

BETWEEN BEDROOMS AND BALLOTS: THE POLITICS OF HIV'S 'ECONOMY OF
INFECTION' IN MOZAMBIQUE

By

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A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL
OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

2009

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For my mother Mary Jo, the dancer;
For my father Ken, the mathematician
For my brother Tyler, the musician
For my partner Parakh, the adventurer
For my queen Mishka, the huntress

ACKNOWLEDGMENTS

“It takes a village” as the saying goes. In this case, it’s taken a few teams on a couple of continents, several countries, and a few universities. I first ‘found’ Mozambique in 2000 and spent a month there, believing that it was one of the most interesting places in which I’d spent time, never thinking that I’d build a career around the country. It had been my first trip to the African continent and my only goal was to determine what it was that I wanted to do for the next few decades of my life. Being from Miami, it was, in hindsight, just like home with its tropical climate, diversity and multicultural atmosphere. To work on a topic as difficult as the politics of HIV in a country that is overwhelmed by the disease, one generally has some prior experience with it. In my case, I had worked for many years in theatre in South Florida and in the 1990s it was, of course, a particularly salient issue in America, and I saw many succumb to it. On top of this, after a very passionate and productive life as a dancer and professor, my mother battled with cancer for several years before passing away in 1994; the inherent difficulties of arguing with insurance companies and often doctors jaded me to the point where, unbeknownst to me at the time, I began to become intrigued by the manner in which protest and dissent occur against the status quo. If it was so difficult to hold actors in the health domain accountable in the United States, how could it possibly occur in developing countries with fewer resources and legal channels and such a wide gap between elites and those struggling to make ends meet?

This dissertation is a product of many years; both of research on the topic, as well as years spent traveling around the world to discover my own passion and niche. I’m fortunate enough to return to the continent each year for research and to spend time with friends. Having said this, there are a number of people that deserve a great deal of thanks as well as praise for all the hard work they put into the choreography of making the lives of others more comfortable.

To the Mozambican crew: Julio António João (Kufunana); Rocha José Fernando (Kulima Caia), João (Mudança); Dr. Beatriz (Polana Caniço Hospital); Danilo Caniel Carmona Tembe (Coalizão); Julio (Kindlimuka Boane coordinator); Irene Cossa and the team at Kindlimuka; Afonso João Magaia (Xindiro coordinator); Reginaldo Vicente Macuacua (Kutenga vice-coordinator); Wilson Pastor Lindon Timane (Hilulile coordinator), Hassane Manuel Birage (Rudno Ni Upenhi coordinator); Dr. McArtur and the secretaries at NACP (Misau); Diogo Milagre (CNCS); Teodoro Francisco Cassamo (Kulima); João Bucuta (Kulupira); Alice Muchine and the team at (Rensida); Kuyakana; Argentina Magaia at the US Public Affairs Office; Angelica Salomão; Ernesto Chamo; Natalina; Carlos Arnaldo, Manuel Araujo and the Center for Population Studies at UEM; Marion, David, Grant and Molly in Beira; Emilindo, Neuza, Neuza's pai, and Yussufo of Beira Rotary Club; the Chimoio clan; Teresa (Monaso) and the remaining coordinators of the human rights associations and HIV based associations, as well as the hospital doctors, nurses and staff. To the Tofo contingent for that first trip back in 2000, where I was planning to stay for the three days that turned into a month: Aoife Shields, Noah Messing, Oliver 'CrazyLaugh', John Mitcheson and Dejan. Thanks also to the initial team of research assistants for assistance with the focus groups: Zenadine, Zeca, Gorette Miranda, and Nelson Chamo; and to subsequent assistance in 2008: Marcelo Mosse, Fernando Lima and particularly Miguel de Brito

Beijos e abraços eternidade, ou pelo menos para o tempo que eu não estou com vocês todos: Magaika and Moeses (Kulima Gorongosa), Calisto Bila (Accord), Constantino and crew, Cesar Mufanequiço of Matram, Ivo Correia (the rogue scholar-practitioner), Maria Luisa and Antonio Natividade, João Pereira, José Fonseca Filipe (Kulima Caia), Vitor Ramos of Beira infamy, Carlos Mussa, Ramah McKay, Christy Schuetze, Glennis and Gerard, and Euclides

Gonçalves. Special thanks to the *costas quentes* team that worked so hard and holds a very dear place in my heart, not only for their work, spirit and insight, but most importantly for their friendship through some tough times: Denzo, Alcides Goba, Julio, and Assunção-- *a pesquisa foi difícil, mas as amizades são duradouras!* Also to the city of Beira, which I can say now after a few rounds: thanks for playing, but I won the battle.

