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## More Than Just Sex: The Social Implications of HIV/AIDS in Lusaka, Zambia

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Graduate Program in Anthropology  
A thesis submitted in partial fulfillment of the requirements for the degree in Master of Arts  
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More Than Just Sex: The Social Implications of HIV/AIDS in Lusaka, Zambia

Monograph

by

Mbaka Wadham

Graduate Program in Anthropology

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Masters of Arts

The School of Graduate and Postdoctoral Studies  
The University of Western Ontario  
London, Ontario, Canada

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## Abstract

The thesis research examines the implications of the HIV/AIDS epidemic on people living in Lusaka, Zambia with a particular focus on women. This study incorporates a literature review, qualitative semi-structured interviews and is grounded in anthropological and feminist theories concerning gender. It explores the intersections of the economic situation, cultural norms and education as well as the gendered nature of socialization to provide further insight into the multifaceted and overlapping factors that may influence the propagation of HIV/AIDS within this society. Through ethnographic accounts, individual lived experiences are explored and highlight the variability in women's conditions in Lusaka, particularly when these women are living with HIV.

## Keywords

HIV/AIDS, Social Implications, Women and HIV, Gender and HIV, Lusaka, Zambia

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## Chapter 1

### 1 Introduction

Imagine sitting in a dimly lit living room with a woman as she offers to tell you her story about how she discovered she was HIV positive. She asks if she can speak in a different language to make it easier to tell her story and you indicate that you are comfortable with her choice. She begins by explaining that eight years ago at age 34 she noticed she was losing weight and feeling weak. She continued in this state for an entire year until she took her mother in to the hospital when her mother was ill. It was then that she was tested and diagnosed as HIV positive. She began taking anti-retroviral medication but had to switch to a different combination in 2010 because "it was deforming me", she explains. Upon learning her status, she confided in her parents and elder sister, all of who were supportive. When asked if she discussed her status with her children, she stated that she talks about being careful with HIV to her daughter, who herself has three children, and that AIDS is real but did not explicitly say that she revealed her status to her daughter. When asked if she reveals her status to her sexual partners she says that she will tell them but it depends because it can be a difficult process. She mentions that her current partner does not know her status but she always insists that they use condoms to which he agrees, so she does not have to disclose her status. After you finish speaking, you ask if you can meet again and tell her that you would be willing to come where she is so that she does not have to spend transport money and a look of horror comes across her face. She is adamant that you do not come to where she lives or where she works because nobody knows her status and she does not



want people to find out. Finally it dawns on you why she suggested you meet at her friend's place.

In a city that has been heavily burdened by HIV, the above case is the reality for some women living in Lusaka, Zambia. People unexpectedly receive the diagnosis of being HIV positive and are forced to learn how to navigate the social sphere while trying to avoid the pervasive stigma associated with HIV/AIDS in this setting. Dealing with stigma makes it difficult for some women to educate their children on sexual health particularly because conversations about sex are not common between parents and their children. Brooke Schoef writes that although HIV/AIDS in Africa is attributable to sex, “it is more so than just sex as there are numerous factors involved, such as the inequality in gender relations, access to resources and political power and ideologies entrenched in local cultural norms” (2010: 107). Such a reality begs the questions: what are the social implications of HIV/AIDS among people living in the city of Lusaka?

From the outset, even before the human immunodeficiency virus (HIV) had been named as such, there were indications that this virus would have grave and resounding repercussions. This thesis will examine the ways in which HIV/AIDS<sup>i</sup> has impacted various aspects of people's lives, which will be further elucidated below.

## 1.1 The HIV/AIDS Epidemic in Zambia

The first official documentation of HIV in Zambia occurred in 1984(Zambia Sexual Behaviour Survey 2004:2). Subsequently, there was a steady increase in the number of people with HIV as the general public was unaware of how it was transmitted. When there was an attempt to raise awareness, the messages about HIV/AIDS were such

that they were meant to scare people into speaking about HIV and their risk (Whiteside 2008: 105). Early HIV activism led to the creation of groups such as ‘ACT UP’ (the AIDS Coalition to Unleash Power), and grassroots initiatives in poorer countries, one of which is Chikankata Health Services AIDS Programme<sup>ii</sup> (Whiteside 2008; Silombe 2002). The HIV/AIDS Care and Prevention department of the Chikankata hospital was created in 1987 as a means of sustainable intervention in the area (Silombe 2002). Within this small department was a mobile unit that would visit clients roughly three times a week as part of home-based care. The premise behind home-based care is that the patient remains in the comfort of their home during their illness, particularly if it is a terminal illness. In 1990, the Chikankata mobile unit had to re-evaluate their efforts as home-based care was becoming too expensive, and clients were being neglected by family members once the mobile team completed their visits (Silombe 2002: 4). A Care and Prevention Team (CPT) was created as a means to overcome this barrier. Each CPT consisted of what could be considered a person’s pillars of support in the community, i.e. faith leaders, other people living with HIV/AIDS and so on (Silombe 2002: 8). This new approach to home-based care encouraged communities to rally together to care for the ill.<sup>iii</sup>

As the Chikankata CPT was being formed, the World Health Organization created the Global Program on AIDS (GPA). This organization was soon followed by the UNAIDS<sup>iv</sup>, a joint program which consisted of global organizations such as WHO, UNICEF, UNDP, UNESCO, UNFPA and the World Bank (Whiteside 2008: 107). By the mid-1990s, there was increasingly more information discovered about HIV and treatment began to be available in Western countries and in Europe. HIV treatment in

Zambia did not become available until the early 2000s. However, there existed yet another challenge as only those with money could afford the treatment. While treatment was available, people would still succumb to AIDS-related illnesses being that they were financially incapable of obtaining their HIV treatment. If they were able to obtain treatment, it would be sporadic since they would sometimes be unable to pay for the anti-retroviral medications (ARVs). This remained the case until 2004 when the United States government developed an international program that would provide free and universal HIV treatment.

The U.S President's Emergency Plan for AIDS Relief (PEPFAR) was first introduced under the leadership of then president George W. Bush as a means to,

“building sustainable systems and empowering individuals, communities, and nations to battle HIV/AIDS [...] through partnerships between the American people and the people of the countries in which [they] are privileged to serve – non-governmental organizations including faith-based organizations and community-based organizations, and the private sector” (2006-2009.pepfar.gov/index.htm).

This program was both hailed and criticized internationally as it promoted the ABC approach to prevention as designated by the Bush Administration (Susser 2009: 47). The tenets of the ABC approach are: **A**bstinence, **B**e Faithful, and **C**ondom Use. This approach promotes abstinence as the primary method of preventing the transmission of HIV. Should abstinence prove ineffective, people can then resort to being faithful, or maintaining a monogamous relationship with only one partner. PEPFAR provided a financial incentive: “a ruling that 66% of all money for prevention *must* be spent on abstinence-only and fidelity” (Susser 2009: 48). Additionally, countries and institutions involved in the PEPFAR program were to sign a pledge “condemning sex work and trafficking [or] risk the loss of funds if they are associated with any programs related to

reproductive choice or abortion” (ibid.), also known as the Anti-Prostitution Loyalty Oath. In 2011 the federal appeals court ruled that “the United States government cannot require organizations that receive U.S foreign assistance to fight HIV/AIDS globally to denounce prostitution” (CHANGE 2011). However, this provision only applies to U.S. based organizations, leaving foreign organizations still bound by the oath’s provisions (ibid.).

Zambia has been a recipient of the funds through PEPFAR since 2004. As one of the focus countries for PEPFAR funding, 39% of funding was designated to treatment, 27% to care – including care for orphans and vulnerable children – and 34% was designated for prevention in 2004(PEPFAR 2005a). Of the 34% of funds used for prevention, 10% was for Abstinence/Be Faithful activities while only 7% was for “Condoms and related prevention activities” (ibid.). The Prevention of Mother to Child Transmission activities received 8% of the funding. In 2005, the amount of funding dedicated to treatment activities increased to 46% while that dedicated to prevention decreased to 28%, with Abstinence/Be Faithful activities still receiving more funding than Condoms and Related Prevention activities, 7% and 6% respectively(PEPFAR 2005b). The funding appeared to have been directed towards treatment rather than activities related to prevention. In 2006, funding for treatment reached 50% and that for prevention decreased to 22%, with the percentage of funds for Abstinence/Be Faithful and Condoms and Related Prevention activities remaining the same (PEPFAR 2006).

Directing the majority of funding towards treatment rather than prevention has undoubtedly provided treatment for more people than previously available. However, concentrating efforts predominantly on treatment affects prevention through education,

particularly if the primary preventative message is the ABC approach. Treatment as prevention is *not* an effective means of combating the HIV/AIDS epidemic in Zambia. It is commendable that treatment has become readily available and at no cost, however concentrating efforts primarily on treatment alone requires that there be little to no new transmissions if it is to be used as prevention – something that is currently not the case in many of the countries where PEPFAR funding is directed.

The HIV/AIDS epidemic in sub-Saharan Africa has been attributed to heterosexual transmission predominantly through unprotected sexual intercourse. This has led to the misconception of careless individuals engaging in “bad” or “wrong” sex, and “lots of sex” with numerous partners. What people fail to focus on are the many factors associated with heterosexual transmission of HIV. From the billboards and popular songs about HIV, it is clear to see that the AB of the ABC approach to address HIV transmission has come to dominate the majority of preventative messages surrounding HIV/AIDS. Abstinence has historically proven to be an ineffective method in many different settings. Using this method then to address the transmission of HIV in a setting where the heterosexual transmission of HIV is the norm appears counter-productive. This method disregards the required preventative messages and inadvertently promotes silencing discussions about safer sexual behaviours. In addition, it exacerbates misinformation regarding how HIV is transmitted. Ultimately, promoting abstinence and the refusal to focus on condom use counters the goal of decreasing HIV transmission. Denouncing prostitution and/or ignoring reproductive choices denies vulnerable populations the necessary information, healthcare and social services.

Under the leadership of President Barack H. Obama, PEPFAR II has undergone some changes to shift PEPFAR from an emergency response to the promotion of sustainable country programs (PEPFAR Five-Year Strategy 2009: 14). PEPFAR is now the central portion of the Global Health Initiative (GHI), a “6-year interagency effort to support partner countries in improving and expanding access to health services” (Goosby et al. 2012:S53). The GHI is a forum through which PEPFAR and other US programs focused on strengthening health systems, adopting women and girl-centred approaches to health and gender equity, among other programs, can operate (ibid.). A larger shift occurring is that PEPFAR is “expanding its emphasis on HIV prevention, and matching interventions and investments with epidemiological trends and needs in order to improve impact” (PEPFAR Five-Year Strategy 2009: 14). In addition, PEPFAR also recognizes that gender norms and inequities are key to reducing HIV risk and increasing access to care and treatment, so they must be addressed (Goosby et al. 2012:S54). Despite these changes however, additional work needs to be done to rectify the fact that countries were mandated to sign pledges that condemned sex work and programs related to reproductive choice. Without these changes, there will still be women who are left by the wayside as they do not have appropriate prevention messaging.

## 1.2 Location

Lusaka is the capital city of Zambia, a country that boasts a population of approximately 14 million. The city is located in Lusaka province and has a population of nearly 2 million (see Appendix 1-3). Lusaka<sup>v</sup> has undergone significant structural transformation despite being overshadowed by the high unemployment rate and lack of economic opportunity in addition to the HIV/AIDS epidemic. With aid coming in from

numerous countries, roads have been significantly improved and there are numerous shopping centres springing up.

It is difficult to overlook just how interesting Lusaka is as a city. The juxtaposition of the poor lined up, selling anything they can at the sides of the road and large shopping malls that rival even some in Toronto is particularly striking. Even more so is the fact that the majority of people living in Lusaka can hardly afford to buy even a t-shirt from any of stores in the malls. With low wages and a high cost of living, buying a shirt for some would be equivalent to spending up to half a month's salary. That said, even with meagre wages a few of the people I saw were quite well-dressed and presented themselves in a professional manner despite the fact that they were street vendors. More than once I saw both men and women dressed in suits and nice shoes, selling newspapers or fruit on medians in the busy downtown areas.

The decision to conduct my research in Lusaka was an instinctual although very difficult one to arrive upon. Choosing to focus on Lusaka would afford me the opportunity to examine the social implications of the HIV/AIDS epidemic in one of the poorest countries in the world from a marginally "removed" position. At the same time, I would also have to contend with the fact that I am what anthropology has come to call a *halfie*<sup>vi</sup>. Growing up in Lusaka, I lived through some of the changes occurring as a result of HIV/AIDS while it was still in its first decade. During this time scientists worldwide were researching and learning about HIV and working on medications to stem the replication of the virus in the human body. In Lusaka, people were dying without knowing what was causing their rapid decline. Many were said to have died from tuberculosis (TB) or even diarrhea. From a very young age I witnessed family members

waste away before my eyes and die, leaving their children in the care of their grandmothers or their aunties and uncles. Ill family members who appeared to be merely skin hanging on skeletons were not to be feared, but rather loved and their deaths were not occurrences to be questioned nor explained. Funerals were a common-place occurrence and we all learned to continue our day-to-day living, with the elders worrying about the younger children's welfare.

The HIV/AIDS epidemic had a significant impact on families during the early years, resulting in social implications that reached far beyond the filial level. Through the introduction and dissemination of anti-retroviral medications (ARVs) it was hoped that the number of people receiving treatment would increase, leading to reduced suffering worldwide. It was during this time that I relocated to Canada, ultimately separating myself from observing the changes resultant of HIV/AIDS on a daily basis. My experience of the effects the epidemic had on people is one that was viewed from a young child's perspective. In the intervening years there have been numerous changes with respect to HIV and AIDS. As of 2012, there were an estimated 1.1 million people living with HIV (see Appendix 4)<sup>vii</sup>. These sobering statistics of people living with HIV coupled with Zambia's HIV prevalence rate will have an effect on the knowledge production, availability of treatment, and/or attitudes towards HIV and AIDS. Lugones and Spelman note that "having the opportunity to talk about one's life, to give an account of it, to interpret it, is integral to leading that life rather than being led through it" (1984:15), which is something denied to individuals when we write of experiences in a singular voice. As the epidemic enters into its fourth decade it is imperative that people's experiences of the epidemic be captured. Hearing individual voices and lived experiences



prevents the conflation of diverse experiences, relegating them to a singular, often overlooked, diseased voice.

During my stay in Lusaka I divided my time between 2 places: a lodge located in Area A which is south of the city centre, and Area B, an area located north of the city centre. The two areas were unique in that Area A had a higher volume of travellers and business people, as was reflected in the large numbers of lodges and the use of the conference centres in the lodges. Thanks to the owners of one particular lodge, I was able to volunteer at their lodge in various capacities. When I was not volunteering, I would divide my time between two hair salons or walking around the area to map the neighbourhood. My time in Area B consisted of walking around with friends, visiting with people and simply living. Dividing my time in such a way allowed me to develop relationships with participants. Participants felt comfortable enough with my reasons for being there, which allowed for both informal and semi-structured interviews with the participants.

In these two areas, I interviewed between 20 and 30 participants. Some of these interviews were recorded, while the majority remained informal and unrecorded. Initially, I had crafted a list of interview questions to ask the participants. However, I found myself continually changing these questions with each subsequent interview until I adopted a more organic interview process – the participants and I engaged in conversation, and I would ask further questions if one of the topics I was interested in came up. The majority of the interviews were conducted individually to allow privacy and comfort for each participant. I did conduct one interview with two male participants, and then later conducted a separate interview with each person.

### 1.2.1 The “Halfie”

There is no amount of training that could have adequately prepared me for the ambiguous position in which I found myself in Lusaka. I was aware that my position as a Zambian-born researcher who had spent half her life living in Canada had the possibility of raising some concerns, or at least discomfort. Truthfully I was afraid of how I would be received: how would I be treated? I was also concerned about whether or not I would fall into the trap of being an insider, a Zambian and thinking I knew how things worked in Lusaka, while in reality I was also an outsider because I had spent an extended amount of time living outside of Zambia. Within anthropology there has been a debate as to which position, the insider or outsider, is the best way to collect the most accurate information about the participants we work with and the areas in which we conduct research. It should be noted that the information we collect from each person in our areas of interest will not necessarily be objective as each person carries his or her own biases. A response to this has been the continual modification and tweaking of our methods, and asking multiple participants similar questions. In all, I do not think I had adequately prepared myself the gamut of emotions I would experience on a daily basis, despite reading countless ethnographies.

While I do not intend to minimize the effect the entire time spent in Lusaka had on me, I have to admit that the first night in Lusaka could easily be one of the easiest, most relaxing and worry-free nights that I enjoyed while there. This state was quickly replaced by shopping trips within the next few days to upgrade my appearance so that I would not embarrass my hosts. I was schooled on what to wear, how to do my hair, how to purport myself, where I could and could not go and who I could and could not

associate with. One of the most frustrating things to endure during the first week was the large number of people who knew me and remembered me and always had a story to tell about my days before I left. One heartbreaking moment during that first week was when my host slowed down the car, and rolled down a window so that we could speak to a beautiful petite girl with a bright smile. I plastered on a smile, said hi and promised to visit the girl so we could catch up. Afterwards I remember asking my host who that girl was and she said, “that was Angela<sup>viii</sup>. That was the girl you spent every waking moment with before you left for Canada”. While still trying to remember Angela, I asked if my host knew what she had been doing since I left to which she replied with disdain, “that girl, she’s a proper bitch!” It would take a couple more weeks before I would learn that Angela was a prostitute; a grim reality for a few of the girls in Lusaka.

