected during this study may be used for secondary analysis by a graduate student writing a thesis if written permission is obtained from the principal investigator and ethical approval has been granted.

As a part of this research process I would ask for your consent record this interview in order for me to listen to this interview again during the analysis stage of this project. Therefore, as a part of this study I am asking whether you would agree to be audio recorded as a part of this study. This means our conversation today will be taped and portions **might** be published to show the results of the study.

Results will be published in such a way as to preserve your identity. If quotes or photographs are used, no names will be associated with them. It will be impossible for anyone to identify any statements you made. Nonetheless, photographs can compromise this; we will only use your photograph if you agree to having your photos taken and possibly reported with the findings.

In addition to being able to contact the researcher at the above contact information, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the University of Eduardo Mondlane, _____ in Mozambique or the Human Research Ethics Office at the University of Victoria at 250-472-4545 or ethics@uvic.ca and the IH Research Ethics office at 250-870-4602.

Your verbal consent that will be audiorecorded indicates that you understand the conditions of participation in this study that I have explained and that you have had to opportunity to have your questions answered by me prior to participation in this study.

You do not have to have your picture taken to participate in this study.

- I consent to allowing you to use my data for research purposes other than this project.**
- I consent to allowing you to use my photograph(s) for research purposes other than this project.**

A copy of this consent will be left with you, for your future reference.

 Written/Verbal Consent of Parent
 (If required)

 Written/Verbal Consent of Participant
 Pseudonym Used for consent

Date Received

Appendix D

Child/Youth Consent Script

You are being invited to join a study to learn about your (or women's and girl's) thoughts and feelings on HIV/ in Mozambique. I, Laura Tomm-Bonde, am conducting this study. I am a PhD (Doctor of Philosophy) candidate from the School of Nursing at the University of Victoria in Canada with a formal link with the Center for African Studies at the University of Eduardo Mondlane in Maputo, Mozambique. You may contact me at anytime if you have questions by emailing me at ltomm@uvic.ca or by phoning _____ (local number not yet established). This research is funded by the Canadian Institute of Health: Health Services/Population Health HIV/AIDS Research Institute through a doctoral award.

The purpose of this research is to learn how women and girls make sense of, and manage their lives in relation to HIV/AIDS. I am interested to know more about what [delete] affects women's and girl's lives in Mozambique.

This is important research because we can learn from women and girls themselves. I want to hear what you have to say about the HIV/AIDS epidemic. What we learn from this study can be used to improve public health so that the health of women and girls in Mozambique is improved.

You are being asked to join this study because of you are female and/or understand the HIV/AIDS situation. I hope to talk to between 20 and 40 people.

If you agree to talk with me, I will tape record our discussion. You do not have to talk with me, but if you do, you must do this freely. If you agree to talk with me, please feel free to discuss your views openly. You should say only what you feel comfortable saying. If I use any of your words, I will change your name and anything that might allow people to know you talked with me. If I use any of your photograph, I will not put your name on them. We will only use your photograph if you agree to have your photo taken and possibly reported with the findings. No one will know you joined this study unless you want me to tell them. You do not have to answer all the questions—only the ones you feel comfortable with. You can leave the study any time you want without consequences. If you decide to withdraw from the study, your data will not be used in the analysis.

All data analysis will be conducted by me.

Our talk will take about 60 to 90 minutes in length and can take place wherever you choose. There are no known risks to you by joining the research.

I **might** present results of this study with others in the following ways:

1. In a dissertation
2. In a book chapter

3. In a journal article
4. At a conference
5. At meetings with schools, churches, and other organizations

Data from this study will be kept for at least 5 years. In Mozambique the data will be stored in a private house in a password –protected computer. Data will be backed up on the University of Victoria shared drive in a password-protected space. Upon returning from Mozambique, any hard copy data will be stored in my supervisor’s office (HSD b-216) at the University of Victoria. Data from this study may be used by a graduate student writing a thesis with my written and if ethics approval has been granted.

Nonetheless, photographs can compromise this;

If you have any questions, you can contact me or the University of Eduardo Mondlane, _____ in Mozambique or the Human Research Ethics Office at the University of Victoria at 250-472-4545 or ethics@uvic.ca and the IH Research Ethics office at 250-870-4602.