To the South African crew: Rotary Umlhatuzana, Durban Rotary and the clan from Elephant and Castle; Philip, Themba and everyone at the TAC in Durban (and the rest of the country—keep up the great work); to the Rotary cats in Eshowe for showing me, on that first trip to SA, what the country entails out of the big cities; to Cape Town kicking Jozi's butt when it comes to hospitality; to the Presbyterian Pastor from Miami Shores for that uncanny coincidence in 2000 that solidified, after only one week in the country as a broke backpacker with a mission to figure out the rest of her life, that she was on the right track; to Fani and the gang at the SA Red Cross in Pretoria for that initial letter; to the Key West contingent of South Africans who first taught me about the country back in the mid-1990s and inadvertently led me to the continent years later; and to the Swaziland contingent for gently guiding me in the right direction. Also thanks to the Brazil team that worked out of Casa 39 and helped me learn the language.

On the American front: to Rotary (and especially JC Casagrande, Brent Drage and Gerry Isaacs), the Department of Political Science (especially Philip Williams and Steve Craig) as well as CLAS at UF, and the Center for African Studies (Abe Goldman, Leo Villalon, Todd Leedy and Corinna Greene) for the funding to Brazil, Mozambique and South Africa, as well as the numerous conferences around the U.S. Special thanks also to Ilja Luciak, Craig Brians and Virginia Tech for research assistance and something to focus on other than sitting in front of my computer and writing. Also, thanks to Yowuza and the Kusun Ensemble for letting me dance it

all out every Wednesday and remembering that one can find ‘Africa’ in the smallest of towns. A long distance thanks to the Obamas as well for all the hope.

To the University of Florida team: particularly my committee (in no particular order) consisting of Ken Wald for his patience and guidance; Dan O’Neill for those initial conversations concerning the ‘applicability of theory;” Leo Villalon for running a top notch African Studies Center; Chris McCarty for the numerous questions and his uncanny ability to break down difficult concepts; and Amy Patterson (at Calvin College) for her pioneering in juxtaposing political science and HIV/AIDS. Additionally thanks to Melania Hyden, Renée Johnson, Brenda Chalfin, LeAnn Brown, Dan Smith, and Russ Bernard. Major thanks to Debbie, Sue and Drew who keep everyone in the department sane because of their ability to run it, and to my students in African Politics (Summer 2008) for rising to the challenge.

Additionally, to my amigos from all the years at UF, including Majid Sharifi, Eric and Vicki Moody, Aaron Hale and Fredline McCormack; Gary and Diane, Greg Markowski, Osvaldo Jordan, Ani de la Quintana, Kelli Moore, Marija Bekafigo, Steve Marr, Kevin Fridy.

And most notably to my chair, Goran ‘Papa’ Hyden, for taking that initial chance and guiding me in the last six years through this process while allowing me the ability to find my own academic voice; every doctoral student should be fortunate enough to have such a wise mentor.

And a warm, wonderful thanks to my family: Minchkin for the unconditional love and debauchery; Ken Fenio (d.b.a Disco Dan) for balancing me out with logic, as well as finding the Banana Boat and taking me there every time I go home; Tyler Fenio for “roaming the galaxies with our journals”—turning it all into music; Parakh Hoon for all the love and for having gone through this already (and therefore knowing how to make my life easier); Sarojini for her grace

and wisdom; Patti Stanley for her friendship and love; Margaret Joyner for keeping me both grounded and laughing; and Kimberley Sloan for her infinite ability to mold any situation into a gut-rendingly funny radio show concerning the continuum of dementia. Big thanks to my mother, because she did her degree on her own terms and taught us how to do it with style.