One of the positions I found myself in is what I call the “I’m not a girl, not yet a woman” stage, to borrow from a popular song in the early 2000s. Here I was considered old enough to be married, and constantly reminded of that fact, and yet had an unspoken curfew of 4:30pm. Additionally, I had to consistently field questions as to why I was childless. Oppong (2006) writes that historically men and women have been hailed for their reproductive abilities, with motherhood being highly regarded. Perhaps my lack of children was an additional factor that separated me from the women, although I was not quite a child either. Imagine my surprise when one of the ladies I worked with pointed out that I was “just a baby”, despite the fact that she is only a year older than me. Apparently having been married for several years and having had a baby was enough to separate us socially.

Despite being treated like a young girl—with my host always calling ahead to check to see if I was where I said I would be going, and telling me who I should and should not interview—I was regarded as being more educated, therefore more knowledgeable about how a person should proceed with their educational endeavours. It was exhausting constantly straddling multiple positions initially. Eventually however I was afforded some autonomy, and any decisions I made that people did not agree with were attributed to the fact that I had lived in Canada for so long.

### 1.3 The Journey

This thesis takes the reader on a journey through several people's lives as they experience their everyday living in Lusaka, Zambia. Some of the people I worked with had very much the same hopes and dreams that you and I might have, the only difference being they live in a city in a country that has been severely affected by the HIV/AIDS epidemic.

Chapter two invites the reader into the people's homes. It covers the importance of family and other filial relations in rearing a child. Further it explores the complicated nature of the definition of family, and how this can play a role in how a person receives information about sex, sexuality and HIV/AIDS. The distinct relationship between parents and children forbids the parents from engaging in conversations about sex with their children, which can contribute to the silencing of salient topics related to HIV/AIDS.

Chapter three examines movement: how people move, where they move and with whom they move. There are distinct social arenas for males and females to socialize

separately, and others that foster interaction between the two sexes. As a person grows up, he or she will learn in which areas it is appropriate to move and how exactly to purport him- or herself as they move through these areas. Interloping within these designated areas not only affects a person's reputation, it also facilitates certain relationships. One of the types of relationships examined is the multiple and concurrent partnership (MCP), something that has been linked to the heterosexual transmission of HIV.

In Chapter four, I examine the Zambian economy post-independence, leading up to the present. Zambia is a poor country that receives aid from numerous sources. People have had to be innovative in their income-generating endeavours as there are hardly any employment opportunities for a majority of people. Navigating through such a difficult economic situation proves difficult as it affects access to food and education, which further perpetuates the cycle of unemployment.

The final chapter takes us into individual women's lives and their experience of the HIV/AIDS epidemic. These women's lived experiences serve to illustrate the varied nature of women's experiences with HIV, as they come from different backgrounds. The portraits of these women show the importance of capturing individual voices because people can be erased if we choose to believe a singular story of a group of people.

As you read through this thesis, I hope you keep in mind that this thesis captures lived experiences of people in a particular place within a particular time period. People are constantly in a state of movement and change, so assuming the participants' lives

remain the same is erroneous. As lives are constantly in a state of flux worldwide, the need to capture individual voices to ascertain a better view of a situation will remain.

## Chapter 2

### 2 Family, Culture and Silence

Family can be considered an important unit for the socialization of a person, ultimately for the purpose of forming that person into a functional member of society. Wane and Kavuma write, “for most people it is usually through the family that children acquire cultural values and norms” (2001: 12). Diverting from these norms suggests a type of deviance within that society. Just as social norms may vary across different social, ethnic and cultural groups so too does the conceptualization and composition of a family. Who people consider to be part of their family is variable, leading to stronger loyalties among certain relations, and loose ties between others. It is through these forged loyalties that a person will develop a trusting relationship and likely confide in those he or she feels close to within the family.

This chapter explores the definition of family within Lusaka by examining the concept of adoption through three participants’ stories. I will further elucidate the complications that arise when a person is looking for sexual education or relationship advice as the cultural norms in Zambia forbid parents and their children to openly discuss sexual matters. The taboo nature of discussing sex and sexuality between parents and their children leads to a silencing of issues related to HIV/AIDS and the education of subsequent generations. I argue that this silence is detrimental as it leads subsequent generations to repeat the same behaviour that led the previous generations to contract HIV, and for some of them to die. Without opening up and initiating frank discussions about HIV, this pattern will undoubtedly continue to perpetuate a cycle of

misinformation, ignorance about HIV and sexual health and increase stigma associated with HIV.

## 2.1 Family and Adoption

A recurring question I encountered while conducting fieldwork in Lusaka was why I did not have any children yet since my child-bearing years were quickly coming to an end. I attempted numerous responses none of which seemed to appease those asking the questions, until I finally stated that adoption was an option to be considered. I remember my friends gaping at me in horror, with one in particular asking, “why would you want another person’s child as your own? That just doesn’t make sense”. This reaction raised several questions, particularly the concept of adoption in Lusaka and the role it plays in the definition of family. As I spent more time with the participants, they began to inform me of some of their genealogies and family compositions.

Imagine Samantha, an eleven year old girl. Samantha’s mother is a 28 year old woman who lives with her son, born from a different father. Samantha has been living with her mother’s sister for most of her life. Despite the fact that she lives with her mother’s sister, her day-to-day needs are performed by another relative living within the same household. Mercy is a 31 year old mother to a girl named Stephanie. Stephanie and Samantha are only one year apart, with Stephanie being the senior, so the two girls consider each other sisters. One of my tasks while in Lusaka was to assist the girls with their homework since the school year in Zambia runs in three month intervals, with a month break between the terms. My duration in Lusaka coincided with one of their school terms. One day while Samantha and Stephanie were completing their homework, Samantha began to tease Stephanie and interrupt her studies. With this in mind, I



explained to Samantha that she needed to stop bothering Stephanie and respect her space because “technically she is your auntie”<sup>ix</sup>. Samantha immediately stopped bothering Stephanie and began denying the fact that Stephanie was her aunt. Although the lineage was apparent to me and Mercy, Samantha was unaware of the fact that Mercy is actually Samantha’s grandmother’s sister, or grandmother as would be considered in the Zambian context. Being privy to this information was a bit shocking to the young girl, and led to many questions about the numerous relatives that were in her life. Mercy had previously attempted to explain their relation when Samantha was younger and had assumed that the young girl knew her relations with Stephanie.

Samantha lives in her aunt’s house but she does not consider her aunt as her mother. Rather she has assigned the mother role to Mercy, a woman taking care of her day to day needs. It is intriguing that Samantha considers her biological mother’s son her brother but appears to be ambivalent about her relationship with her biological mother, for various reasons. She recognizes that her biological mother is the woman who birthed her, but does not appear to view her as a mother figure despite their somewhat frequent contact. When Samantha was younger, her aunt invited Samantha to live with her. Rather than consider her aunt as a mother figure, Samantha ended up adopting her grandmother’s sister as her mother.

It is worth noting the difference in kinship terms among the people I worked with, as can be seen through Samantha’s maternal kinship tree (see Appendix 5). In kinship<sup>x</sup> terms, Samantha should consider every female sibling of her mother’s as akin to a mother. Likewise, every male sibling of her father could be viewed as Samantha’s father. All the people in the third generation can then be viewed as grandparents. Since

Stephanie lands within Samantha's mother's generation, she holds seniority over Samantha and must be respected just as any other person in that generation would be. However, Stephanie and Samantha's relationship blurs these distinctions due to their closeness in age, their friendship and the fact that Samantha considers Mercy her mother.

In contrast to Samantha's story, James was raised by both his parents. Born several years after his parents had tried unsuccessfully to have children, he soon learned that both his parents had HIV while he was still young. His mother succumbed to HIV-related illnesses that plagued her system and died while James was quite young. Unable to take care of his son at times due to his own illness, James' father sent him to live with his paternal uncle. James' paternal uncle and his wife have been responsible for James' wellbeing for a number of years and have been paying his school fees. When James is home for holidays from the boarding school, he is expected to assist the garden boys<sup>xi</sup> with projects. Even though he works as many hours as some of the employees, James is not compensated to the same extent as the garden boys. At times he is not compensated at all. At one point he revealed to me, "you don't know the things they say to me and how they make me feel. Sometimes they tell me that this is not my father's house and that I am lucky to be here", referring to his aunt and female cousin. It comes as no surprise then that James is of two minds about the holidays he spends at his uncle's house. In fact, he prefers to stay at the boarding school rather than spend his holidays in a home where he does not feel welcome. James is quite clear in the distinction that his aunt and paternal uncle are not his adoptive parents. Factors that may have contributed to the difference between James and Samantha's cases is the terse relationship that James has with his aunt and cousin, as well as the age at which he was brought into his uncle and aunt's care. The

similarity between these two situations is that the people both James and Samantha consider family extend beyond people living in the same household.

I met Scott while visiting friends in Lusaka and we became fast friends. On one occasion he mentioned having to travel to an area of the city to visit his stepmother. I had never heard the term stepmother used in the Zambian context, and after seeing my confused expression he said, “I still haven’t told you my story, have I?” It was then that he relayed the fact that when he was younger, his mother passed away due to breast cancer. His father remarried, but then also passed away some time later. Scott maintains his relationship with his stepmother and considers her part of the family. The fact that he calls this woman his stepmother is unique in that generally from my observations anybody married to a person’s biological parent becomes a parent by default. Granted there are differences in the relationships between the children and this new parent but the term stepmother appeared to be a new inclusion.

Samantha, James and Scott’s accounts illustrate the complexity of the definition of adoption. From these three different examples and perspectives although the concept of adoption is quite varied, the inclusion of relatives living outside the household as family appears to be a trend. However another participant revealed that, “as long as a person is within my house, he is part my family”. This new perspective further complicates matters because there is an inclusion of people into the definition of family that might not necessarily coincide with the family lineage in definite terms. With such variable family compositions, finding out information about relationships, sex and HIV becomes tricky as a person must either know places where to find this information or

which person to approach. In the following section I explore how family composition and cultural norms factor into the dissemination of sexual health information.

## 2.2 Culture and Silence

In an age where HIV/AIDS is highly prevalent in Lusaka, whether or not people receive HIV/AIDS education and where they receive this information becomes a concern. Generally there is a distinct boundary created and maintained between parents and children with regards to sex and sexuality. Burgoyne and Drummond note that, “many African societies have social and cultural taboos about discussing sex [...]and women often do not feel comfortable seeking information about HIV/AIDS, sexually transmitted infections and condoms” (2008: 24). It is thought that discussing sex might appear as an indication that parents condone pre-marital sex, something that has the likelihood of bringing shame to the family by questioning the type of parenting provided. It is not my intention to condemn cultural mores and norms. Rather I would like to highlight that such taboos may serve to enable the silencing of sexuality, sexual health and issues related to HIV/AIDS. In turn this leads to stigmatization of certain topics and hinders further discussions about the HIV and AIDS.

Nyanzi writes, “children have a right to access[...] youth-friendly sexual and reproductive health services, including voluntary counselling and testing for sexually transmitted infections including HIV and AIDS, condoms and contraceptives” (2011:496). She further suggests that youth must be empowered with a range of skills that allow for negotiation of sexual options, and condom use among other things. The reality of the situation relegates these rights to be thrown by the wayside as they are in direct conflict with cultural norms, particularly the taboo nature of sex. This silence has

contributed to misconceptions about the cause of death of some participants' family members. The common explanations listed were that family members had succumbed to tuberculosis (TB), among other illnesses, or that they had been bewitched. The inability to discuss how family members were infected and/or have been affected by HIV has proven to not only be a coping mechanism but also a way to avoid the complex issue of HIV.

Navigating through social interactions proved to be an interesting endeavour as I was discussing sex and relationships not only with women who were usually older than me, but with males as well. Whenever I spoke with women there would usually be giggles and a feeling that we were discussing something naughty, which is why we always discussed these topics in private. On the other hand, my conversations with males were predominantly in public spaces or in areas where people would keep an eye out on what I was doing so that vulgar rumours and insinuations were not spread around. In fact, one of the first things I did while living with my hosts was have a meeting with my male host, after having had a discussion with his wife first. In the meeting I broadly explained the nature of my work and some of the topics that would be discussed. I also informed him that he need not panic should he hear that I was seen speaking to different men around the city as it was likely related to my work. I offered to provide him with updates and answer his questions at any moment during my stay in their home. While his wife's response was to actively set up appointments with people prior to my meeting them or even developing any form of relationship, my male host was grateful that I had spoken to him but appeared to be very uncomfortable continuing the conversation with me. For the

duration of my stay in their home, he did not ask me anything about my research except whether or not I was getting the information I needed.

Having conversations and interacting with the male participants was rather intriguing – at times I was unsure whether they were trying to gauge whether or not I was a “good” girl or whether I could be another one of their conquests. As a result our discussions during the first month revolved around them sharing stories about their ability to attract women, my relationship status and how many partners—presumably sexual partners—I had been with. When I asked why they wanted to know this information, I was told that the guys were curious. Although I evaded their questions, I was later informed that they had decided that I was a good girl by the looks of me. After this point we gradually began to discuss HIV/AIDS as well as voluntary counselling and testing (VCT). In speaking with these young men, I found out that they had some inaccurate knowledge about transmission of HIV. The same appeared to be true among some of the female participants, with one female participant being convinced that HIV was only transmitted through blood alone and that condomless sex carried no risk.

As I continued to hear participants reveal information about relationships, preventing pregnancies and on rare occasions how to protect themselves from HIV, I could not help but wonder: *where do people obtain this information?* When I asked, some would say they learned from siblings and close friends, while others used books or programs on television. These discussions proved that “young people may rely on peers rather than established forms of sexuality education (Prazak 2000, Rivers and Aggleton 2000), which may reinforce unsafe behaviours rather than promote accurate knowledge (Mufune 2003)” (Harrison 2008: 177). In a city where the HIV prevalence is high, I was

hard-pressed to find out how HIV/AIDS awareness is approached and how this information reaches the general public.

## 2.3 HIV/AIDS Awareness

Throughout my interactions with participants I was concerned by the fact that I continued to hear erroneous information about HIV transmission. I remember saying to myself one day, “considering the prevalence of HIV in this city, why is it so difficult to find information about HIV?” Initially I approached my research with the expectation that HIV/AIDS awareness would be approached in a familiar way, although I was not quite sure what that approach was. My expectations at the outset blinded me to the awareness strategies used in Lusaka. This realization was a salient reminder for me to allow my surroundings and the participants to answer my questions rather than imposing my pre-conceived notions onto the area in which I was working.

Overcoming my bias enabled me to notice that one of the ways in which HIV awareness is approached is through songs. Lusaka is a rhythmic city that reflects the ebb and flow of everyday life. The sometimes monotonous daily rhythms are typically cut by melodies that can be heard in salons and barbershops, restaurants, homes and even in buses and taxis. The melodies provide a background underlying the artists’ social commentary on the goings-on in the country. Some songs tackle issues that might be deemed inappropriate or unsettling but gain popularity due to their captivating beats and melodies. The controversy surrounding popular songs allows people to keep the messages in the public sphere by encouraging discussion of the song’s lyrics among friends and family. In addition to advertisements on the side of some buses and occasional billboards, songs were one way in which discourse on HIV was present in media. Since it is more

common for people to own a radio in Lusaka as it is portable, songs are more widely accessible especially since people can download them onto their cell phones and use them as ringtones.

General Kanene is a popular Zambian artist who is considered controversial because he provides social commentary about contentious topics in many of his songs. Through his songs he has addressed men and relationships, child defilement and women's involvement in the transmission of HIV/AIDS. This artist addresses these issues in the songs *Tembusha*<sup>xii</sup>, *Kansapato ka mwana*<sup>xiii</sup>, and *Fendela kutali*<sup>xiv</sup>, respectively. In the song *Tembusha*, General Kanene details the different types of men he believes exist in Zambia: Panado®<sup>xv</sup>, *nyeleti*<sup>xvi</sup> and *tembusha*. He compares men to medical interventions whereby Panado® is the sweet-talking man who will appear to solve the woman's problem but ultimately has nothing to offer. The *nyeleti* man is much like a needle, sharp and quick and impressive but only causes pain. On the other hand, the *tembusha* man is one who will be there to protect women from diseases because he is the safe bet. General Kanene claims that ladies do not pay attention to *tembusha* because he is not as impressive as *nyeleti*, nor does he have much to offer.

In several of his songs, General Kanene includes a spoken portion where he expresses the point of the song, usually in an unforgiving manner. The translation of the spoken portion of *Tembusha* provides further detail into the types of men that he believes exist in Zambia (see Appendix 6). Later in the song General Kanene sings that a woman will never experience happiness if she ends up marrying *nyeleti*. Initially everything will appear ideal including an ostentatious wedding. However once she moves into the marital home with *nyeleti* she will live as though she is in a prison, having no say whatsoever.



*Nyeleti* will have complete control and power over the woman because if she tries to complain or protest he will simply say, “shut up! I have the money so if you don’t like how things are, you can return to your mother’s place”. This song alludes to the complexity of gender relations and the negotiation of partnerships, which will be further explored in the subsequent chapter.

Another popular song that has received various criticism and sparked conversation is *Fendela Kutali* (see Appendix 7). This song was written in response to a song by other Zambian artists, Peterson and Shyman, entitled *Fendela Fenduze*<sup>xvii</sup>. *Fendela Fenduze* addresses how a woman’s features will entice men causing them to lose their common sense and reason all to have her in their presence. *Fendela Kutali* is a response that focuses on irrational decision-making, leading to engaging in sexual relations with the most beautiful woman that walks by.

*Fendela Kutali* addresses the common misconception that a person appearing to be healthy cannot possibly be HIV positive. It is believed that a person who is HIV positive and on anti-retroviral medications can easily be identified based on a bloated belly, a swollen neck or significant weight gain. These perceived characteristics serve to increase the stigma and discrimination towards people who may possess these physical traits. Further, this manner of thinking has the likelihood of increasing the number of people who see no reason to get tested for HIV since they appear healthy.