Your tape-recorded consent shows that you understand what I am asking of you in this study, that I have explained the study, and answered your questions before we begin.

You do not have to have your picture taken to participate in this study.

I consent to allowing you to use my data for research purposes other than this project.

A copy of this consent will be left with you, for your future reference.

Verbal Consent of Parent
(If required)

Verbal Consent of Participant
Pseudonym Used for consent

Date Received

Pseudonym Used for Consent

Appendix E

Draft Interview Guide

A. Interview topics for Participants 1: Any Mozambican female, ten years and above, who is either at risk of HIV/AIDS (see above) or has direct experience with the disease.

1. **Preamble.** After establishing rapport, I will say something like: As you know from our earlier discussion related to the consent process, this is a study about HIV/AIDS and women and girls. I understand that you have knowledge related this and therefore this is why I have contacted you today so that I can learn more from you. Participation in this study is voluntary, and you can withdraw at anytime without penalty.

2. **Background.** Inquire about the person's background. Possible questions might include:
 - Where do they reside (rural/urban)?
 - What role do you play in the family (examples: daughter, mother, sister, caregiver, provider)?
 - What role do you play in your community?
 - Do you work outside of the home (examples: *culimar* [farming], informal sector or formal sector work)?
 - Are you married or have a boyfriend? Are you widowed or divorced?
 - How old are you?
 - Did you attend school? Up to what grade/level of schooling did you obtain?

3. **Cultural beliefs and attitudes surrounding HIV/AIDS and women/girls.** Proverbs or cultural beliefs/traditions related to HIV/AIDS and or women/girls. Stigma related to the disease. Possible questions might include:
 - How are people with HIV/AIDS treated within your community?
 - How are women and girls who are believed or known to have HIV/AIDS treated within your community? Can you tell me more about what you mean by this?
 - Are there different levels of treatment between men and woman in relation to HIV/AIDS? If so how?
 - How do people communicate about HIV/AIDS? How do young women and men communicate about HIV/AIDS?
 - Is it taboo to speak openly about sex and sexuality? If yes can you give me examples of how it is talked about? If no can you tell me more about this.
 - What role do beliefs (culture, religion, attitudes) play in people's understanding of HIV/AIDS in relation to women/girls?
 - Do you and your community adhere to a particular view on matters of gender, family, sex and reproduction?

4. **Experience and knowledge with the topic.** (Examples: Knowledge of transmission, knowledge of virus, meanings of HIV/AIDS, knowledge of anyone with HIV/AIDS or experience other experience with the topic – HIV/AIDS, women/girls). Inquire about the

person's experience with HIV/AIDS. Possible questions might include:

- Have you ever known anyone with HIV/AIDS?
- Can you tell me about someone who has HIV/AIDS? What is that like for him/her? What is it like for the people around him/her? (etc.) Ask for another example.
- What is your understanding of the HIV/AIDS (Portuguese acronym is SIDA)?
- How do your family and friends perceive HIV/AIDS?
 - How are people's behaviors within your social landscape shaped with the knowledge of HIV/AIDS?
 - Do people openly talk about HIV/AIDS within your social landscape (family, friends, teachers, etc.)? If yes, please explain and elaborate.
- Can you tell me when you first learned about HIV/AIDS (examples: school, friend, leader, hospital)?
- Can you tell me what you know about how an individual can contract HIV/AIDS?
- As a woman/girl living in Mozambique, can you tell me how HIV/AIDS affects you and other women and girls?
- If you have a daughter or friend with HIV/AIDS what would you want them to know?
- What can you tell me about the HIV/AIDS epidemic in Mozambique and how this epidemic impacts women and girls?
- How does your different roles that you mentioned earlier (examples: mother, sister, daughter, caregiver, worker) affect your ability to avoid risk of contracting or transmitting HIV/AIDS?
- What factors (if any) do you think make women and girls at a particular disadvantage to becoming infected with HIV/AIDS (examples might include: traditional gender relations, violence, access to health services, etc.)?
- Can you tell me more about what you mean?