Finally, much love to those friends in the U.S. currently living with HIV; those friends here who died before the advent of ARVs; and the hundreds of individuals who participated in this research for sharing their stories and their courage in speaking out against this disease.

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LIST OF ABBREVIATIONS

ABC	Abstinence, Be faithful, use Condoms
Ahitipaluxene	Literally: ‘break the silence’; HIV association that works with Rensida
AMODEFA	Mozambican Association for the Defense of the Family
AMETRAMO	Associação dos Medicos Tradicionais de Moçambique, network of traditional healers
ARVs	Antiretroviral drugs for HIV
CCM	Country Coordinating Mechanism
Cerpre	Centro de Relações Públicas Religiosas, Center for Religious Public Relations
CNCS	Conselho Nacional de Combate ao HIV/SIDA, same as NAC
Coalizão	Literally: coalition; human rights organization
CSW	Commercial sex workers
FAO	Food and Agricultural Organization
FBO	faith based organization
FDC	Fundação para o desenvolvimento da Comunidade, Foundation for Community Development (and umbrella organization)
FGM	Female genital mutilation
Frelimo	Frente de Libertação de Moçambique, Liberation Front of Mozambique
GASD	Grupo de Activistas Anti-Sida e DTS at UEM
GATV	free HIV testing site
Geração Biz	Youth AIDS organization in schools
GF	Global Fund
HAART	Highly Active Antiretroviral Therapy

HAI	Health Alliance International
HBC	Home Based Care in the AIDS industry
Hilulele	HIV association that works with Rensida
IMF	International Monetary Fund
Kindlimuka	Literally: wake up; HIV association
Kubitsirana	HIV association with chapters that include Chimoio and Dondo
Kulupira	Literally: hope; HIV association in Beira
Kufunana	HIV association that works with Rensida
Kulima	Human rights organization
Kutenga	Literally: peace/harmony; HIV association that works with Rensida
LDH	Lega dos Direitos Humanos, League of Human Rights
Matram	Movimento de Acesso ao Tratamento em Moçambique, Movement for Access to Treatment
MISAU	Ministry of Health
Monaso	Mozambique Network of AIDS Services Organizations
Muleide	Associação Muhler, Lei e Desenvolvimento, Association for Women, Law and Development
MSF	Médecins Sans Frontières, Doctors without Borders
NGO	Non governmental organization
PARPA	Plano de acção para a redução da pobreza absoluta, 2006-2009
Pen I/Pen II	Development plans for Mozambique
PLWHA	People Living with HIV/AIDS (in Mozambique it also often includes those who are affected by it as well)
PMTCT	Prevention of Mother to Child Transmission

NAC	National AIDS Council, same as CNCS
NACP	National AIDS Control Program, out of Misau (different than NAC)
NIE	New Institutional Economics
OHCHR	Office of the High Commissioner for Human Rights
OTM	Organização Trabalhadores de Moçambique, Mozambican Worker's Organization
OMM	Organização de Mulheres de Moçambique, Mozambican Women's Organization
PEPFAR	President's Emergency Plan for AIDS Relief (U.S. former president George W. Bush's plan)
Prosaude	The Common Fund financing mechanism (money from donors such as GF is deposited here to be distributed in-country)
Renamo	Resistência Nacional Moçambicana, Mozambican National Resistance
Rensida	Rede Nacional de Associações de Pessoas Vivendo Com HIV/SIDA, National Network of Associations of PLWHA
Rudno Ni Upenhi	Literally: love for life; HIV association in Beira
SAAJ	Serviços de Saúde Amigos dos Jovens, Adolescent and Youth Friendly Services
SAT	Southern African AIDS Trust
STD (or DTS)	Sexually transmitted disease
TAC	Treatment Action Campaign, based in South Africa, a highly HIV:AIDS based organization that lobbies government, does press releases, educational campaigns, has widespread international ties
TARV	Treatment with ARVs
TFD	Theatre for Development
Tinena	HIV association that works with Rensida