A noticeable theme that arises in both *Tembusha* and *Fendela Kutali* is the onus placed on women as the common vectors for HIV transmission, and also the responsibility to select “appropriate” partners. In *Tembusha*, General Kanene cautions

women about the dangers of certain types of men but later alludes to the fact that women select their partners on the basis of gifts and possessions. General Kanene assumes that all women are solely interested in material possessions and will stop at nothing to obtain these goods. *Fendela Kutali* gently cautions men but vilifies women by presuming they use their beauty to “fool” men into sleeping with them when in fact they are HIV positive. In this portrayal men are detached from their responsibility to ensure they remain healthy by engaging in safer sex practices, and taking ownership of their assumed role in negotiating their relationships. Ultimately these songs illustrate the embedded expectations about women in society and their supposed role in HIV transmission.

General Kanene has proven to be an artist with thought-provoking lyrics that not only address issues that people ordinarily would not initiate in a conversation, but does so using catchy melodies that can be heard resounding in bars, pubs and vehicles as people drive by. This artist maintains relevance and incites other artists to refer to his songs and his topics of choice.

There were several songs that addressed issues that factor into HIV transmission such as gender relations and social capital. However, I did not hear one advertisement or public service announcement that outlined the way in which HIV is transmitted or the different interventions that people can use to avoid HIV transmission during my stay in Lusaka<sup>xviii</sup>. This is not to say that educational public service announcements were not played. Rather, they were not as ubiquitous as advertisements for Big Brother: Africa. On billboards, the common messaging revolved around being faithful to and maintaining only one partner. Regretfully, the placement of some of the billboards is such that it is

predominantly people who have the means to travel to certain areas of the city, or even neighbouring cities who will be able to see these advertisements.

Despite the reduced availability of resources and/or advertisements about HIV city-wide, organizations such as the Southern Africa AIDS Information Dissemination Service (SAfAIDS) can be relied upon to obtain relevant and timely information about HIV/AIDS as well as efforts to stem the spread of HIV. SAfAIDS distributes resources such as “SAfAIDS Zambia Gender and HIV Policy Brief” and “HIV in the Workplace Toolkit” that are produced by organizations in Southern Africa<sup>xix</sup>. Community HIV/AIDS organizations such as Treatment Advocacy and Literacy Campaign (TALC) as well as clinics and hospitals are able to receive resources from SAfAIDS that are not easily found on the street. Although there is a lack of information readily available, TALC and SAfAIDS both have resources that can be used, if people are made aware of these organizations.

## 2.4 Conclusion

In this chapter I have explored the complexity in the definition of family in Zambia. The family unit fluctuates and varies over time within societal groups. The examples provided above have revealed that family can be defined by residence, lineage and/or adoption. Adoption between relatives or close friends does not necessarily require the use of formal documentation. Often people will bring children, some of them orphans, into their homes to be looked after and these children are included in the family.

The family unit fosters the passing of familial, societal and cultural mores to its members. Parents and guardians teach what is acceptable and not acceptable, rewarding

children for good acts and punishing them for inappropriate acts. Although parents are tasked with educating their children, one of the topics not addressed by parents is sex. Custom dictates that parents and children not discuss sex. Youth learn information pertaining to sex from their peers and/or through experimentation, which may lead to misinformation about sex and HIV/AIDS. Broaching topics considered taboo or uncomfortable for most people is complicated but music has proven to be an effective tool in disseminating information about these topics. Songs like those by Zambian artist General Kanene provide social commentary on salient matters such as child abuse, relationships and HIV/AIDS. This in turn leads to discussions about the issues addressed in the songs.

In addition to songs that address relationships and HIV, organizations such as SAfAIDS and TALC also provide pertinent information about HIV/AIDS in Southern Africa despite the appearance of there being no HIV/AIDS awareness in Lusaka. Even with these resources, much work needs to be accomplished with regards to HIV/AIDS awareness in Lusaka, a topic that will be further explored in chapter 4.

## Chapter 3

### 3 Gender and Partner Mobility

Socialization encompasses various facets as it can be formal, informal, forbidden, encouraged and so forth. How people socialize varies depending on the locale and who is present. It can, and has been, taken for granted that how people socialize will remain constant across a geographic location at any given time. However, my experience in Lusaka revealed the opposite: the acceptable norms of socialization in these spaces vary. Additionally, these social arenas are not neutral spaces in that there are constant power dynamics at play. In Lusaka some social spaces foster male socialization while others are geared towards female socialization. This chapter explores the gendered nature of socialization whereby males and females navigate these gendered spaces for the expressed purpose of socializing and obtaining partners. Traversing social spaces requires a finesse that must be learned to ensure that a person, usually female, maintains her good reputation.

This chapter addresses the concepts of “appropriate” movement and “appropriate” bodies and the ways in which these expectations are reinforced within society in Lusaka. These rigid expectations are often traversed, allowing women<sup>xx</sup> to socialize in spaces that would otherwise be considered inappropriate. Traversing these male social arenas has proven to facilitate the cultivation and maintenance of multiple and concurrent sexual partnerships (MCPs). A multiple and concurrent partnership occurs when a person is in a relationship with two or more sexual partners.

### 3.1 “Appropriate” Bodies

Mary Douglas writes that “the body is a model which can stand for any bounded system, [and] public rituals enacted on the human body are taken to express personal and private concerns,”(1966:115). It has been reiterated time and again that communities do not exist in a vacuum, with each of these communities having particular expectations about the norms of the inhabitants. If the body represents a system with different parts and complex structures, this may explain the complexity of the classification of an “appropriate” body. In this context, an “appropriate” body refers to the way in which society feels the body should be adorned and how it should move as the person enters multiple social spaces and interacts with others.

It is evident that people carry themselves in a particular way in Lusaka. For the most part, people ensure that they are well-presented<sup>xxi</sup>. There is a sense that women must always purport themselves in a particular way ensuring that their clothes are neither too tight nor revealing. A woman can usually notice her level of propriety based on how other women look at her and the comments that men make. It is commonplace for women to send disapproving looks and sometimes whisper amongst themselves about the offending party. Men on the other hand will respond by audibly making sexual comments directed at the woman, or spoken loudly amongst their friends. Ultimately, the way in which a woman dresses dictates how she will be treated by the people that she encounters.

As I learned to navigate the bus system in the city, I was constantly reminded to be careful how I dressed—people did not want something happening to me at Kulima Towers(see Appendix 9). Kulima Towers is one of the bus terminals in downtown

Lusaka (see Appendix 8) that has a constant flow of people during the daytime. I had been told that it was not uncommon for the male bus conductors<sup>xxii</sup> to cat-call and harass women who were thought to be inappropriately dressed. While I was in Kulima Towers two incidences occurred that heightened my awareness of the importance of perceived propriety and appropriate body adornment. When some friends and I were on our way to the Agricultural and Commercial Show<sup>xxiii</sup> and Manda Hill Shopping Mall<sup>xxiv</sup> (see Appendix 10), we had to catch one of our buses at Kulima Towers. One of the people I was with, Stacey<sup>xxv</sup>, has an eclectic sense of style and decided to wear Daisy Duke short shorts with black leggings and a form-fitting top. Although her aunt had cautioned her to remember that “this is Zambia”, Stacey claimed that her outfit was not inappropriate as she constantly wore that in England.

The six of us arrived at Kulima Towers and were looking to transfer to the Chelston buses that would take us to our destinations, when I began hearing a commotion. A couple of us had gone to buy Talk Time<sup>xxvi</sup> and when we turned around we noticed a group of conductors milling nearby, spitting comments such as “if you really want to show us what your body looks like, we’ll help you uncover it” towards Stacey. I was under the impression that these men were merely making lewd comments that would not necessarily prove threatening. However, as they approached Stacey the situation became tense and we had to cover Stacey with an oversized shirt that she had brought along and whisked onto the nearest bus heading to Manda Hill. It did not seem to matter that her body was fully covered except for her arms, neck and ankles. What mattered was how those clothes hugged her body and emphasized her figure.

This same rationale appeared to be in effect one day when I decided to visit the Lusaka District Health Offices in Northmead, a section of town. That morning I decided to wear a white body top with a three-quarter length sleeve and a black pencil skirt that reached below the knees and had a two inch slit in the back and some flats. This choice of clothing was, in my eyes, conservative enough to be worn to the office. Again passing through Kulima Tower, I noticed that a few people were looking at me. When I disembarked from the bus and had to walk a few minutes to the offices, a man selling ice cream mentioned as he passed by, “you are going to cause people to have accidents the way you are dressed”. From the women I encountered I did not receive any disapproving stares or comments, but I noticed that more men were looking at me. Later on when returning home, there was a group of conductors socializing as I walked by. It was then that amid their laughter I heard comments such as “wouldn’t you like that to be your woman” and “look at her ass” and “oh it even gets better when you see her chest!” Although these men’s presence was not as physically imposing and threatening as during Stacey’s incidence, I still felt objectified by their comments. It did not matter that I could hear what they were saying because they continued to speak as though I was on display for them to comment as they pleased, and enjoy the view that was created for them.

The amount of control and restraint that women are expected to exhibit while the men are easily forgiven for any lack of control they may exhibit in their social interactions is remarkable. These expectations however should come as no surprise due to the legacy that colonization has left in numerous places, including Zambia. In the early 19<sup>th</sup> century, colonial explorers and missionaries documented African sexualities as “primitive, exotic and bordering on nymphomania” (Gesheker 1995 in Tamale 2011:



15). These sexualities were then associated with particular physical attributes, which was understood to be a sign of the “(im)morality of Africans” (Gilman 1985; Commons 1993 in Tamale 2011: 15). The British colonial project in Zambia then involved taming the uncivilized and turning them into acceptable members of society. During the early 19<sup>th</sup> century, “Victorian women were expected to erase any hint of sexuality by altering their dress, behaviour and moral attitudes towards sexuality” (Wolf 1991 in Tamale 2011: 15). Certain aspects of the colonial legacy must have been embodied by Zambians, as can be evidenced through the negative reception that Stacey’s clothing received which proved unsettling enough to men to prompt aggressive behaviour. It must be noted, however, that colonial legacy is not the sole influence as there are other social, and cultural factors at play as well<sup>xxvii</sup>. Strangely enough although I had more of my skin uncovered in comparison to Stacey, I was not received negatively by the male conductors that I encountered.

If the body represents a system with different parts and complex structures as per Mary Douglas (1966), the lack of control in the way in which some men handle their bodies while there is an expectation of women to not only control their actions but their dress as well lends itself to the privilege that males have in patriarchic societies. The high expectations placed on women in Lusaka is pervasive enough that not only do women monitor themselves and each other, they must also contend with the reactions they will receive from the male audience as they navigate through various social arenas. In this society, it appears that women’s bodies do not have any meaning until something is ascribed to them, hence the Madonna/Whore complex. The Madonna/Whore complex is one in which a female is viewed as either a pure, virginal entity or as a wayward, loose

woman and nothing else. This polarized view of women is problematic because if a woman does not fit into one category, she is automatically relegated to the other. It is expected that women will self-monitor and maintain control and propriety while men neglect these same values expected of women. Desiree Lewis describes the policing and control of women's bodies as being "central to the construction of masculinist citizenship and nationhood [...] and an important feature of individual and collective behaviour in post-colonial Africa" (2011: 212). This sentiment is evidenced in the way bus conductors holler at women dressed in what is deemed an inappropriate manner, or if they behave in unacceptable ways. Such reprimands serve to ensure that women ascribe to a particular way of purporting themselves to be acceptable members of society in Lusaka.

### 3.2 "Appropriate" Movement

Five thirty in the morning she wakes up without the need of an alarm; her body is accustomed to waking up at this hour. Before she readies herself, Mercy wakes the two children and urges them to bathe in preparation for school. By six she is finally able to bathe but first ensures that the girls have ironed their uniforms and polished their black school shoes. Mercy is lucky that she does not have to prepare breakfast for the girls as at 11 and 12 years old they are able to prepare their meals and take care of their uniforms. By 7:30am she has pulled out meat for the maids to prepare for lunch.

Before she leaves for work with her employer, she checks that her hair is coiffed, the make-up is on point and that her purple shoes match the white and purple top that she wears. She adds some white earrings and a final touch of lip-liner and gloss and leaves for work looking as stylish as she would if she were heading out with some friends. This look is short-lived as she soon changes into a plain, black dress reminiscent of a school

girl's uniform upon reaching her workplace, a lodge. For the next eight hours she will sweep, mop and dust eight to ten rooms of this lodge, her particular share. If she is unlucky she is designated an extra two or more rooms to cover for an ill employee. By four o'clock she looks haggard, with her hair pointing this and that way and her face glistening with sweat.

It is finally time to leave for home and she is glad because the girls have already been waiting an hour for her since they had finished school for the day. She heads to the bathroom to change and emerges a spitting image of the coiffed and put-together woman that she was at seven thirty this morning. Five o'clock rolls around and she is finally home. The girls are hungry and prepare themselves an afternoon snack: tea with milk and bread. Mercy heads directly to the bedroom, changes into pajama bottoms, covers them with a *chitenge*<sup>xxviii</sup> and returns to the kitchen to begin cooking tonight's supper.

It is not until eight thirty that Mercy is finally able to relax in her room. By nine thirty she makes sure that the girls have finished their homework and lies down to sleep in preparation for tomorrow; a day that will look more or less exactly as the one she just finished.

\* \* \*

This is a typical day for a 31 year old Zambian woman living in Lusaka. Each day she navigates multiple social spaces as she moves from home to work and back. Where Mercy goes rarely changes except for an occasional weekend when she will defy the social norms and go out to another lodge with one of her friends.

Movement is an integral part of life in many Zambian communities as it facilitates not only acquiring commodities and food, but communication between people living in various communities as well. In any particular place, there are unwritten rules about certain areas. When I first arrived in Lusaka I was struck by the abundance of lodges in the area. Although Lusaka is a metropolitan city that houses expatriates and some tourists, it is not as widely recognized as a tourist destination, unlike Livingstone which is home to the Victoria Falls. As a result, I could not understand why so many lodges existed. There were lodges of all shapes, sizes and sophistication not only along the main roads, but also in areas that would not necessarily be frequented by tourists. Although I did not know it initially, one particular lodge<sup>xxix</sup> would be a place where I would work, collect data on the goings-on and forge relationships with some of the workers there.

After my initial shock at the sheer volume of lodges, I tasked myself to find out precisely what they are. Lodges are much like inns or motels. Some common features to lodges include accommodation of various natures, such as a chalet with an en-suite bathroom, a conference room and a restaurant and bar area. Some lodges also have swimming pools, which serve as places that only some families can visit as admission ranges from K20 000 to K40 000 (approximately \$4-8) per person per visit. Lodges range in their patronage from prominent Zambian artists to members of the Zambian government and transnational business people (usually men) making a pit stop in the city. One could ask why government officials would visit some of the lodges in certain areas of the city, a question which was answered one night as I was working. The lodge in which I worked housed 40 rooms. The prices of the rooms ranged from K70 000 to K250 000 (\$17 CDN to \$50 CDN). Although business was slow this year, on some of the days

the lodge would gross up to and even beyond K6 000 000 (\$1200 CDN) per night. The lodge employed approximately 19 people with positions ranging from receptionists to yard workers and cleaning staff, in addition to contractors unaccounted for.

During my first few days working at the lodge, I was told that I would see a lot of men with young girls, both married and unmarried. It was expected that confidentiality would be maintained, particularly because the lodge promoted its discrete location and the fact that it was quiet and private. I did indeed see married men bring their female companions, I also saw young men bringing along their female companions to business meetings, and even a couple of teenagers (reportedly 16 and 17 years old). Over time I came to realize that there was likely a lot of sex occurring in this lodge. Even after having been warned about what I would encounter while working at the lodge, I still was not prepared.

One Saturday night I was allowed to stay out later than my 4:30pm curfew since the lodge was short-staffed that day. Amidst serving people their supper, alcohol and ensuring everybody was satisfied, I noticed a middle-aged man constantly watching my movements. It was awkward at first because I did not know why I deserved that much attention while working. When I served him and apologized for the wait, he asked if I was the manager and I said no and explained that I was just a volunteer there as I had come to Lusaka to conduct research on health. He told me, “we’re in the same field. I am the Minister of something”<sup>xxx</sup>. Of course I thought I had hit the jackpot and asked him if I could briefly speak to him later to which he agreed. I remember asking his name and he only provided his first name. When I returned to fulfill the rest of his order, he had disappeared and nobody had seen him leave. Later on in the night I was sent to deliver

food to a room as the client had requested room service, and a young lady wrapped in a towel opened the door. She could not have been more than 19 or 20 years old. Behind her, I happened to see this Minister also in his towel, and it was known that he was a married man and his wife was not that young. It was then that I realized that the disappearing act might have been intentional as potential exposure could cause troubles in not only his personal life, but in his professional one as well, especially if his behaviour was contradictory to the message he was promoting as a Minister. There were countless examples of married men booking rooms for a single night, usually with a beautiful young lady on their arms. Some of these ladies became regulars and I would see them usually on the weekends since business was slow during the week.

Women not associated with the lodge were not the only ones considered for sexual liaisons within this lodge. For long periods of time, there were a group of gentlemen from Zimbabwe providing training for an engineering company in Zambia. Over the months I developed more or less a friendship with two of these men. 28 year old Bud and 29 year old Lenny were both single, young and had been travelling to different countries for six months and had not been back to Zimbabwe to visit family. Bud was the more flamboyant of the two and would frequently buy copious amounts of alcohol and complain that he was having a tough time finding a good spot to party. One evening nearing the end of my stay in Lusaka, Bud was sitting in the lounge watching a music station on television as he drank alcohol. Considering he was looking for a good party spot, I was surprised that he chose to remain at the lodge instead of exploring the nightclubs in the city. After I changed and got ready to go out—it was one of the few nights my host decided that I should<sup>xxxii</sup> go explore a nightclub with a friend—Bud

motioned me over. He smiled, winked and slid his room key in my direction and said, “I will stay awake for you”. Upon seeing my confused face he proceeded to inform me that he could guarantee that I would have fun in his room –more fun than at the nightclub. To avoid offending him as a client, I sweetly declined the offer and impressed upon him the fact that workers and clients did not engage in such relationships. This lascivious offer from Bud was not the only type of offer directed to some of the employees. I was told several times that some of the ladies that worked there entered into relationships with some of the patrons that were regulars at the lodge. The men who were involved were usually those who would stay in the lodge for an extended period of time during their business trips. Evidently, lodges appeared to be places in which people like Mercy, with a tightly scheduled day, would be able to meet some potential partners.