5. **Broader social structures and the impact.** Understandings of social structures (e.g. laws, customs, systems) related to and impacting on HIV/AIDS. Possible questions might include:

- Are there any governmental supports for example assistance from women and social welfare, community health services, GATEVO, or others that assist women with health promotion and prevention of HIV/AIDS?
- What services are there for women in your area that provide treatment services and care for women and girls infected or at risk of HIV/AIDS?
- Are you aware of any legal reforms to protect the rights of women and girls living with HIV/AIDS (examples could include labor rights, social services for civil servants, policies imposed on private industry)?
- In considering where you live (rural, urban) are there particular issues to accessing care or health services for you or women and girls? How does that relate to HIV/AIDS?
- Others' thoughts and feelings about HIV/AIDS.
- HIV/AIDS at school, at work, at home, and at play. Possible questions could

include:

- Can you tell me about how HIV/AIDS affects family life, school life and leisure life for women and girls?
 - Within the sphere of family, school, or leisure, are there particular vulnerabilities that women and girls face that put them at risk for HIV/AIDS?
 - Areas of opportunity or areas of constraint related to women's and girl's social burden of HIV/AIDS.
 - Women/girl's view of her own social positioning(s) in Mozambique and how these positioning(s) relate to risk for transmission or vulnerability.
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B. Interview Topics for Participant group 2: HIV/AIDS activists who are knowledgeable about the epidemic and its impact on the population. **For Participant group 3:** Women's health advocates who are knowledgeable about the specific impacts of the epidemic on women and girls. I expect these advocates would also be knowledgeable about the strengths and capacities of these women and girls. **For Participant group 4:** Other knowledgeable people, which could include civil servants, NGO employees and representatives of donor organizations.

1. **Preamble.** After establishing rapport, I will say something like: As you know from our earlier discussion related to the consent process, this is a study about HIV/AIDS and women and girls. I understand that you have knowledge related this and therefore this is why I have contacted you today so that I can learn more from you. Participation in this study is voluntary, and you can withdraw at anytime without penalty.
2. **Background.** Inquire about the person's background as an activist. Possible question probes could include:
 - What is your discipline? (Examples: nursing, public health, lawyer);
 - What is your educational background?
 - How long have you worked in your current position as an activist?
 - Can you tell me about your work?
 - Can you tell me about your organization?
 - How long have you worked with this organization?
 - Briefly describe your role within the organization you work, and specifically your involvement with work on women/girls and HIV/AIDS activism, prevention and health promotion activities, and initiatives.
3. **Experience with topic.** Inquire about the person's experience with working with HIV/AIDS and women and girls. Possible question probes could include:
 - How is it you got involved with HIV/AIDS work? (tell me more...) (pick up on cues)
 - What can you tell me about the HIV/AIDS epidemic in Mozambique and how this epidemic impacts women and girls? Does it impact women and girls differently than it does men and boys?

- What factors (if any) do you think make women and girls at a particular disadvantage to becoming infected with HIV/AIDS (examples might include: traditional gender relations, violence, access to health services, etc.)?
- Can you tell me more about what you mean?
- If you have a daughter or friend with HIV/AIDS what would you want them to know?
- Is there anything else about HIV/AIDS in Mozambique that I need to know about?

4. **Meso level considerations.** Possible questions might include:

- Are there any local issues that affect the health of women and girls? (e.g., transportation, local industry, etc.)?
- The literature says that survival/transactional sex is common. Can you tell me about this?
- What, if any, role does education play with regard to women/girls and HIV/AIDS?

5. **Macro level considerations.** Possible questions might include:

- Are there any governmental or local supports, for example, assistance from the Office of Women and Social Welfare, community health services, ministry of health, etc.? Please explain.
- How do these supports relate to women and girls? Or are they not gendered?
- Are you aware of any legal reforms to protect the rights of women and lives living with HIV/AIDS?
- Some say that the war played a role in how the epidemic (and the response) unfolded. Do you have any thoughts about that?
- Is there anything else I need to know about women and girls and the HIV/AIDS epidemic?

At the end of each interview

I will ask each participant if there is anything about HIV/AIDS and women/girls that I should know about that I did not ask them. I will also ask each participant if I can contact them in the future if I need to clarify anything and that this may also lead to a request for another interview.

I will also ask each participant if there are other people that they think I should talk with. As well, if they identify someone, I will ask them to obtain permission from that person for me to contact them. I will then thank the interviewee and provide them with a small culturally appropriate token of appreciation.