UEM	Universidade Eduardo Mondlane (university in Maputo)
UNGASS	United <i>Nations</i> General Assembly Special Session (on HIV/AIDS)
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing
VSO	Voluntary Service Overseas
WLSA	Women and Law in Southern Africa
WB	World Bank
Xindiro	Literally: small toy; HIV association that works with Rensida

Abstract of Dissertation Presented to the Graduate School
of the University of Florida in Partial Fulfillment of the
Requirements for the Degree of Doctor of Philosophy

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May 2009

Chair: Goran Hyden
Major: Political Science

Mozambique is simultaneously experiencing democracy and a rapidly growing HIV/AIDS rate and thus offers fertile ground to explore new civil society associations and activities, the vast scale-up of public health care administration, tensions between formal and informal institutions, and state-society-donor relationships that combine calls for accountability with a historical fear of the state. This research focuses on the linkages between HIV/AIDS, mobilization within civil society, and government policy, particularly in relation to their aggregated contribution to, and reciprocal relationship with, democracy. Through participant observation, in-depth interviews, focus groups and over 300 surveys, it documents activity occurring within the public realm by HIV-oriented and human rights-oriented volunteer associations in five key research sites throughout Mozambique. I argue that HIV volunteers are: 1. contesting the informal institutions found at the community level in the attempt to change patriarchal practices and inequality; 2. involved in the rapid scale up of decentralized public health services and the attempts to hold government accountable for assistance; and 3. learning civic skills used in other activities that may be defined as political. This research enhances current understanding of political activity in the public sphere and the political economy of HIV/AIDS, and contributes to prevalent

knowledge concerning development administration, institutions (both formal and informal), and associational behavior and collective action in new democracies.

CHAPTER 1 INTRODUCTION

Introduction

In 2007, at least once a day in Mozambique, one came across the following words blaring from a passing *chapa* as it whizzed through the streets; floating out from a *barraca* serving 2M, the local brew; or being sung by children as they kicked around a can on the side of the street in their *bairro*:

Patrão eh patrão, abre a porta pra entrar.
Patrão eh patrão, abre as alas vai passar
Quem paga bem: ele e patrão...
MC Roger: ele e patrão...e Guebuza: ele e patrão...¹

The term *patrão* signifies someone with power and money (e.g. a master, boss or chief) and has been a common term in Mozambique's poor and violent history; MC Roger, one of many who are immortalizing Mozambican culture in catchy pop songs, has simply capitalized on it and turned himself into a *patrão* to boot. But while the term is shown to be a positive one in the lyrics, a *patrão* inherently involves a negative connotation too because he (and it is usually a 'he') retains and may flaunt bountiful power that he wields over and above the masses.

In the chapters that follow concerning a politics of power in what I define as the 'AIDS domain', there are numerous *patrões* and clients. At the very heart of this dissertation, therefore, lie the topics of sex, power and politics. *Sex* for both the actual activity itself, particularly with the nuances that occur in the exchange of it for money, love or trust, children, a spot in school, or used as a manner by which to get ahead; as well as in reference to the gender roles that are so engrained in the informal institutions of African communities and present the disease with such fertile breeding ground. *Power* of course refers to the patriarchs and *patrões* in the community

¹ Translated as: Patrão, open the door to enter... Patrão, spread your wings. He who pays well: he's a patrão. MC Roger (the singer for this): he's a patrão. Guebuza (the President of Mozambique): he's a patrão.

and those who must follow them; between the governments and donors who hold the purse-strings and the associations that must kowtow in order to dip inside; and between a *namorado* (boyfriend), *amante* (lover) or *marido* (husband) who refuses to condomize and the *mulher* (woman) who has little choice but to acquiesce. Finally, the *politics* of it all includes such activities as opening the purse for some of the associations while drawing it tightly closed for others, the corruption that saturates the public sector, sexual relationships that are just as political in their prevention of mobilization and free choice as is an overt contestation of the state, and the use of brokers in the AIDS domain to ensure that although government fails to provide adequate resources for basic daily survival (particularly past a life expectancy of 40 years), no one really protests ‘too much.’ I argue that all of these play into the manner by which democracy is unfolding within the country because they concern power relationships, contestation and the evolution from subjects to citizens with their *process* of pulling a traditionally private topic into the public realm.