### 3.3 “(In)Appropriate” Couplings

In a city in which women constantly feel monitored and are relegated to certain social spaces, I began to wonder how it was that people met and decided to begin dating. If the rules regarding social spaces and areas in which females could go were adhered to strictly, finding a partner would prove difficult because of the reduced social spaces in which males and females can interact. However it appears that the expressed disregard of these social rules is what facilitates coupling. This further feeds back into the Madonna/Whore complex explained above as it is expected that “good women” will not transgress these rules.

As detailed above, it is frowned upon and highly discouraged for unattached women to be found at lodges, let alone drinking in these spaces unaccompanied. Finding a woman in such environments signifies to the males in that space that the woman is free

to be approached and courted, while the same men would be disgraced if that was their sister or spouse. Much as in lodges, an unattached woman found in a club was also frowned upon. Despite the fact that such behaviour is unacceptable for women, young women find ways to leave their homes for a night out with friends. I was anxious to discover exactly how young people managed this because I was unhappy with my curfew and felt that I was being held back from certain experiences. It dawned on me that this is likely how countless young women felt if they actually adhered to imposed curfews and rules.

At various times during my tenure in Lusaka I was invited to clubs, lodges and the like by a few of the male participants. Mike, a man in his mid-30s, made a point to invite me to meet him at his hair salon for drinks after hours and also insisted on offering me alcoholic beverages every time I would go into his shop. He once offered to escort me to the lodge where I worked, all to turn around and disappear rather quickly once he noticed my host's vehicle coming in our direction. I asked him why he had run away considering my host knew that he was my hairdresser and a participant in my research. He told me that it would not "look right" if he was seen walking with me.

Mercy and I had become close friends while working at the lodge together. One evening Mercy was allowed to leave work half an hour earlier, and my host had agreed to my spending the evening with Mercy and her friend. Due to our friendship, I sought advice from Mercy about how to refuse Mike's offers of alcohol without upsetting him. She told me that instead of refusing him, that evening I should claim the alcohol he "owed" me but also inform him that I had friends with me. After all, she said, he was only trying to be friendly. I did as Mercy suggested and asked Mike if the offer to give



me drinks was still open, and he obliged by sending a young man to deliver the drinks to us. Mike later sent me a text message<sup>xxxii</sup> asking how my night was and where I was. I responded and soon forgot about my phone. Upon reaching home an hour or so later, I went to my room and charged my phone as my battery had run out while at the pub. When the battery was recharged, I found several messages that Mike had sent in the meantime:

*“are you and your friends behaving yourselves?”*  
*“where are you? Why are you not answering my messages?”*  
*“what am I supposed to think...”*  
*“are you with another man?”*

I was completely taken aback by the messages. The next day I called Mike and explained that I did not appreciate his text messages and what he was insinuating. His defense was that he was justified as a man to question my whereabouts and my behaviour because of his concern for me. I informed him that he could not speak to me the way he was speaking to me, let alone text me as though I owed him something. His response was sobering: *“so you want to put our relationship on hold?”* Of course I was shocked by this statement! Prior to accepting the drinks, I was under the impression that our relationship was strictly friendship, particularly because he had agreed to be a participant. I was later told that Mike had actually been courting me, so by accepting his drinks I had inadvertently accepted his courtship. As a result Mike felt that he had claims over me and deserved to know my whereabouts. Even so, I soon found out that Mike was actually married and had two children.

Mike was not the only man who had a steady partner and was looking to have a girlfriend. Multiple concurrent partnerships (MCP) are quite common in Lusaka. MCPs are a network of partnerships or relationships that are occurring at the same time. It is

easy to relegate people who are involved in MCPs into the category of cheaters and players or people just being promiscuous. It is not simply about just having a person on the side that he or she has sex with because there are numerous factors associated with these partnerships. The participants that I spoke with who were involved in these relationships were invested both emotionally as well as financially. For men, they have to be able to provide for each of the women that they are involved with. With the difficulty of securing employment in Lusaka, this means that such relationships certainly cut across socioeconomic lines. The more money a person has, the easier it becomes to maintain a larger number of partnerships. For a person with limited income, having such relationships is not an option. In fact, the girlfriend to a married man is considered a “small house” with the wife being the “main house”. The only difference between the two houses is that there is usually a recognized marriage in one. Financially the man is obligated to support both the main and small house in terms of bills. Additionally, he has to equally divide his time between these women as he believes<sup>xxxiii</sup> himself to be the only man for these women.

A 36 year old woman I met is a well-known woman due to the multiple businesses that she and her husband own and operate. The husband is notoriously known to be a womanizer as well. He often leaves town for business endeavours, visiting other major cities in Zambia or going abroad. His wife also has a boyfriend who she claims she has been seeing for over a year. This boyfriend lives in a different city and happens to be married. On one of the trips to see her boyfriend, she invited me to come with her and explore the city with her friends. Sitting around the breakfast table chatting early one morning, I asked the question “do all married men in Lusaka have girlfriends?” This

question provoked a long discussion. I was told that there are two types of men: the new man and the old school man. The old school men were the ones who would flaunt their money and have multiple girlfriends. They frequently go out to pubs and night clubs with their friends but never take their wives out. The old school men actually expect their wives to remain at home. The new men are supposed to be more “aware” – they care more about having a healthy and emotionally satisfying relationship with their partner than constantly showing how in charge they are. These new men are more apt to go out and have fun with their partners. I resisted the urge to ask these women which type of men they were married to.

At one point during the discussion, the lady I knew said, “men force their wives to do this. I was tired of crying and sitting at home waiting for him to come home at night, knowing he had been with his other girlfriends. So I made the decision to also be happy.” As she said these words and smiled, I saw the twinkle of tears in her eyes. Regardless of the words she used, it was clear that she cared about her husband to an extent, but she also cared about her boyfriend to have been making trips to visit him for over a year. I was actually given the opportunity to meet her married boyfriend on one of the trips. During an outing, my friend overheard her married boyfriend supposedly speaking to another girlfriend on the phone. That night she cried herself to sleep and refused to take part in any activities the next day until supper time. Evidently she was emotionally invested in her relationship with her boyfriend as well.

In a city where the HIV prevalence is quite high, the chances of being in a relationship with an HIV positive person is higher than would be true in a place with a lower HIV prevalence. The issue with this arises when people are involved in multiple

concurrent partnerships. If one person is HIV positive, the people in that network are all at risk for HIV. For example, the 36 year old woman's husband was known to be HIV positive. If the husband engages in condomless sex with his wife and his girlfriends, he is apt to transmit HIV to those women (see Appendix 11). His wife will in turn transmit HIV to her boyfriend, who would then pass it to his wife and girlfriend, and so on. Therefore HIV would be transmitted throughout this network and will spread faster, which is problematic.

### 3.3.1 Safer Sex

Although the concept of "safer sex" might seem straightforward and universally understood, the conceptualization of safer sex is bound to vary depending on the context. In the Western context, safer sex refers to the act of consciously protecting oneself and one's partner from not only pregnancy, but also the transmission of sexually transmitted infections (STIs) through using condoms and other safer sex tools. I propose that a differentiation be made on the concept of safer sex in the Zambian context. As Daniel Jordan Smith illustrates, AIDS risk has become associated with immoral sexual behaviour in Africa (2006). Therefore, if one conducts what he or she considers moral sexual behaviour then condoms might not necessarily be used as the person believes he or she is no longer at risk for HIV.

In Lusaka, I found that condoms were a source of controversy. Initially I was reluctant to broach the subject especially with men because it was a topic that, from my observation, people did not openly discuss and most definitely not with the other sex. When I was confident that my informants and I had forged friendships, I began having frank discussions with both males and females. I suspect my male friends were readily

available to discuss sexual topics with me because it was an opportunity they did not receive often especially in a non-sexual setting. Whenever business at the lodge was slow, or my male friends were on their breaks, we would often retreat to the garden and begin our relationships and sex talk. One day I asked Joe and Jack whether they use condoms regularly with their sexual partners. Joe did not skip a beat and immediately responded, “why would anyone eat candy with a wrapper?” Jack’s response was along the same lines in that he asked whether I would eat a banana with a peel. When I pressed and asked whether the possibility of becoming HIV positive did not worry them when they did not use condoms, they both said that they trusted their partners enough that condoms would suggest a lack of trust in their partner.

Joe and Jack’s responses are in line with Harrison’s observation that, “there is a common misconception that condom use with a trusted partner is unacceptable” (2008:185). While Harrison writes about youth in Kwazulu Natal, South Africa, similar sentiments are pervasive in Lusaka. Joe and Jack both said trusting that their partner was safe meant that condoms were unnecessary. However, Joe admitted to having more than one sexual partner. He claimed that one was his love, his “wife material” while the girlfriend was just “a beautiful flower waiting to be plucked”. Even with both women, he showed his trust by not using condoms with these women. Scott, a 25 year old male claimed that “only prostitutes use condoms”, after he echoed Joe and Jack’s sentiments that not using condoms in a sexual encounter meant that a person trusted his or her sexual partner. It is believed that asking for condoms is an indication that the person asking for condoms is promiscuous. For those in marriages requesting condom use is either an

accusation that the husband or wife is unfaithful, or that there is no trust in the marriage because married supposedly have no need to use condoms.

### 3.4 Conclusion

Throughout this chapter I have explored how gendered the society within Lusaka is. With regards to movement, men are awarded the freedom of unrestricted movement at all hours of the day. On the other hand, women are highly regulated in where they decide to go, when they decide to go to these spaces and who they are seen with in these places. This general policing of women's movement extends also onto their bodies and what clothing they wear. The policing of women's bodies and the "gendered social organization [...] provides an overarching framework within which young people enact their sexuality" (Harrison 2008: 176), but young people are able to circumvent the rules and form partnerships in the very spaces where women are expected not to be found after a certain hour. In these spaces – lodges, pubs and clubs – some married men are afforded the space to seek out girlfriends because their wives supposedly<sup>xxxiv</sup> do not go to these places. The fact that people participate in multiple concurrent partnerships (MCPs) further complicates matters because it has been associated with the transmission of HIV due to lack of condom use. Rather than vilify those who participate in MCPs, this chapter explores the complexities associated with deciding to engage in such relationships.

The colonial project in Zambia left certain lasting legacies regarding sexualities as well as the "proper" way a woman should carry herself, since the colonized were viewed as vulgar with their sexualities broaching the point of nymphomania (Gesheker 1995 in Tamale 2011:15). These legacies were then resurrected during the early 1990s when

HIV/AIDS was increasing in numbers in Africa. Medical anthropologists and public health professionals arrived in sub-Saharan African countries to begin HIV prevention measures but instead wound up restoring the colonial project by focusing research on sexual practices of African men and women (ibid.). Such a focus has led to the view that people enter into MCPs for selfish reasons, when there are in fact many nuances associated with MCPs. In the accounts provided, MCPs were shown to involve love, care, loneliness, responsibility as well as financial gain leading to the conclusion that a simplistic view of MCPs can detract from the full picture, and possibly interfere with HIV interventions.

## Chapter 4

### 4 Economies and Sustainability

Zambia is one of the poorest countries in sub-Saharan Africa. A landlocked country, Zambia is a peaceful country surrounded by war-torn countries and countries with civil unrest such as Angola, the Democratic Republic of Congo and Zimbabwe (see Appendix 12). Zambia's economic growth has been stalled, if not steadily declining, since the decline of the copper industry in the mid- to late 1970s. In a population of just over 14.3 million there are only 750 000<sup>xxxv</sup> job positions in the entire country for the 6 million people eligible for formal employment. This number was an improvement from the mere 500 000 positions that have been available since the year 2000, according to Finance and National Planning Minister Situmbeko Musokotwane (Lusaka Times July 11 2011). This poses a problem for people seeking employment, particularly recent graduates from the University of Zambia (UNZA) as well as other colleges.

The lack of employment opportunities is difficult enough for educated individuals and proves to be an insurmountable challenge for those unable to finish their schooling. Unfortunately, some people are unable to finish their schooling due to their parents or guardians' inability to procure enough money to pay for school fees and uniforms. As a result, people without education must devise ways to obtain money for their day to day needs, especially since there are few to no employment opportunities. This chapter outlines a brief history of Zambia's economy post-independence from British colonization. Further, the chapter illustrates how the lack of economic opportunities has proven to be a hindrance as people are unable to complete their schooling. This leaves



them unqualified for the few formal employment opportunities that become available. Strategies employed to combat unemployment range from work as vendors to owning small-scale businesses. People must be creative in their income-generating activities to be able to sustain their day-to-day living.

## 4.1 History

Zambia was a British colony known as Northern Rhodesia from the early 1900s until its independence in 1964, when it was renamed. During the colonial years, the country underwent significant changes. By the time Zambia gained its independence in 1964 it was a newly industrialized country thanks to the copper found in the Copperbelt, in northern Zambia (Ferguson 1999: 5). Zambia's mining industry was tremendously successful, promoting migration from rural to urban areas. The country was viewed as one of the up and coming countries with a gross domestic product (GDP) higher than that of countries such as Brazil, Malaysia, South Korea and Turkey throughout the 1960s and most of the 1970s (Ferguson 1999: 6). It was believed that Zambia would be worth considering to be ranked among some of Europe's poorest countries at the time, rather than as one of the poorest nations in the world.

In the mid- to late 1970s there was a sharp increase in the demand for oil worldwide which contributed to the decline in copper trading power. This decline was fueled also by the fact that Zambia was no longer exporting copper, a commodity that had previously comprised 90% of the country's export (ibid.). The decrease in copper export led to a decrease in copper production, and a loss of jobs for people working in the mines. With no jobs, people were forced to leave these urban areas to return to rural areas.

As the economy took a turn for the worst, Zambia was forced to borrow money from international lenders. The external debt incurred has become one of Zambia's crippling burdens as there appears to be no way the country can ever repay this debt. In fact, "the extreme burden of debt has left the country little choice but to yield to the demands made by lenders via the International Monetary Fund [IMF] and World Bank for measure of 'structural adjustment' of the economy" (Ferguson 1999: 9). As a result, Zambia has become increasingly reliant upon aid from external sources.

Travelling through Lusaka, it was difficult to pass any particular area without seeing signage that read, "Donated by China Aid", or "Sponsored by Irish Aid" and so on. These signs made reference to projects that had been funded by external bodies for the purposes of reconstructing roads, erecting and/or repairing buildings. With the frequency of signs all over Lusaka, I could not help but wonder, "does Zambia fund any of their own projects?" Knowing the state Zambia's economy is in, it makes sense that some of these necessary repairs are funded by external funders.

## 4.2 The Reality of the situation

The lack of employment opportunities in Zambia has created difficulties for individuals as well as families. People are relegated to work in any position that might bring in a stable income, despite the fact that some pay below minimum wage<sup>xxxvi</sup>. Most people often find themselves short of cash at month's end after they are paid and must devise other means of obtaining more money until the next payday. When a formal employment opportunity is advertised, those with higher education apply in desperation despite some not having the appropriate qualifications. An article in The Post Newspaper<sup>xxxvii</sup> by Miyanda Maimbo entitled, "Job-seekers: be serious, focused and

confident” simultaneously chastises job-seekers for their desperation and encourages them to be focused and confident when they apply for job positions (June 29<sup>th</sup> 2011).

Maimbo writes that she recently received an application from an applicant for several positions at the agency where she works. The application was odd enough that it prompted Maimbo to contact the applicant for further clarification. She writes,

“the applicant, after receiving the same vacancy alert, sent an application via email, attached her CV and asked that we consider her for all the positions advertised such as: commercial director, finance director, sales team leader, credit analyst, national sales manager, finance manager, accounts assistant, warehouse coordinator and sales executive” (Maimbo 2011: 19).

Upon calling the applicant, she realized that the applicant did not have the qualifications for a majority of these senior level positions but had applied anyway in the hopes of landing any position. In the same article, Maimbo advises job seekers to conduct a self-assessment before they apply to any position:

“your assessment should focus on whether you have relevant experience, whether you have completed your grade 12 [...] You must ensure that you have your certificates [and] check and confirm that you have the relevant professional qualifications to match the job that you are looking for” (ibid.).

As sound as her advice is, Maimbo fails to realize the reality of the situation. In Lusaka, most teenagers who are still in school do not have the opportunity to gain valuable work experience through internships or volunteer opportunities due to many reasons. One contributing factor is the fact that the school year runs in 3 month increments with one month break between each of the three school terms. With only one month holidays, there is not enough time to begin a work and/or volunteer post. Another contributing factor is the fact that volunteering by locals is not that common in Lusaka. Accepting a volunteer position is viewed as a waste of time, money and human resources that could best be used elsewhere. For example, I was met with less than favourable reactions when I informed

my hosts and some friends that I would no longer spend as much time at the lodge as I would be volunteering with the Treatment Advocacy and Literacy Campaign (TALC). For one, I was laughed at for my “stupid” decision. I was also told that I would be wasting money on transportation all to do work that I would not be paid for, “what are the benefits in that?” I tried to explain the fact that I would not only learn more about the organization, I would also attain some experience and network with people. I do not think any of the reasons I gave really satisfied people until one of my participants was considered as a potential candidate for TALC after I introduced her to the Country Director. I should mention that this participant had been involved in raising HIV awareness and had been voluntarily working as a peer counselor to other people living with HIV. Due to her background, she was considering being formally involved with an agency whose mandate aligned with her values and passion, and TALC seemed to be an appropriate organization for her.

One other contributing factor to why teenagers lack work experience is the fact that most business owners or companies do not trust that young people are qualified to work. They are expected to remain in school and focus on completing their studies and finally begin working. With no prospects for earning money, young people are forced to develop creative ways to make money so that they can buy new clothes, shoes or even a coveted CD. As a result, Maimbo’s expectation for job seekers to obtain relevant experience for the positions being applied for is a tad bit unrealistic. She makes the assumption that all applicants would have completed their grade 12 and obtained their certificate when in fact there are a large number of people who never reach that level due to the financial restrictions brought on by the school fees, the cost of uniforms and

transportation. By the time the fortunate few graduate from colleges or universities, they are reaching a stage where they are expected to contribute to the household instead of being a financial burden.

Jack, a 28 year old man I met while working at the lodge, is somebody who had to stop going to school because his relatives were unable to pay his school fees. Raised by his grandparents in a rural area, he completed grade 9 at which point he had to move to Lusaka to live with his parents. He continued his education up to grade 11 when his uncle could no longer pay for his school fees. Jack was forced to work as an attendant at a clinic, receiving people ready to be admitted to the hospital. Even with this salary<sup>xxxviii</sup>, he could not afford to pay K750 000 (\$150 CDN) per year for his schooling<sup>xxxix</sup>. At this point he decided to find another position and was finally hired to work at the lodge in landscaping. When I asked him if he had any specific job in mind when he was applying, he told me that he was looking for anything to make money. As a landscaper at the lodge Jack had a salary of K350 000 (\$70 CDN) in 2008. Although times were difficult and the money barely sufficient, Jack decided to move out and live with his friend. Currently he is supporting two people that live in his household, his uncle and his younger brother. His younger brother also had to drop out of school in grade 6 because nobody was able to pay for his school fees. Jack laments the fact that he cannot pay his brother's school fees due to his meager salary of K550 000 (\$110 CDN), so his brother works as a mechanic's assistant. Once Jack receives his salary at month end, he spends K350 000 (\$70 CDN) on rent leaving K200 000 (\$40 CDN) to pay his debts and buy some food. Jack is left without any money within a week or two, forcing him to borrow money until he paid

again. Jack is also able to ask for an occasional advance from his employer, which is then deducted from his salary.

Jack's experience is a fairly common one among people in Lusaka. For some, the situation is exacerbated when they have a spouse and several children that they must send to school as in Brenda's case. Brenda is a 35 year old woman and mother of four. Raised in a rural part of Lusaka, she was forced to stop school in grade six<sup>xl</sup> due to lack of support for school fees. She would attend her classes all to be turned away and told that she could only return once she had her school fees. Frustrated and discouraged, Brenda eventually dropped out of school and was married a couple of years later at 17 years old. Currently she lives with her husband, their four children and four other family members. Brenda and her husband must support everybody in the house and send six children to school. School fees for the children vary: 1 at K450 000 (\$90 CDN) per term; 3 at K150 000 (\$30 CDN) per term; and the youngest at K70 000 (\$14 CDN) per month. Luckily Brenda's husband has recently had a raise and will have a salary of K 1.4 million, doubling his previous salary. Brenda and her husband do not have to pay rent because they began building their home many years ago. They steadily added rooms to their house and now they have a seven room house that is nearing completion.

Brenda has had to face even more financial difficulties in the past. At one point she had to take care of a relative that was ill with cancer in the hospital. The hospital required K400 000 (\$80 CDN) and her salary then was K350 000 (\$70 CDN) and her husband was on leave, thus could not contribute. She was forced to borrow the required sum with the stipulation that she pays K200 000 (\$40 CDN) as interest. She remembers giving her entire paycheck at month end to the lender, leaving her with absolutely

nothing. She cringes as she recalls how she felt knowing she could not support her family and the fact that her worries made her lose weight. From then on Brenda stopped borrowing with interest. Rather she asks her employer for an advance when she is in need, because the employer will simply deduct that amount from her salary for the month. In her present state Brenda considers herself more fortunate than others. She says, “sometimes I think: here we are struggling when we have a home we don’t have to pay for. How difficult must it be for those who do not have a home and must pay rent?” She continues by saying that although she may not have enough sometimes, at least nobody will know because she is in her own house with her family.

### 4.3 Income-generating Initiatives

For those fortunate enough to be have a stable income or those living in a dual income household, they can expect to at least receive money every month’s end. Those unable to secure employment are forced to find other ways to earn money. Driving on any street in Lusaka, particularly in the downtown area, there are plenty of vendors that run onto the medians and sell any wares they have to drivers. The goods sold range from clothing, newspapers, bags and/or purses to name a few. Each day as I travelled by bus to different areas of Lusaka I was always amazed at how well-dressed some of the street vendors were. Despite the fact that they would be in the sun for countless hours running to and from cars in traffic, most vendors were usually presentable and professional. On more than one occasion the vendors selling newspapers or Talk Time were dressed in suits, business casual or their Sunday best.

From observing the vendors, the lucrative business was that of selling newspapers or Talk Time. Every morning there would be countless vendors along the roads,

concentrated at bus stops or traffic lights. Commuters would pay for the newspapers through the window much like receiving a drive-through service. The number of people selling newspapers would wane throughout the day, with a small number of people still selling newspapers around 5pm. On the other hand, Talk Time was always in demand. A majority of people living in Lusaka own cell phones as this allows for easier communication. Most of the users buy pay-as-you-go minutes as Talk Time can range from K1000 (20 cents CDN) to as much as K100 000 (\$20 CDN) cards. If a person does not have enough Talk Time, they can “beep”<sup>xli</sup> another person and would not use any of their Talk Time. However, the person paging has to have a certain amount of Talk Time on their phone.

*Salaula*<sup>xlii</sup> is a very lucrative business in Lusaka. It is the business of buying large bundles of second hand clothing at wholesale prices and re-selling them to locals. The average consumer in Lusaka cannot afford to buy their clothes in the boutiques or malls as some of the clothes cost more than half of a minimum wage salary. Ultimately the boutiques, malls and shops cater to the rich as only they can afford the prices without risking a loss of 2 months’ worth of salary for one shopping trip. Through *salaula* the average person in Lusaka is still able to buy the coveted fashions, with a wide variety to choose from at an affordable price. With this means of generating income, there has to be an initial investment in buying the bundle of clothing intended for *salaula*. The vendors must also be certain that they will gain profit from selling *salaula* or they may risk not earning enough for the month.

*Salaula* and selling newspapers and Talk Time along the roadways are not the only means of generating income. In these types of income-generating work, a person has



to invest money on transportation to get to the places where there is high traffic so they can sell their wares much easier. There are others unable to leave their homes for various reasons that set up a *kantemba*. A *kantemba* is usually a small type of store or kiosk at the front of the house where they sell things ranging from lollipops, to eggs and produce. A *kantemba* can be as simple as a table with some goods at the end of somebody's yard, facing the road, or as complex as a small store. One benefit to running a *kantemba* is that owners can use the resources around them to make money that can be used on a daily basis rather than having to always borrow money until month end, if they have another position. The owners are also able to save money on transportation while also being able to fulfill any responsibilities tied to the home.

#### 4.4 Poverty and HIV

It is inarguable that poverty and vulnerability to HIV/AIDS are linked, as has been evidenced in the global distribution of infections (Poku 2005). HIV/AIDS is found predominantly among people in their working prime (ages 15 to 49), which “has the effect of sharply reducing life expectancy, eroding the labour force and destroying intergenerational socio-cultural capital formation” (Poku 2005: 9). With the low levels of employment opportunities and the pervasive poverty, obtaining income becomes a tricky situation that requires some even trickier income-generating initiatives not mentioned above. Some people may resort to being in relationships with people that are better-off financially than they are, leading to a change in the power dynamics. General Kanene alludes to the power dynamics present in a relationship where one person has the financial upper hand in the song *Tembusha* (see chapter 2).

Prior to 2004 when Zambia had not yet begun receiving HIV/AIDS programming funds from the U.S President's Emergency Plan for AIDS Relief (PEPFAR), obtaining anti-retroviral medications (ARVs) was another barrier for people living with HIV/AIDS. ARVs were available for purchase at different private clinics, leaving those without the funds to purchase ARVs to ultimately die from AIDS-related illnesses. For others, they would raise money to go and obtain these medications all to find that they were too ill to travel to these clinics, or they could not afford transportation costs. Poku notes that "many of the conditions that facilitate the spread of HIV/AIDS are linked to low levels of development, poorly developed health infrastructure, lack of the economic empowerment and so on" (2005: 82). This proves true because prior to free ARVs, people were forced to watch their loved ones die because they simply could not afford buying ARVs due to lack of money.

## 4.5 Conclusion

Since the decline of the copper industry in Zambia in the mid- to late 1970s, Zambia has not seen any of the economic success that appeared promising post-independence. Zambia has been burdened with debt incurred from external lenders, and has had a high rate of poverty. The situation is exacerbated by the fact there are few employment opportunities for its citizens, making it difficult for some to make a living. Brenda and Jack's accounts illustrate how expensive the cost of living is in Lusaka, as well as the difficulties in maintaining a living on a minimal salary.

In Lusaka, many people have had to make adjustments to accommodate for the lack of employment opportunities. Through street vending – selling newspapers and Talk Time – and *salaula* people are able to make money by selling the most consistently

sought after items. Owning a *kantemba* allows those who are unable to finance transportation costs or have responsibilities that tie them to the home, the ability to earn some income. It is only through establishing their own income generating endeavours that people are able to have an income, however unstable it might be.

The lack of financial resources has hindered the goal to reduce the HIV prevalence and obtain HIV treatment for all. Prior to the availability of free anti-retroviral medications, accumulating enough funds to pay for the ARVs was very difficult. The current economic situation still affects access to obtaining the free ARVs because some are unable to afford transportation. The economic situation must be rectified if access to ARVs is to be universal and the high prevalence is to be reduced.

## Chapter 5

### 5 HIV/AIDS, Women and Agency

The HIV/AIDS epidemic has continued to remain salient since it came to worldwide prominence in the 1980s. This epidemic has had dreadful effects worldwide, with sub-Saharan African countries being disproportionately burdened. Zambia is one of the countries that has endured the lasting implications of the HIV/AIDS epidemic, coupled with the economic hardships as outlined in chapter 4. The response to the HIV/AIDS epidemic in Zambia by both international and national governments has been received with mixed reviews.

Living with HIV in Lusaka is challenging due to the stigma associated with the illness and the general attitudes of people, which in turn lead to discrimination. This chapter outlines the HIV/AIDS epidemic as experienced by some women living in Lusaka. The women interviewed reveal their perspective of what it means to be living with HIV in Lusaka. Their personal narratives will illustrate how their roles as mothers, daughters, sisters and friends have been affected by their status, and also their hopes for what the future will hold.

#### 5.1 Herstory

The HIV/AIDS epidemic has proven to be a gendered one in Africa. HIV prevalence rates are higher among women than men due to women's increased susceptibility to the infection, for both biological and social reasons (Kornfield and Babalola 2008:36). Additionally, women and girls are more apt to provide care for the ill, with the time spent caring doubling if it is a terminal illness (Poku 2005: 92). Caring for

the ill becomes the caregiver's primary occupation, further affecting other income-generating activities. Poku notes that HIV/AIDS plays a role in reducing income-earning capacity in a household, relegating people to live in conditions characterized by poverty, such as debt, very little income and reduced access to services (Poku 2005: 88). Living in such a manner becomes problematic not only due to the lack of income and the associated hardships, but also because it raises the concern of people's vulnerability to HIV/AIDS.

Finding books that take into account individual experiences of people living with HIV and/or AIDS can be challenging, as these books are few and far between. Usually the experiences are conflated into a singular narrative, making it seem as though the experiences are the same across different people within a particular region. Indeed there exists similarities in some experiences, but some of the differences are not explored or even considered. There exists a danger in presenting various realities as a singular experience as this can lead to generalizations and stereotypes. Increased repetition of these generalizations and stereotypes of people as only one thing then creates the single story; people *become* the stereotype (Adichie 2012:3). In her 2012 TED Talk, author Chimamanda Adichie explains:

“the consequence of the single story is [that]it robs people of dignity. It makes our recognition of our equal humanity difficult. It emphasizes how we are different rather than how we are similar” (2012:4).

Adichie also reveals her personal experience of having been exposed to, and believing a single story. During her childhood years in Nigeria, Adichie's family hired live-in help from the neighbouring villages. One of the help was a young boy whose family was poor, as Adichie was frequently reminded. Having been exposed to the idea that the boy's

family was very poor, Adichie constructed a particular image of what this meant, “so it became impossible for me to see them as anything else but poor. Their poverty was my single story of them” (Adichie 2012:2). She goes on to say,

“if I had not grown up in Nigeria, and if all I knew about Africa were from popular images, I too would think that Africa was a place of beautiful landscapes, beautiful animals, and incomprehensible people, fighting senseless wars, dying of poverty and AIDS, unable to speak for themselves and waiting to be saved by a kind, white foreigner” (Adichie 2012:2).

In a country where women are disproportionately affected by the HIV/AIDS epidemic, it was imperative that I capture individual women’s stories, their lived experiences. In the past, “stories have been used to dispossess and to malign, but [they] can also be used to empower and to humanize” (Adichie 2012: 5). The experiences recounted in the following sections allow the women to speak for themselves, creating a narrative that best represents them. One thing to bear in mind is that the women’s experiences profiled below are by no means representative of all the women’s experiences in Lusaka, let alone in Zambia. Rather these women provide a view into women’s lives from many different perspectives: living with HIV, employed versus unemployed, partnered versus single, and so on. In line with ethical guidelines of confidentiality, the women’s names and some identifying details have been altered to protect their identities.

I met individually with several women who volunteered to guide me along their journey of living with HIV<sup>xliii</sup>. These journeys were at times regretful and sometimes filled with anger but one thing that I realized above all is that these women are hopeful and strong. They are women *living* with HIV as opposed to the commonly used phrase, “dying of AIDS”. What I heard and witnessed of these women is that they are women who have accepted their situations to varying degrees. The strength in these women is

exhibited through the fact that they do not solicit pity nor do they have a “woe is me” attitude. They face their reality and carry on, hoping for the best and always looking forward.

### 5.1.1 Martha

On my second day in Lusaka, I was invited to go to a birthday barbeque. The barbeque was for my host’s friend who lived in a nearby city. Not yet feeling comfortable enough to mingle with the other guests, I spent most of my time seated with a group of women. At some point in the conversation among the women, the conversation turned to people currently on ARVs. The women were jovially discussing just how easy it is to identify those taking ARVs among the guests at the party. I inquired about the identifying markers and was informed that I had to pay attention to people’s physical characteristics. Some of the side effects of the ARVs manifested physically in that some people would experience a bloated belly or an “unnaturally fat” neck while the rest of the body continued to lose weight. On another occasion, one of the women I was socializing with took it upon herself to approach an “overweight” lady and ask her if she was on ARVs. The lady was visibly shaken and embarrassed particularly because the women were openly enjoying a laugh at this lady’s expense.

I did not fully grasp the fear that stigma and stereotypes incite in people until I met Martha, a 42 year old self-employed mother who has been living with HIV for the past eight years. She is one of the first interviewees who spoke to me about her experience as a woman living with HIV. Diagnosed as HIV positive in 2004, Martha chose to disclose her status to her mother and her friend but has since decided to keep her status a secret from co-workers, other family members and even her current partner. In

order to maintain this, Martha has had to carefully avoid drastic changes to her physical appearance as they may indicate her use of ARVs.

Martha began her anti-HIV treatment with a particular combination of ARVs. Her side effects were such that she felt the medications were deforming her. She lost a considerable amount of weight and became extremely lean, while gaining weight in the midriff. Her side effects being common to some people on HIV treatment, Martha decided the best course of action would be to request a change in the drug combinations so as to avoid people insinuating that she is living with HIV. If it was assumed or even discovered that she is living with HIV, people would begin to treat her differently. They would avoid her at all costs, speculating that her “loose ways” made it possible for her to become HIV positive.

During my stay in Lusaka I made the point to meet people in places in which we were both comfortable. One day I was told that Martha would meet me at her friend’s place. However, I was unable to meet with her that day and instead suggested that we meet where she was so as to avoid using more money for transportation. Martha vehemently refused and stated that she would rather spend more money meeting me at a place of my convenience than risk her partner finding out that she had been speaking with me<sup>xliv</sup>. At this point she revealed that her partner still did not know about her HIV+ status and she hoped that it would remain a secret. When asked how she managed to keep her status a secret with her partner, she explained that once they began a sexual relationship she always insisted that they use condoms and continues to do so even now. Up to now using condoms with her partner has not been a problem, but Martha dreads the day when



her partner requests that they do not use condoms as she may be obligated to disclose her status.

Successfully concealing her HIV status from those close to her has been quite the feat for Martha. She expresses the desire to educate her daughter and grandchildren about the reality of HIV, but at the same time avoids disclosure so as to not expose herself to the stigma associated with the illness. Martha revealed that she has had several conversations with her daughter impressing upon her the fact that HIV is real, that people within their community are living with HIV so she must take precautions to protect herself. Whether Martha will ever broach the topic of her HIV status with her partner in the future remains to be seen.

### 5.1.2 Laurie

Laurie's experience somewhat differs from that of Martha. Laurie currently lives with her mother, brothers, an uncle and a few children, two of which are her own. While Martha preferred that we meet at her friend's place, Laurie was quick to insist that I meet her at her residence. Despite how many people volunteered to speak with me and our rapport, I was nervous to begin asking questions about these women's experiences. Laurie was no exception. In fact Laurie was sitting calmly waiting for direction to begin the interview. In that moment, I could not help but wonder if my questions would force Laurie to recall events that she may not want to remember. I reminded Laurie that she is under no obligation to answer my questions and she may stop the interview at any time. She assured me that she is fine and would not stop the interview.