The HIV/AIDS epidemic is in part a product of the history of these three variables of sex, power and politics, and it highlights the difficulty in building a public realm in a new democracy; how might we accomplish this despite the prevalence of gendered power relations, the desire for adherents in a society that has long placed great emphasis on procreation, and patron-clientelism as a means of survival? To answer this, we must turn to the space *between bedrooms and ballots* for it houses HIV, a topic which dips its toes into both the arenas of the private realm (bedroom) and the overtly political realm (voting behavior), and, for some, influences a range of activity in between these two points. There are thus four theoretical topics found in various bodies of political literature that situate this: the evolution and overlap of the *private, public and political spheres*; patriarchy as an *informal institution* that permeates society and sustains gender roles;

poverty as a driving force behind certain types of relationships; and the *associational tactics* (defined here as ‘games’ that key actors play) of government officials, HIV volunteers, and human rights volunteers in what has become what Mozambicans define as a *jogo de interesses*, or ‘game of interests’.

The overall research questions to tie these chapters together are as follows: First, given the demonstrated severity of the impact of the HIV/AIDS pandemic in southern Africa on individual livelihoods and national development, what is its impact on the extent to which individuals are motivated and able to get out of the private realm and ready to organize civically with a view to preventing the further spread of infection? Included with this are: 1) How and why are individuals engaging in the public realm and what tactics are utilized? 2) What are the consequences for national governance, particularly concerning the relationship between associations, donors and the state? Second, what are the *political processes* involved within these HIV/AIDS associations, between the associations and communities, and between the associations and the state/donors? How are situations of power and inequality dealt with: through active engagement, opposition, disengagement or a continuance of loyalty?

From the Private to the Public

Up until recently, in most African countries, this disease was linked to the private sphere, relegated to the bedroom where, if it was discussed at all, it included whispers and shame. Although this is still the case for many locations and millions of people around the world, in recent years it has evolved for others into a very public topic that has created new forums for both public and political participation and contestation within societies. Countries such as South Africa utilize high profile, charismatic figures that lean toward overt political contestation of both national and international governments; while not all are mobilizing around the disease, it would be difficult to find a South African who is not at least aware of it at this point. Other

countries, such as Swaziland, have those who find it difficult to fully mobilize around HIV, in part because of government secrecy and the banning of open contestation of the state. India and Brazil, two more countries hard hit with HIV, have formal associations working in both rural and urban areas, yet much of the rural populations still have difficulty accessing information, and mobilization remains sporadic. Mozambique lies somewhere in between these examples, in that individuals are indeed becoming aware of their rights through the rhetoric, tactics and discussions within HIV based associations, and are engaging both the informal institutions within communities as well as the formal institutions of government in order to try and stop the rapid spread of infection. Yet, as is discussed in the chapters that follow, this consciousness only goes so far, thus begging the question: To what point does the AIDS domain go in turning subjects into citizens who are not only aware of the universality of human rights, but are willing to mobilize collectively to contest infractions? Answering this question will tell us a great deal about how democracy is unfolding in a country with associations that, as will be demonstrated, focus on civic-ness and a type of contestation against particular sources of power.²

Political processes of deliberations and activity, or the management of the rules of both formal and informal institutions in a climate that is witnessing the decimation of the working class throughout the southern African region, challenge traditional distinctions between definitions of the private and the public spheres. By examining differences between: 1) volunteers of HIV associations; 2) those who receive antiretroviral drugs (ARVs) but who do not volunteer; and 3) to a lesser extent in this study but still crucial nonetheless, volunteers of human rights associations, this research depicts AIDS as an extreme case which highlights the

² I define citizenship to include the ability to hold leaders accountable, have a say in how politics works, participate and contest. An example of contestation may be Mozambicans who have an eye toward contesting power relationships or trying to redistribute resources that have traditionally been dealt with unequally. This is broad enough to include both liberal/representative or republican/direct citizenship. Subjects are those who have no real political say, such as is the particularly obvious case of Swaziland's monarchy.