Laurie is a 37 year old mother of two, a teenage girl and a young boy. Previously, Laurie had been living with a partner when he became ill. He underwent some tests and was found to be HIV positive. Laurie's partner was immediately put on antiretroviral medications (ARVs) because he was quite ill and needed medical intervention. At this time Laurie did not feel the need to be tested since she was healthy and had had no illnesses. Eventually her partner passed away and Laurie later began a new relationship. When Laurie found out that she was pregnant with her son from this second partner, she decided to test for HIV: she was diagnosed as HIV positive. Upon receiving her diagnosis, she began treatment. She gave birth to her son and has had to have him tested every 6 months for HIV for the past year and a half. Laurie's son continues to be HIV negative with each subsequent blood test.

For Laurie, finding out her HIV status was surprising but did not make her despair. She said, "I figured that if my best friend had lasted so long then I would be fine as well". Laurie informed me that her HIV status has not had a negative effect on her relationship with her family, mostly because she has not disclosed her status to everybody in the family. The only people she has disclosed her status to are her mother and sisters, refusing to inform her brothers and daughter. Laurie mentions that disclosing her status to her mother and sisters was not stressful because they are very supportive of her. She explains:

"when I disclosed about my status, nobody was feeling pity on me and so forth. They would just say it happens. All you have to do is pray and take good care of yourself. They don't want to leave me just like that. They are there to help me and encouraging me in a lot of things. They are very supportive."

Laurie considers herself lucky in that her mother and sister have continued to assist her and support her despite having disclosed her status. With the support she is receiving

from her mother and sister, I wondered why she had chosen not to disclose her status to other family members. Her response was matter of fact:

“I haven’t told my brothers about it. Even my daughter doesn’t know about it. I’m sure she will get to know about it someday...she’ll get to know about my status [...] with my brothers I wouldn’t want them to know about it because they are people that drink beer so if they are drunk they would come and say things that could offend me concerning my status so I chose not to tell them because I know how they would react”.

Fearing constant negative reactions from her brothers and being stigmatized by her own family members, Laurie has chosen to keep her status a secret. As illustrated in chapter 3, “good” women with outstanding morals will not find themselves in situations that might put them at risk for HIV. Laurie’s ability to educate her daughter about sexual health and HIV is diminished as she is bound by the constraints of morality and cultural mores that prohibit open conversation about sex and sexuality between parents and children.

In addition to the constant worry of involuntary disclosure of her status, Laurie must also worry about earning an income as she is currently unemployed. Having co-owned a business, she opted to temporarily close her business due to the business not generating any profits. She has since decided to renovate the business in the meantime in an attempt to attract more customers. As she waits for investors to lend money for the renovations, Laurie no longer has a steady income. She informs me that she is lucky to have a relative assisting her older daughter with schooling and every day needs. This reduces her worries as she is assured her daughter’s needs are met. However she states that,

“as a mother, I really want to do something for my child but [...]I don’t have the money. But I just pray to God that if my business goes on well then I should be able to contribute to my daughter’s education”.

Her inability to provide for her daughter is a concern for Laurie as she feels it is her role as a mother to support her child especially since the daughter's father passed away. In terms of her son, the son's father pays for the child's school fees, clothing and food, and also provides Laurie a monthly stipend<sup>xlv</sup> of K500 000 (\$100CDN). Laurie laughs as she reveals this information as she considers herself lucky enough to be on good enough terms with her ex-partner to receive the stipend. It is this stipend that she uses to contribute to the household as she is responsible for paying for electricity and other household bills.

Despite the hardships that Laurie has had to encounter because of, and in addition to, her HIV status she is optimistic about the future. She envisions her family will be more comfortable. Even so, one thing is always on her mind:

“I feel I am still young and I need to get married. I know someday I will meet a man and then...how to disclose. How would I do that? That's my main worry. That's why up to now I am still not in a relationship.”

How she will disclose her status to any partner in the future remains to be seen. For now, she avoids any relationships for fear of having to disclose her status.

### 5.1.3 Leslie

One morning after my only night out at a club with some friends, I went to check if one of the friends I was staying with was awake. I found Leslie lounging on the bed and we soon were engaged in a conversation. The conversation eventually steered to my reason for being in Lusaka. Leslie told me that she had attempted to contact me for a meeting through one of our mutual acquaintances. She was eager to share her experience of living with HIV but did not have my contact information.

Leslie revealed that she had been dating a man for a while before she became pregnant. During a standard visit to an antenatal clinic she was diagnosed as being HIV positive. Upon further tests she was informed that her CD4<sup>xlvi</sup> cell count was quite low, meaning she was susceptible to opportunistic infections as her immune system was considerably weak. Leslie was immediately placed on ARVs to improve her CD4 cell count as well as reduce the likelihood of her child being born with HIV. Throughout her pregnancy Leslie did not experience any illnesses but she became very ill once her daughter was born. Her condition was quite dire that she needed to be hospitalized.

Almost as a way to pinpoint when and how she contracted HIV, Leslie explained that she does not know if she contracted HIV through sex or other types of exposure. She happily stated that her previous partner was aware of her diagnosis and was very supportive. Leslie's previous partner usually accompanied her to pick up ARVs from the clinics. When I asked her about her current partner, she became thoughtful and explained:

“I look after two children, my sister's, plus my own. I don't work and these children have to go to school. The man I am living with says he will only pay for my child and not my sister's, so I have to find ways to make money for those children. You know, sometimes he is good and he is there but then he'll get in a mood and not talk to me for weeks. I have nobody left [in my family], it's only me. So I have to make money to take care of the children”.

Being in a relationship with a man that is not as supportive has increased Leslie's worry. However, leaving him is currently not a viable option for Leslie. At the time of the interview, Leslie did not have any income-generating means. Financially she was incapable of supporting all the children under her care. With no family members to assist her, she has had to borrow from friends often resorting to borrowing even more money from other friends to pay off other debts. Leslie remains in a constant state of deficit as she always owes money to somebody. Her solution to the financial state she was in was

to borrow money that would help her finish building a house. She will then rent this house out, and use the money to look after the children in her care, while also clearing her debts in the process.

One of Leslie's worries is the fact that younger people did not appear to be concerned with the existence of HIV. She is convinced that younger people approached the risk of HIV with the attitude that there were drugs that would enable them to live although they had HIV. According to Leslie, it is common for younger people to put themselves at risk of contracting HIV for various reasons. With regards to relationships, she said:

“It is sad to see that some very young girls are going around with older men. They use this as a way to support themselves”.

With this Leslie was referring to Sugar Daddy relationships that occur between older gentlemen and young girls. Sugar Daddies date younger girls and provide these girls with gifts and money. With no means for young people to earn wages as they are still within the school system, such relationships become a way to earn money to buy items for themselves. Leslie's concern was echoed by another one of her friends who was concerned when she noticed her 16 year old niece arriving home with new clothes, CDs and even a cell phone. Having no formal employment at the time, this young girl's relatives were concerned that she had been involved with the older gentlemen with whom she was sometimes seen socializing.

Leslie was an intriguing lady to speak with as she was open about her status to those who knew her, but also did not hide her status from anybody who had the desire to know. She was also quite vocal in her disapproval of placing oneself at risk for HIV,

mainly through not using condoms. Leslie was adamant that people should use condoms and often chastised her friend for having “live sex”, or sex without a condom. At the time of her interview the children under her care were still very young, so she had not introduced them to the topic of HIV. As they grow older she hopes to speak to them about HIV. Leslie had not yet decided whether or not she would disclose her status to the children.

#### 5.1.4 Jennifer

I remember the first time I laid my eyes on her: she was well-dressed with her face made up and her hair in an up-do. Even as well-presented as she was, I could tell that something was off: her teeth appeared too large for her slim face; her eyes seemed to bulge out of her sunken eye sockets; her clothes hung off her frame as they were several sizes too big; and she just could not seem to shake off the cold despite the temperature being well over 30 degrees Celcius. I felt tears running down my face as I hugged her, remembering the Jennifer I had left when I moved to Canada. The Jennifer standing before me was merely a fraction of the woman I remembered. Instead of asking people for extra sweaters or requesting that we sit outside in the sun, Jennifer held my hands and was comforting *me*, wiping my tears away and telling me that everything would be ok. She pulled me aside and told me, “soon we will sit down and talk about all of this, just you and me”. I smiled and nodded, I could not speak without being choked up, tears running down my face.

True to her word, Jennifer sought me out and invited me to her place. I was both looking forward to speaking with her and also dreading the moment. The day finally arrived and I was alone with Jennifer in her living room. In the few weeks since I had last

seen her, she had gained some weight and looked much better. I commented on this and she explained that she had recently been given some supplements which had increased her appetite. Soon, we had exhausted all the small talk one can think of so she said,

“you are very nervous about this. I know it’s awkward but we both know that it needs to happen. So just press record and tell me how you want me to begin.”

I smiled and told her she could begin by telling me her name and age, and I pressed record:

“Hi, I’m [Jennifer]. I am a mother of two, one of who is taking anti-HIV medications [...] I came to learn about my status in the year 2000 just when my daughter got sick, and then upon testing my daughter they told me that for her to be positive I was automatically positive. By the time I was told I was positive [...] these drugs were not there”.

At the time of Jennifer’s diagnosis, antiretroviral medications were not readily available in Lusaka. Even when they did become available, but prior to PEPFAR, Jennifer could not afford paying the minimal cost on a monthly basis. As such, Jennifer was unable to receive the one-on-one care that Laurie received when she accessed particular clinics prior to the introduction of PEPFAR.

Similar to Leslie, Jennifer attempted to pinpoint how or where she might have contracted the virus. She had a puzzled and thoughtful look as she said,

“I had a partner, the father of my kids who died in the year 2000. I don’t know the cause of death. I suspect, probably, I got the same virus from him, from the same man exactly. I can’t figure out where I got this disease. After he died I also had another partner in Malawi, so I don’t know who between the two, so I wouldn’t know. All I know is I’m positive”.

Living with HIV has not been easy for Jennifer, a fact that she reiterated time and again. She revealed that receiving her diagnosis as HIV positive did not mean that other aspects of her life were stagnated. She was still a sister, an aunt, a daughter and a mother to her daughters, one HIV positive and the other HIV negative. In fact she became the primary



caregiver for a few family members during their illnesses, witnessing them all succumb to their illnesses:

“I have seen enough, let me tell you. I had to take care of [a relative]. I was the only one expected to take care of her. When she had to go to the hospital, I was the one with her...nobody else [in the family] even cared to visit”.

Jennifer further explained that her role as primary caregiver for a relative who was suffering from HIV-related illnesses impeded her ability to work as this relative required care all day long. Jennifer was let go from two positions, with her employers claiming that her absence was affecting the day-to-day business in their establishments.

“You know, I had no job and no money. I was looking after [my relative] and wasn't even wearing gloves when I bathed her or cleaned her sores”.

Jennifer's efforts with her relative were soon noticed and she would frequently receive visits from community nurses. While most of the time they could not provide any support in terms of medicine, they frequently spoke with Jennifer, advising her to take precautions by wearing gloves. Jennifer also mentioned that they often asked her to whom she turned to for assistance or emotional support, with her response always being “no one”.

“I was worried. Here I was a woman living with HIV...and at that time the medication was not there... taking care of [my relative] who was basically dying of AIDS in front of my eyes. She suffered for a long nine months that there were days when I would pray that she would die and stop suffering. Her body was dead before she was even dead. Everything in her body stopped working, that every morning I would lift her and put her outside to get some sun and then bring her back inside in the evening. I learned to put a bucket underneath where she sat because if I fed her something, the food would just go directly through to the bucket. And every single day I looked after her, I asked myself: is this what will happen to me? I have the same virus that she has, so will this happen to me?”

Jennifer's relative died after nine months, but Jennifer was soon expected to look after another relative. As she faced mortality on a daily basis, Jennifer began to worry about

her own wellbeing as well as that of her daughters. Even as she was taking care of ill relatives, her youngest daughter was also sickly and Jennifer was steadily losing weight<sup>xlvii</sup>. Family members and neighbours eventually began questioning what was wrong with Jennifer, insinuating that she also had HIV especially since her children's father had died of AIDS. To combat any insinuations as to how she may have contracted HIV, Jennifer decided to disclose her status to some friends and family members.

However this was not without repercussions:

“I had a few challenges like stigma, stigma both from my friends and my neighbours and my family...some of my family members stigmatized me but I've learned to live with it. Some people you'd see they'd want to pretend as if all is well but you see from the facial expression that they are kind of disappointed or scared or something like that”.

Despite some of the negative reactions that disclosure has produced, Jennifer was adamant that she made the right decision because it has given her the opportunity to reach out to others going through a similar situation. In doing so, she is able to not only understand what other people living with HIV are experiencing, but is also able to provide advice about certain issues. Jennifer mentioned that her “sickness” as she calls it, provided her with the ability to learn many things concerning health. It was quite common for Jennifer to ask if she could borrow one of the articles I was reading, which she would then discuss with her partner, a man who is HIV negative.

I was quite interested in the dynamics of Jennifer's relationship as her partner is HIV negative, especially as I remembered Martha's fear of disclosing her status to her partner as well as Laurie's fear to even enter into a relationship for fear of having to disclose her status. Jennifer and her partner have been together for four years now. When asked if she found the relationship difficult at first she said,

“Yes it was very difficult in terms of intimacy and meeting. You know, I was like...sometimes we’d want to...like...he would want to...in terms of sex...he’d want to make love. I would insist on a condom and then he’d say ‘no I don’t want to use a condom’. And then I said [to myself], ‘for how long will I be making excuses?’”

It was then that Jennifer decided to disclose her HIV positive status to her partner. She explained her situation and initially her partner was a bit frightened. Jennifer recalled that it was quite difficult initially. At the point of our conversation, Jennifer felt that her partner was the only person who truly understood her situation. Any time that she would consider stopping her medication because she knew there was no cure for HIV, she would explain her thoughts and feelings to her partner. At times Jennifer has wondered why she contracted HIV:

“Why did this pick on me? There are a lot of prostitutes around here but if you look at them they are healthy [...] you feel they are *happy*. But you...maybe it was just a one start, one kick and then you were, you know...so it’s quite frustrating to live with the virus”.

Jennifer’s statement further solidified the social belief explored in chapter 2 that “good girls” who socialize in areas deemed acceptable for women, and spend time with family would not be susceptible to HIV. Rather, only loose women such as prostitutes who socialize in questionable areas and gallivant about town at all hours of the night, selling their bodies are more suitable to contract HIV. However, the concept that only prostitutes are susceptible to HIV is in direct conflict with the belief that only prostitutes would request to use condoms since they engage in sex with many different partners and/or customers. These two conflicting concepts provide a glimpse into the often conflicting messages about sexual health and HIV.

Almost as though to pinpoint the take-away message from the interview, Jennifer ended the interview by saying:

“So to live with HIV is not easy. It’s not easy. You really have to be strong. It’s not an easy thing”.

## 5.2 Future

The HIV/AIDS epidemic is a reality that people must face in Lusaka whether they would like to or not. In a province that has HIV prevalence greater than 17.5% <sup>xlviii</sup>the probability of meeting and/or entering a sexual relationship with an HIV positive person is high in the city of Lusaka. As a result people are forced to recognize the pervasiveness of HIV and should begin to address these issues.

When I began discussing the reason I went to Zambia to conduct my research with the participants, I felt an obligation to explain why I chose the topic I did. I was honest and explained that growing up in Lusaka I observed women looking after more and more grandchildren as the children’s parents died from AIDS-related illnesses. Despite predominantly being single-income households, these women would be responsible for feeding, clothing and paying for school fees for the children. These women fulfilled several roles for the children: grandparent, mother, father and mentor. Watching them experience loss, suffering and economic hardships influenced my research interests because I wanted to know these women’s experiences of the changes that have been influenced by the HIV/AIDS epidemic. Once in Lusaka I soon realized that those grandmothers had begun to pass away, leaving a new generation of grandmothers. These grandmothers are somewhat different from the previous generation

of grandmothers that I left in Lusaka in that these grandmothers were not just affected by HIV, they were *infected* as well.

The women profiled above have illustrated the complexities that women must contend with in their everyday lives, in addition to living with HIV. Burgoyne and Drummond note that,

“the submissive role of women in a relationship, lower levels of education and the male control of decision-making regarding sexual relationships might explain why African women are not as exposed to HIV/AIDS as men” (2008:24).

While this may be true in some relationships, there are women who are taking more ownership of decision-making processes with regards to their sexual health. Jennifer and Martha have chosen to insist on always using condoms with their partners as they are afraid of transmitting the virus to their partners. As unassuming as this may seem, the decision to insist on condom use is empowering for the women as typically women do not make such choices. One participant informed me that she would often catch her husband cheating on her. Ever since, she has decided to receive testing and counseling whenever she feels ill to find out her HIV status. Although she does not explicitly discuss HIV with her husband, every time she receives her results she puts the results on her husband's pillow. Displaying her results in such a way can be socially dangerous for some women as their husbands might assume they have been cheating or seeing other men, as married women should not have to worry about HIV. This lady's decision to inform her husband of her tests and results is a strong indicator of the ownership that some women have over their sexual health and decisions affecting their overall health. As Simpson observes,

“there can be no simple portrayal of men as uniformly dominant and women as subservient. Constantly shifting power in gender relations could be observed within marriages and households” (2005: 585).

Gender relations are constantly shifting in marriages and households. There are several factors that influence who in a household has more decision-making power. For example, the length of the marriage or the amount of money a person earns may significantly shift the power.

Despite the fact that some women are taking more ownership for their wellbeing, there is still a distinct lack of messaging and education around HIV and AIDS. Most of the women were uncomfortable speaking to their own daughters about HIV despite their fears. The cultural mores dictate that parents do not engage in discussions about sexuality. To combat the deficiency of information about HIV and AIDS, there needs to be more coordinated and suitable responses that involve community members, especially since not everybody is affected by HIV and AIDS in the same way (Poku 2005). Even with the strides currently being made by strong individuals, much work remains to be done so that women are no longer disproportionately affected by the HIV/AIDS epidemic.

## Chapter 6

### 6 Conclusion

As we approach yet another decade with HIV and AIDS, the impact that this epidemic has had worldwide is palpable. Some communities have been decimated, while others have managed to remain fairly unaffected. Trying to ascribe causality to any one factor for the continual transmission of HIV is erroneous as it overlooks the interconnected nature of the social determinants of health. Social determinants of health and risk are factors that can influence any person's likelihood of being at risk for and acquiring any illness, in this case becoming HIV positive. These factors include a person's socioeconomic status, religion, gender, education, health and culture, to name a few. Social determinants of health are tricky in that they are complex and intersecting, making it difficult to place the onus on one singular factor. These past chapters have shown how the economic situation, the gendered nature of socialization, and cultural mores and norms can all influence not only the transmission of HIV, but also the access to accurate information regarding HIV. As we move forward we must ask ourselves: what can we do to improve upon previous efforts to stem the transmission of HIV? How can we more effectively raise awareness about HIV and AIDS?

We have seen how complex HIV education can become especially when parents and their children cannot engage in discussions about sex and sexuality, as this is in direct conflict with some cultural norms. It would be much too easy to suggest that parents “snap out of it” and begin to educate their children, undoing a cultural norm that has existed for generations. This, however, is not an effective method to use in order to

increase HIV prevention and education. Rather, innovative education and prevention strategies should be created that are both culturally sensitive and appropriate, and will also facilitate discussions surrounding sex, sexuality and HIV/AIDS. To date, popular music and television programming such as Soul City are facilitating discussions about contentious topics. Failure to do so will undoubtedly lead to encountering the same barriers previously experienced, with regards to HIV prevention.

Another factor to consider moving forward is Zambia's economic situation. People in Lusaka have devised ways to respond the lack of formal employment opportunities by engaging in income-generating activities such as selling Talk Time or newspapers, and *salaula*. At times, however, the income from these endeavours is not sufficient. The inability to secure funds for school has also proven to negatively impact a person's chances of securing future formal employment, further perpetuating the cycle of poverty. For people living with HIV their situation will be exacerbated as some will be unable to collect the free ARV medication at hospitals and clinics if they do not have any sustainable income-generating activities. If the narratives of people's innovative means of income-generating activities in the past are any indication, people living in Lusaka will always find a way to make ends meet. However, only long-term economic stability can improve the efforts to implement HIV education and prevention in Lusaka.

Women have been disproportionately affected by HIV in Lusaka. Not only are they expected to be caretakers, they also have responsibilities within the household, and must somehow also be engaged in other income-generating activities. Although typically women have had limited agency with regards to negotiating relationships and navigating sexual encounters, more and more women are recognizing the limitations that this has



imposed in the past. Some women have recognized that in order to put their health and wellbeing first, they must begin to engage in conversations with their sexual partners to avoid acquiring HIV. Some women have risked their reputation and their safety by actively suggesting that their male partners and/or husbands use condoms during sexual intercourse. Others have gone as far as to display their HIV test results for their husbands to see, revealing their initiative to be tested for HIV. These actions may have previously been unthinkable for women, but the fact that HIV is pervasive in Lusaka requires that women take an active role in decision-making regarding their health.

With this same initiative some women have begun educating their children about HIV and AIDS, directly and/or through other relatives. Using the loyalties and bonds forged within families, mothers will implore a relative with close ties to a child to provide them with the necessary sexual health education. This serves to still respect the cultural taboo that forbids parents from discussing sexual matters with their children, while also imparting pertinent information about sexual health. However, even with the strides taken, there is still more work to be accomplished.

Whiteside writes that, “prevention remains a challenge and the importance of gender, sexuality, and the underlying drivers of the epidemic needs attention” (2008: 103). It is only by examining each factor that drives the epidemic that appropriate interventions can be implemented, with a better chance for success. As such, I propose that the Zambian government develop and integrate a national curriculum on HIV/AIDS within primary schools, as was done in Kenya in 1999 (Duflo et al. 2006). In doing so the government is ensuring that primary school children are exposed to information about AIDS, HIV transmission, prevention and care for those living with HIV and/or AIDS.

Including HIV/AIDS curriculum in schools will not only guarantee that children are exposed to the topic and preventative measures at an early age. As primary school children move through the school system the curriculum normalizes conversations about HIV and AIDS, making it easier for parents and children to discuss sexual health education. Furthermore, the curriculum will serve to decrease stigma about HIV and AIDS.

We are, officially at least, entering the fourth decade of the HIV/AIDS epidemic, but even that timeline points to the need for continuing attention to local contexts and local needs and practices. The first “known” case of HIV, which is often contested, was a young man in Kinshasa, who presented at a clinic in 1959. Tests on his blood decades later, once HIV had been identified, found he was infected with HIV (Worobey et al, 2008). So, while AIDS as a medical and political crisis may be entering middle-age, the disease and its effects, in particular in Sub-Saharan Africa, has a longer and still little known history. Like the history of the women who shared their lives with me here, the local contexts of the disease show that every epidemic is a web of many epidemics, each with their own trajectories and their own demands. As we move into this next decade dealing with HIV/AIDS, that is still a lesson we need to learn and then learn again.

## Endnotes

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- <sup>i</sup> HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). HIV is a virus that weakens the immune system by targeting cells associated with keeping the immune system strong, and a person healthy. The accumulation of opportunistic infections due to a weak immune system is known as AIDS. In common speech the two terms are used interchangeably in Lusaka, with the exception of healthcare workers, to name a few.
- <sup>ii</sup> Chikankata is located approximately 125 km from Lusaka and has been the location of a Salvation Army mission for over 70 years (Silombe 2002: 4).
- <sup>iii</sup> Something to keep in mind is which members of the communities were relegated to being the caretakers. More often than not women and girls are expected to be the caretakers, increasing their burden as they will still have to perform all other duties assigned to them.
- <sup>iv</sup> The bodies that came together to form UNAIDS bespeak the fact that HIV/AIDS affects numerous aspects of a person's life, but also has effects on numerous other factors such as children's education, the labour force and so on. Creating a joint program ensures that all factors are raised at the decision-making table to ensure an appropriate concerted effort in working to decrease the incidence of HIV, and to increase the number of people accessing anti-HIV medications.
- <sup>v</sup> The City of Lusaka will simply be referred to as Lusaka from this point forward.
- <sup>vi</sup> 'Halfie' is a term introduced by Lila Abu-Lughod in a chapter found in *Recapturing Anthropology* (1991) entitled "Writing Against Culture". The basic premise of a halfie is that s/he is a researcher that has been separated from his or her community or cultural group in some manner, and has now decided to conduct research within his or her own community. S/he is an insider in that s/he is part of the community but is also an outsider due to the separation that has occurred.
- <sup>vii</sup> UNAIDS Country Data. <http://www.unaids.org/en/regionscountries/countries/zambia/>
- <sup>viii</sup> All names have been changed to protect the identity of the participants.
- <sup>ix</sup> In Lusaka, seniority is important and it is widely acknowledged that a person should respect those older than him or her, be it in terms of age or where that person lies in the

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family tree. Anybody above the person's generation, be it in the parents' generation and so on, would deserve respect merely by being located within that generation.

<sup>x</sup> Samantha's kinship is not generalizable. In a multi-ethnic country like Zambia, each ethnic group will follow its own kinship rules and lineage.

<sup>xi</sup> Garden boys are males who work as landscapers, but will often perform tasks such as cleaning their employer's vehicles and so on.

<sup>xii</sup> *Tembusha*: 'aloe vera' in Lenje. Lenje is one of the 73 dialects and languages in Zambia.

<sup>xiii</sup> *Kansapato ka mwana*: 'a child's shoe' in Nyanja. Nyanja is one of the commonly spoken languages in Lusaka.

<sup>xiv</sup> *Fendela kutali*: 'move far away' in Nyanja.

<sup>xv</sup> Panado® is a brand of mild pain-relief medication whose active ingredient is paracetamol or acetaminophen. It is equivalent to Tylenol® in the Canadian context.

<sup>xvi</sup> *Nyeleti*: 'a needle' in Nyanja.

<sup>xvii</sup> *Fendela fenduze*: 'come closer' in Nyanja.

<sup>xviii</sup> When I was younger I remember watching *Soul City*, a show produced in the Republic of South Africa. The show frequently tackles issues regarding health and social change. Often there would be episodes that address issues related to HIV transmission.

<sup>xix</sup> Southern African countries include: Angola, Zambia, Botswana, Malawi, Mozambique, Zimbabwe, Namibia, South Africa, Swaziland and Lesotho.

<sup>xx</sup> Men do not have to worry about these same restrictions as they are generally allowed more freedom.

<sup>xxi</sup> Although I make these statements it is my hope that readers realize that these statements refer only to the people I encountered in the areas that I navigated. There may exist other realities in areas that I did not frequent.

<sup>xxii</sup> Bus conductors are people that collect bus fare from commuters and inform bus drivers of a required stop. Generally conductors are male.

<sup>xxiii</sup> The *Zambian Agricultural and Commercial Show* is one of the largest events that occur annually in Lusaka. Hosted by the Agricultural and Commercial Society of Zambia, it takes place at the Agricultural and Commercial Show place at the Agricultural

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Society Showgrounds located on Great East Road. The show occurs during the first week of August to coincide with Farmer's day on August 1<sup>st</sup>. Exhibitors represent different aspects of the Zambian economy, and people can attend the show to learn about the latest technologies or tools in these sectors.

<sup>xxiv</sup> A large shopping centre located adjacent to the Agricultural Society Showgrounds.

<sup>xxv</sup> Stacey is a 15 year old Zambian that has been attending a boarding school in England for nearly 2 years.

<sup>xxvi</sup> "Talk time" refers to minutes used to top up pay-as-you go cell phone minutes.

<sup>xxvii</sup> See *New Women of Lusaka* a 1979 book by Ilsa M. Glazer that explores how educated women were responding and adapting to their environment and status post-independence. Zambia became an independent country on October 24<sup>th</sup> 1964.

<sup>xxviii</sup> *Chitenge*: patterned material with various uses, one commonly being a wrap.

<sup>xxix</sup> Due to confidentiality and to protect my informants, I did not take a photo of the lodge, nor can I use its real name. From this point forward I will merely refer to it as the place where I worked.

<sup>xxx</sup> I have omitted the Minister's position in order to protect his identity.

<sup>xxxi</sup> My female host usually expected me to be home by 4:30pm or 6pm on rare days. That said there were a couple of occasions when she insisted that I explore the nightclubs with a friend of hers to "see what Lusaka nightclubs have to offer".

<sup>xxxii</sup> I had exchanged numbers with all of the participants to facilitate setting up times where we could meet and chat.

<sup>xxxiii</sup> Both men and women participate in MCPs, meaning that a man may consider himself to be the only man in his relationships, when in reality his main house and his small house might also have other partners.

<sup>xxxiv</sup> Some women do go to clubs, pubs or lodges that they know their boyfriends or husbands would not frequent. For married women, their husbands might have to be away on a trip to make it easier for some women to leave the home.

<sup>xxxv</sup> <http://www.lusakatimes.com/2011/07/11/zambias-employment-rate-50-cent/> Time Posted: July 11, 2011 10:30 am Accessed March 10<sup>th</sup> 2013

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<sup>xxxvi</sup> Minimum wage was raised to a salary of K500 000 (\$100 CDN) per month while I was in Lusaka.

<sup>xxxvii</sup> A national newspaper in Zambia.

<sup>xxxviii</sup> Salaries in Zambia are generally monthly, usually at the end of the month.

<sup>xxxix</sup> School fees vary depending on the school that a person attends, with private school costing more.

<sup>xl</sup> Brenda was 15 years old in grade 6, something not common but could be a result of several factors. In Zambia students are expected to pass their exams in each grade or they are prevented from advancing to the next grade. Additionally, if a student cannot pay school fees, s/he can stop attending school for a while, but can return to the same grade. As a result, each grade can have students of varying ages.

<sup>xli</sup> To beep is to page another cell phone user by calling and hanging up after one ring. This is usually done repeatedly to ensure the recipient knows s/he is being paged.

<sup>xlii</sup> Karen Tranberg Hansen writes about *salaula* in her 2006 book, *Salaula: The World of Secondhand Clothing and Zambia*.

<sup>xliii</sup> The circumstances and locales in which I met these women varied considerably due to many factors. In each case we met in a place that was comfortable for both the participant and me.

<sup>xliv</sup> At this point it was known that I was in town conducting research, with people having a vague understanding of what that actually entailed.

<sup>xlv</sup> Stipends from partners with whom a person has had children are quite uncommon, making Laurie's situation very unique.

<sup>xlvi</sup> CD4 cells or T cells are cells that send signals to activate the body's immune system when they detect viruses and bacteria within the body. The number of CD4 cells in the bloodstream signals the strength of the immune system.

<sup>xlvii</sup> During her weight loss Jennifer went from weighing 98kg (216lbs) to 65kg (143lbs) in a very short amount of time.

<sup>xlviii</sup> UNAIDS Epidemiological Fact Sheet: Zambia (2009)

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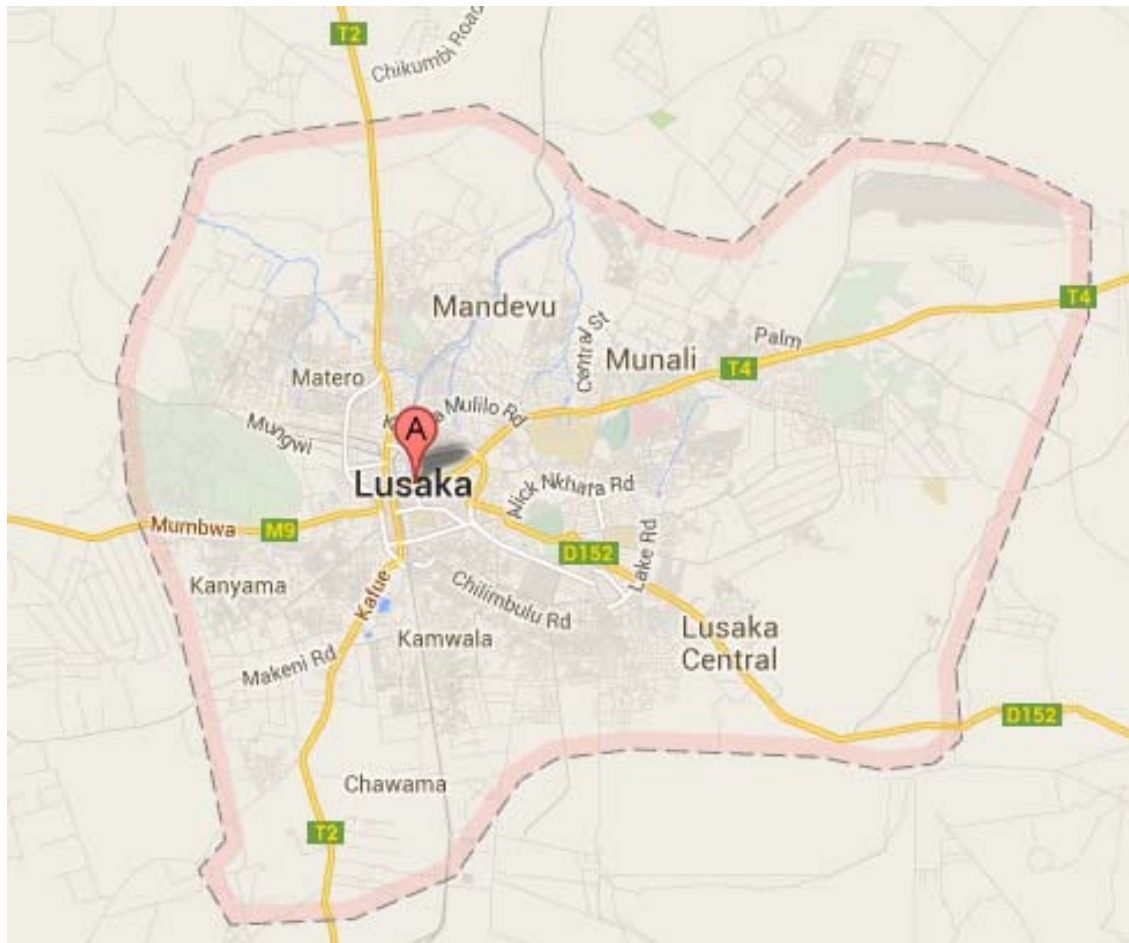
# Appendices



**Appendix 1. Zambia**



**Appendix 2. Province of Lusaka**

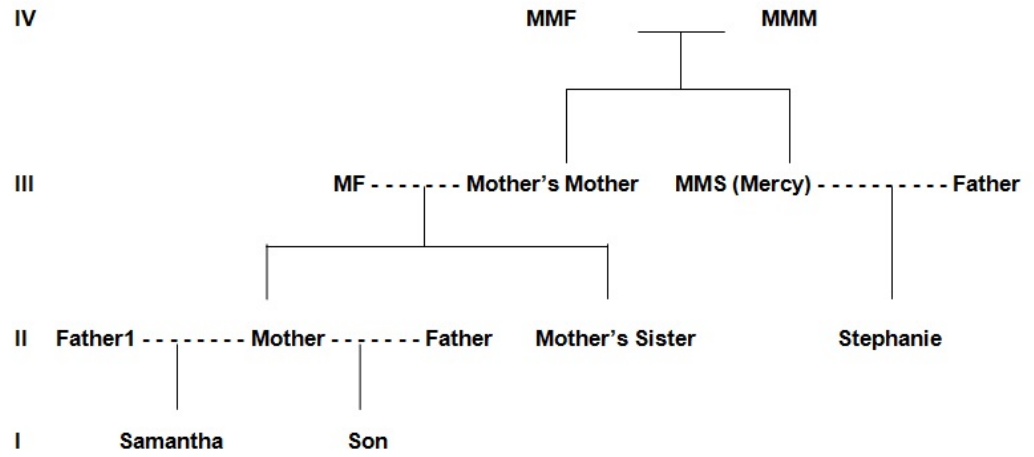


**Appendix 3. City of Lusaka**

### HIV and AIDS estimates (2012)

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| Number of people living with HIV      | 1,100,000 [1,000,000 - 1,200,000] |
| .....                                 | .....                             |
| Adults aged 15 to 49 prevalence rate  | 12.7% [11.9% - 13.7%]             |
| .....                                 | .....                             |
| Adults aged 15 and up living with HIV | 950,000 [900,000 - 1,000,000]     |
| .....                                 | .....                             |
| Women aged 15 and up living with HIV  | 490,000 [460,000 - 530,000]       |
| .....                                 | .....                             |
| Children aged 0 to 14 living with HIV | 150,000 [140,000 - 170,000]       |
| .....                                 | .....                             |
| Deaths due to AIDS                    | 30,000 [26,000 - 36,000]          |
| .....                                 | .....                             |
| Orphans due to AIDS aged 0 to 17      | 670,000 [600,000 - 760,000]       |

### Appendix 4. Zambia's HIV and AIDS Estimates 2012



**Key**  
 I – Generation  
 M – Mother  
 F – Father  
 S – Sister

**Appendix 5. Samantha’s Maternal Kinship Tree**

**Tembusha**

*Ooo basikana muchengele!*

*Banyamata bali three types:*

*Uzapeza benangu ni baja ba sweet-talk:  
ndiye Panado®*

*Kuli na baja bakuti afuna chabe ukuyusinga  
na ukukusiya: ndiye nyeleti*

*Kuli na baja bakuti ali serious afuna  
akukwatile: ndiye tembusha*

*Mange ungasankepo chiyani pali Panado®,  
nyeleti olo kapena tembusha.*

*Chifukwa tembusha eve achingilila na  
matende yamene yakalibe kungena mutupi  
ka*

*Tembusha wamene nikambako nika guy  
chabe ka pa easy ka kuti basikana si  
bakafakako na nzelu, iyayi, bakapitilila ati  
“aba...kuti batupele inshi?”*

*Buti chikondi chamene bangakupase...ooo*

Oh ladies smarten up!