difficulties, yet possibilities, in creating a public realm that holds both the state and communities themselves accountable in sub-Saharan Africa. Those who have joined HIV associations (defined here as HIV mobilizers) have taken the first step in the battle, simply by joining in and/or telling someone else that they either have HIV or have been affected by someone who has. Why do they choose to mobilize? Is it for the prevention of the disease, to acquire resources, to lobby for policy change or gain representation, to advocate? With such great incentives to free-ride, how do those who do decide to put themselves on the line regarding stigma actually combine forces and what are they achieving?³ Included here are a number of nuanced and strategic dances with various partners: between government and associations as they attempt to capture each other's loyalty (for funding and assistance), between community members who contest each other and try to change norms, and between sexual partners.

The Political Aspects to This Choreography

While there certainly exists no dearth of HIV/AIDS studies about Africa, few have focused on the political aspects of the disease and the tactics and manner by which governments and societies interact, the use of civil society to compensate for a lack of development in the AIDS domain, the evolution of associational life, or politically nuanced evaluation concerning policy responses.⁴ Some cases, such as the Treatment Action Campaign (TAC) in South Africa and the Gay Men's Alliance in the United States, have broadened the space in which individuals can openly petition and challenge the state for greater access and control over resources pertaining to

³ Some free-ride based on the facts that there are others who mobilize and that antiretroviral drugs are already free; therefore, they view the potential stigma of publicly declaring their status to be greater than any potential benefits stemming from association involvement.

⁴ For some that do, see Boone and Batsell 2001; Patterson 2005, 2006; Poku and Whiteside 2004; Whiteside and Barnett 2002; UNAIDS 2006b; Swidler 2003; deWaal 2006. For an excellent discussion of AIDS activism and democracy in the United States, see Brown 1997.

HIV/AIDS. Protest and collective action around the disease have been prevalent in these two countries (in the 1990s in the U.S. and more recently in South Africa) and have been shaped by openings in the political institutions, opportunities for participation and contestation, and the framing of the disease as a human rights issue. But what occurs in countries with *weak* states and civil societies; where a strong history of repression, fear and violence exists; and where opportunities to free-ride may in fact outnumber those to engage? As Campbell notes in one of the first detailed studies to highlight the political failure of AIDS programs:

community mobilization, and the associated concepts of grassroots participation and representation, and of multi-stakeholder partnerships...form the cornerstone of HIV prevention programmes the world over, and are...key strategies for building healthy communities. Participation and representation are also the foundations of democracy, so this is a research question that has relevance way beyond the health and development arenas. (Campbell 2003: 11)

Yet political science in general, and the subfield of comparative politics in particular, has failed to incorporate this into the mainstream agenda, as the topic has traditionally been relegated to the fields of medical anthropology and public health. The AIDS crisis, however, “demands political as well as technical solutions because it is deeply associated with national priority setting and because it often involves overcoming conflicting interests at the core of national and international political processes.” (WHO 2005: 35) By overlooking the AIDS domain, we who are comparativists have been missing out on a grave situation that impacts how democracy is unfolding (particularly in developing countries with an authoritarian past) and crucial strategies employed by those on the ground with little access to resources to fill in the gaps, which has implications for governance and the manner by which we try and explain the ‘development’ of poor nations.

This study thus aims to change the neglect of AIDS by juxtaposing various topics within comparative politics: access to resources and influences from both formal and informal

institutions; participation, or lack thereof, in building a public associational life and the activities and incentives involved in the organizations; the role of the government and donors in resource distribution; the private, public and political arenas; and attitudes about norms of community trust, government, and reliance on institutions. What falls under the AIDS domain also has implications for policy conceptualization and implementation in new democracies: what is occurring after a long history of societal disengagement from the state, when democracy and AIDS collide in an impoverished country filled with suspicion of the actors involved?