There are three types of men:

You'll find the sweet-talking ones: they are Panado®

There are those that will use you and then leave you: they are needles

There are those that are serious and want to marry you: they are aloe vera

Now what will you choose between Panado®, needles or aloe vera?

Because aloe vera prevents infections that have yet to enter the body

The aloe vera I am speaking about is that easy, simple guy that women don't even think about and pass by saying, “this one...what will he give me?”

But the love that he would give you... ooo

**Appendix 6. Excerpt from the song *Tembusha***

***Fendela Kutali****[Ahh...fendela kutali*

[Move far away

*Umapeleka bantu ku Chingwele] x2*

You send people to Chingwele] x2

*Bwela pafupi, fendela pafupi*

Come closer, move closer

*Ine nikufunseko kuti:*

I want to ask you something:

*(SPOKEN)**(SPOKEN)**“ndiwe ndani? Ndiwe mwana wa ndani  
kansi wamene wapaisa bamuna  
bambilimbili?”*“who are you? Who’s child are you that is  
killing all these men?”*Ba Shyman na Peterseni paku kufela iwe*

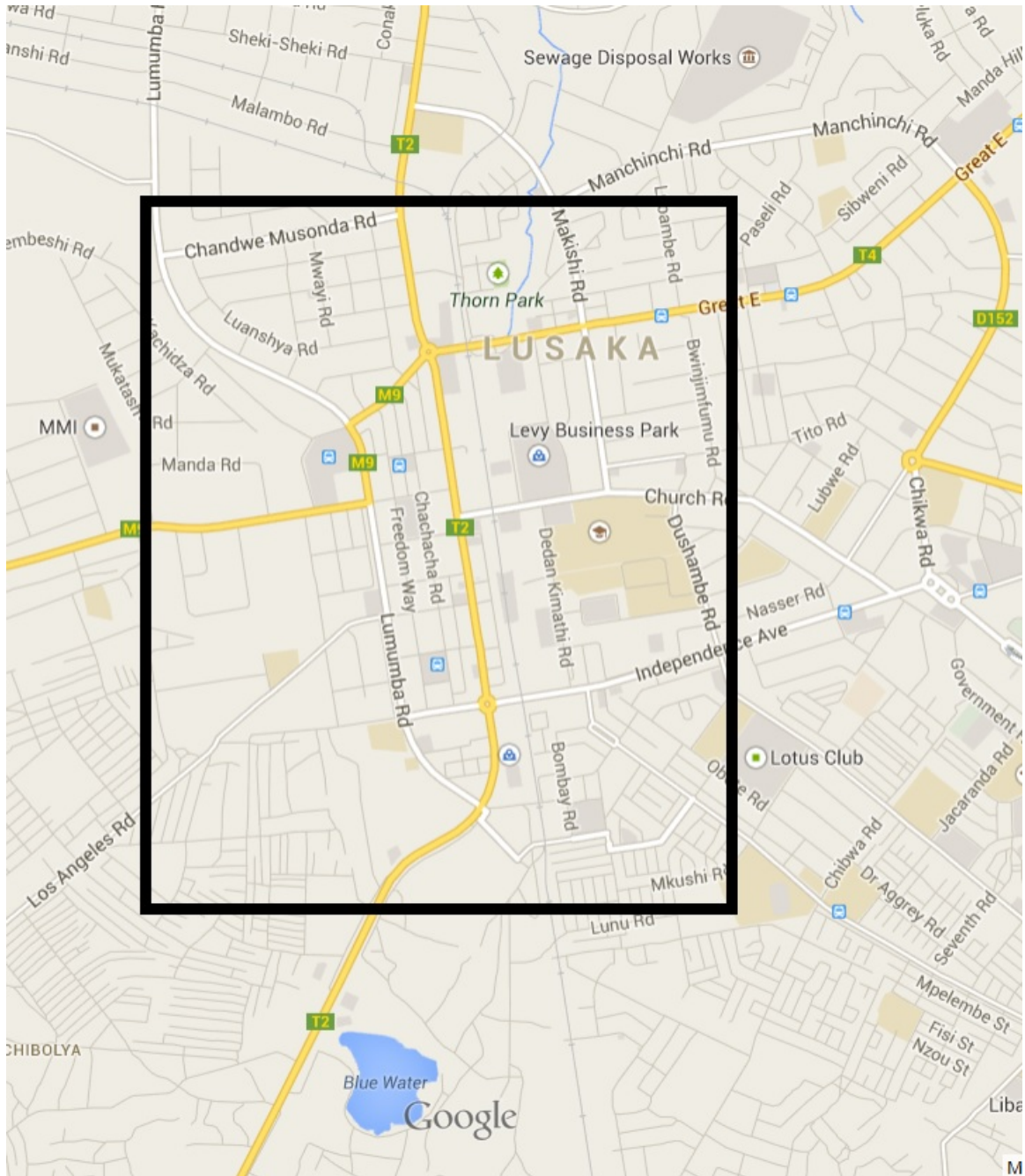
For Shyman and Petersen to sleep with you

*banali jade. Ngati si jade, banali very dizzy.*They had to be crazy. If not crazy, they had  
to be very drunk*Chifukwa muntu ali normal olo soba sanga  
fela mukazi monga iwe.*Because a normal or sober person would not  
sleep with a woman like you.*Iwe ndiwe moving, manda iyenda.*

You are a moving grave, a grave that moves.

*Muntu wamene akukumatila iwe ni  
chimozi mozi nakuti akumatila cofini...”*A person hugging you might as well be  
hugging a coffin...**Appendix 7. Excerpt from the song *Fendela Kutali***

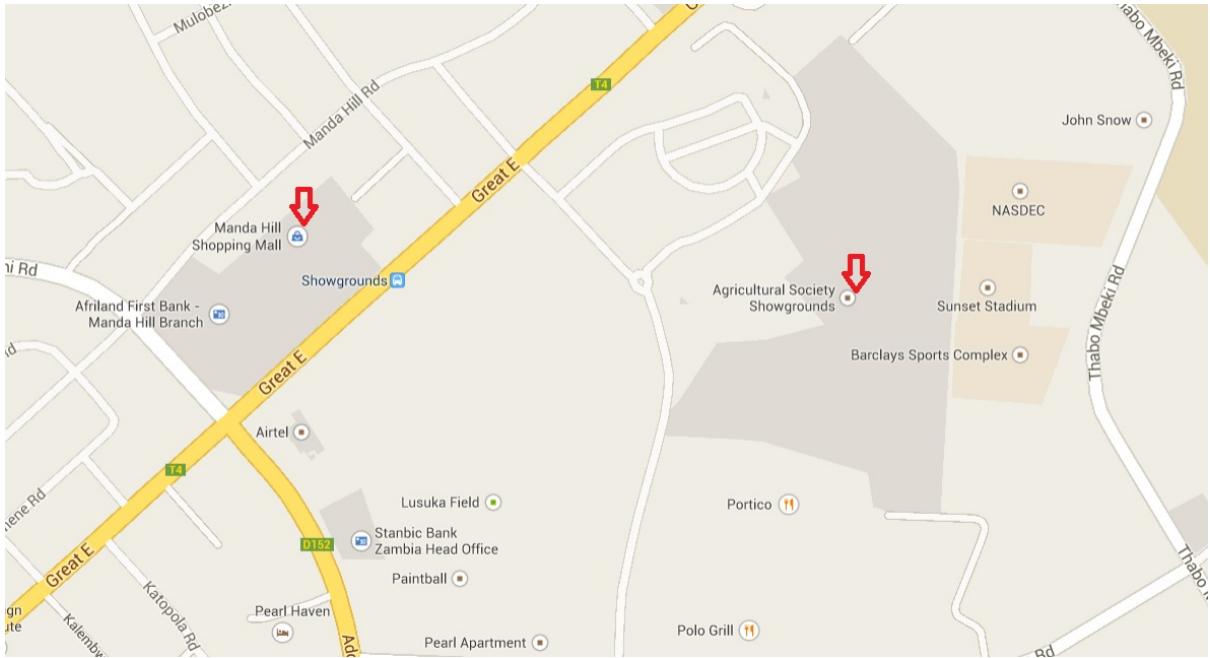




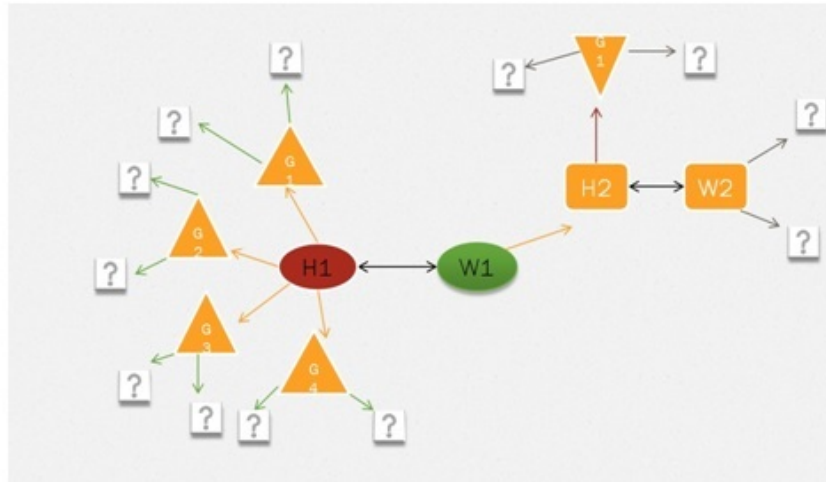
**Appendix 8. Downtown Lusaka**



**Appendix 9. Kulima Tower Bus Terminal**



**Appendix 10. Agricultural Society Showgrounds and Manda Hill Shopping Mall**



**Key**

 Girlfriend


 Couple 1

 Couple 2

 Unknown partner

 HIV Positive

 HIV Negative

 Unknown Status

**Appendix 11. An example of MCP of a person with a known HIV positive status**



Appendix 12. Zambia and surrounding countries



## Use of Human Participants - Ethics Approval Notice

Principal Investigator: Dr. Douglass St. Christian  
 Review Number: 18891S  
 Review Level: Full Board  
 Approved Local Adult Participants: 0  
 Approved Local Minor Participants: 0  
 Protocol Title: The Role of Elderly Women within the Family in Lusaka, Zambia in the Age of HIV/AIDS  
 Department & Institution: Social Science/Anthropology, University of Western Ontario  
 Sponsor:  
 Ethics Approval Date: April 05, 2012 Expiry Date: September 30, 2012

## Documents Reviewed &amp; Approved &amp; Documents Received for Information:

| Document Name                   | Comments | Version Date |
|---------------------------------|----------|--------------|
| Western University Protocol     |          |              |
| Letter of Information & Consent |          | 2012/03/15   |

This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above named research study on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussions related to, nor vote on, such studies when they are presented to the NMREB.

The Chair of the NMREB is Dr. Riley Hinson. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 0000941.

## Ethics Officer to Contact for Further Information

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Grace Kelly<br>(grace.kelly@uwo.ca) | <input type="checkbox"/> Janice Sutherland<br>(jsutherl@uwo.ca) |
|---|---|

*This is an official document. Please retain the original in your files.*

The University of Western Ontario  
 Office of Research Ethics  
 Support Services Building Room 5150 • London, Ontario • CANADA - N6G 1G9  
 PH: 519-661-3036 • F: 519-850-2466 • ethics@uwo.ca • www.uwo.ca/research/ethics

## Appendix 13. Ethics Approval Form

## Curriculum Vitae

### NAME

Mbaka Wadham

### EDUCATION

**MA**, anthropology, The University of Western Ontario; Completion June 2014

**BA**, anthropology, The University of Western Ontario (2011), The University of Western Ontario

**Certificate**, Practical Spanish, Department of Modern Languages and Literatures, The University of Western Ontario (2011)

### HONORS AND AWARDS

Dean's Honor List, The University of Western Ontario (2009-2011)

### LANGUAGES

English, Spanish, Lenje, Nyanja

### PROFESSIONAL DEVELOPMENT

#### **The University of Western Ontario, London ON**

***Field Course Teaching Assistant***, Department of Anthropology (May-June 2012)

Worked with the Project Coordinator to lead and provide direction and support to Canadian students and their Malagasy community partners. through training facilitation, and on-site consultations.

***Graduate Teaching Assistant***, Department of Anthropology (2011-2013)

Assisted professors in marking students' evaluations, providing tutorials to students during office hours and proctored midterm and final examinations.

***Community Developer***, Cultureplex Laboratory (2011-2012)

Developed and implemented a strategy for the promotion of Yutzu, an online interactive and collaborative tool that allows the production, sharing and publishing of online content.

### RESEARCH

***Primary Researcher***, Lusaka Zambia (June-September 2012)

This thesis research explores the social implications of the HIV/AIDS epidemic in Lusaka, Zambia.

***Student Researcher***, Northern Madagascar (2010)

This research was conducted during a field school trip in Northern Madagascar. The guiding question for the research was, “do the locals actively conserve to better protect the distinctive flora and fauna they are in contact with? If so, in what ways do these conservation efforts differ from those recognized by international bodies?”

**REFEREED ARTICLES**

Doktor, Lisa, **Mbaka Wadham**. “Situating the Tuberculosis Epidemic in the Russian Federation’s Prison Systems,” *Totem*,  
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**REFEREED ORAL PRESENTATIONS, AND POSTERS**

Shamara Baidoobonso, Shamara, Winston Husbands, Jane Karago-Odongo, Hugues Loemba, Henry Luyombya, Tola Mbulaheni, Valérie Pierre-Pierre, Robert S. Remis , Wangari Tharao, and ARC members\*. [as member of the ACCHO Research Council]. “Guidelines for the African and Caribbean Council on HIV/AIDS in Ontario’s Participation in Research: Principles Guiding ACCHO’s Roles in Research Collaborations”. Ontario HIV Treatment Network Conference 2013 (oral presentation)

Uddin, Zhaida, Tola Mbulaheni, Henry Luyombya, Hugues Loemba, Jane Karago-Odongo, **Mbaka Wadham**, Robert S. Remis, Shamara Baidoobonso, Valérie Pierre-Pierre, Wangari Tharao, Winston Husbands. “3<sup>rd</sup> Ontario African, Caribbean & Black Research Think Tank – 2012: Validating the Research Priorities Set for HIV Research amongst African, Caribbean and Black Communities”. Ontario HIV Treatment Network Conference 2013 (oral presentation)

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Baidoobonso S, Bauer G, Spechley K, Lawson E, The BLACCH Study Team\*. [as member of The BLACCH Study Team] HIV Risk Perceptions and the Distribution of HIV Risk among African, Caribbean and Other Black People in a Canadian City: Mixed-Methods Results from the BLACCH Study. *BMC Public Health* 2013; 13: 184



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Boucher, Kaye, Alexandra Hernould, David E. Levine, Bryan Wilson, and **Mbaka Wadham**. "Testing the Waters: Undergraduates' First Experiences in Anthropological Collaboration." The Africa Institute's True Partnerships with Africa Symposium, 18<sup>th</sup> October 2012 (poster presentation)

**Wadham, Mbaka**. "Beyond the Comforts: A Journey into the Unknown." Flaunting It 6: Undergraduate Conference on Gender and Sexuality, 26<sup>th</sup> March 2010 (oral presentation)

### PROFESSIONAL ASSOCIATIONS

American Anthropological Association  
Society for Medical Anthropologists