The challenge of and for health care in a country like Mozambique constitutes a key determinant of the possibilities for stronger democratic linkages and governance in developing countries throughout the world, particularly in reference to associational life when new organizations pop up to demand, educate or resist hegemony (as found in the state, donors or communities themselves). I argue that the lenses within comparative politics that I use here in each chapter offer extremely nuanced focal points that aggregate in the public arena around the variable of HIV/AIDS. Each of the lenses is necessary to the overall choreography because, as will be shown, the effects of HIV/AIDS are not simple, they are not one-dimensional, and they are not always negative. Overall, I frame this research within the realm of political economy and as an institutionalist, but one that focuses on informal institutions that may not necessarily serve solely as a constraint for development (as they are often touted). Rather, they can potentially be built upon so as to make development more efficient, but it may very well be the case that such development occurs in a manner quite different from Western expectations.

Therefore, several arguments persist here: first, the informal institutions surrounding the lack of women's rights, the prevalence of poverty, and the spread of HIV are intricately linked, an argument that is discussed in subsequent chapters and which lays the foundation for what I

later define as HIV's 'economy of infection.' As the old saying goes, 'the personal is political.' Nowhere is this more valid than in developing countries where women have specific gendered roles that prioritize child bearing and the hearth. Women's rights are firmly fastened with their ability to choose, a concept often left out of the AIDS equation when it comes to the use of contraceptives with lovers, husbands, boyfriends, sugar daddies, sexual clients, and friends. The lack of women's power and equality within the public realm transfers into the private arena (and vice versa) and ensures the political nature of both the ability and inability to contest the status quo (be it the state or the male). One aspect, however, should be made clear here: the woman who is unable to choose, who is said to be subordinate to a man, who has no financial independence—she is, to be certain, a strawwoman of sorts, but she exists throughout the developing world (and indeed much of the developed world). While I am acutely aware of numerous examples of strong African women who have fought for and achieved their independence and equality, I choose to focus on the millions more who have not. I recognize, however, that gender roles do not necessarily equate to inequality, but given the overwhelming evidence that lays claim to the fact that women are often in a poor position to negotiate with men, the strawwoman is a necessity in order to problematize, examine, and define the salient situation of inequality and patriarchal practice.

Therefore, as a single case study, this stands to contribute to the literature on the fight for human rights around the world. It should also be noted here, however, that while AIDS was initially an issue centering around gay men in the United States, in much of Africa it is different in that women are at greater risk because of power relations, since they often have little say in the use of condoms. Women represent 55.8% of HIV+ adults between the ages of 15-49, and in

many African countries, the percentage of women infected is higher than that of men. (UNAIDS 2004)

As is discussed within these chapters, one argument that arises from this in using HIV/AIDS as a case study to examine institutions, relationships of power and associations, concerns the tension between emotion on the one hand, and reason and rationality on the other. The AIDS domain juxtaposes these because it is, by its very nature, a topic about sexual passion, needs and desires, but it is one that allegedly requires reason, rationality, deliberation to resolve (when resolving it equates with a decrease in infection rate). Additionally, women are heavily involved in the associations and therefore some men won't listen, as they feel threatened. Relevant questions therefore include: What is defined as rational and/or reasonable? For those involved in HIV-based associations, reason may try to repress emotion, passion and desire (at least in a manner defined as safer sex), whereas for those who are not mobilizing, reason may be defined differently to include various types of survival techniques which potentially increase sexual activity. How does patriarchy fit into the schema of the volunteers, if at all, and what is being done to counteract the seeming divide between activity that inherently involves 'passion,' and the 'reasoning' necessary to decrease infections? When 'rational' solutions (as defined by Western donors) don't incorporate local nuances and understanding of power, disease is not well understood and thus the solutions don't work; we then wonder why people are acting 'irrationally', when in fact their activity is quite rational!

A second argument concerns the game of interests that persists; one must be strategic in acquiring resources concerning HIV due to what is now an extraordinarily high level of competition, and one individual's (or association's) interest can and very often does infringe on the next. This has both sustained competition and created a variety of incentives, not all of

which are positive. Some ‘brokers,’ or those who work in the space between the state, donors and the grassroots associations, are often captured and thus do not work independently. Others are said to be able to pay their way into lucrative contracts. Yet we stand to learn a great deal about democracy and decentralization of the public sector from a health issue that has forced the rapid scaling up of formal institutions in marginalized areas: how are linkages and relationships between the associations and government bodies affecting policy-making and governance?

Which internal associational tactics are most successful at recruiting new volunteers, and how, if at all, does AIDS help the learning and practice of civic activity? What does the dance of the actors entail for a new African democracy, particularly given distinctions that can occur when associational life takes on the role as antagonist, lobbyist, or client to various patrons in an aid soaked atmosphere? What occurs when reciprocity--the linchpin of African society and politics--and short-term vision induced by poverty meet up in the sexual act only to discover the severity of certain repercussions? (Or is HIV infection preferable to other, more severe, repercussions?)

A third argument within these chapters is that the high infection rates are a product of the historical trajectory of African societies, particularly concerning the desire for adherents and rule over people. This intertwines with political society, in which the suspicion between state and society and the reliance on the primordial realm in order to poach resources for one’s own gain have been salient and still currently occur in varying degrees within the AIDS domain. As is evidenced in this research, this leads to both positive and negative aspects: they are positive in the sense that associations build upon the informal associational life concerning self-help in poor communities, that volunteers are learning civic skills that carry over into other aspects of their lives (including overtly political activity), and that if we think of a continuum of civic-ness that ranges from non-mobilizers (those who do not volunteer with associations and who have low

civic-ness) to human rights mobilizers (with a high degree of civic-ness), HIV mobilizers are closer to the latter on pulling the topic into public and overtly political arenas. The point here concerns a new political consciousness within these societies: is it occurring, and if so, how specifically is it being teased out? They are also negative, however, in that there is still a great deal of fear of the state, examples occur whereby one must pay to access what should be free resources (employment, food, identity cards), and favoritism seems to abound.

Ultimately, the bigger picture, and the main argument, is one that entails the examination of reciprocity versus self-interested economic exchange, lifeworld versus system, emotion versus rationality and reason, and community versus individual rights, in a developing democracy. The uncoupling of these variable sets is supposed to bring about ‘modernization’ and ‘development,’ which dictate that reason is supposed to overtake affective ties (including the domination of one over another based on such ties). But, as is demonstrated in these chapters, it can also be the case that what can be created is an ‘alternative modernity’ that builds on local knowledge while at the same time prioritizes equality and rights. What’s important here is the *process* concerning what is political; HIV shifts conventional boundaries between what is defined as private, public and/or political. *The disease, typically understood as located predominantly within the private realm in Africa, has led to political mobilization, a political movement, which contests power structures, and is therefore fundamentally altering the path of democratization.* Yet the contestation is occurring against informal institutions, as well as, more sporadically, the formal. The disease is helping to create a civic public realm with norms of bureaucracy, formal rules, and the holding of government accountable for resources (and government’s holding of civil society associations accountable too), and this interplays with democracy so much so that they mutually reinforce each other. Demands to be a part of, and subsequent inclusion in, the health care

process (which utilizes rhetoric about ‘human rights’) mean there is now less autonomy between the state and civil society than what we’ve seen in the past in African countries. In short, HIV/AIDS has propelled some individuals to move from subjects to citizens, voice demands on formal and/or informal institutions, and shift boundaries by pulling this disease from the private into the public realm.

Location, Location, Location

Having worked on HIV/AIDS in a number of African countries, I chose Mozambique as the case study for several reasons. First, its role as a major international aid recipient allows for an examination into the gaps between assumptions and arguments of the international donor community, on the one hand, and those of local Mozambicans, whether they are volunteers or not, on the other. Donor health programs are often conceptualized by elites outside of the country who do not fully understand the nuances of local systems and accountability is external rather than internal to the communities themselves. What the community wants and what it receives are often two very different things.

Second, the lack of infrastructure makes it difficult if not impossible for the more than 200,000 Mozambicans who need ARVs but don’t have access to them; the lack of adequate food and medical resources and the long distances to water sources equate to poor health. Even in countries with a privatized system, high employment and the ability to access resources, health care is a salient political issue (particularly evidenced by the 2008 presidential campaigns in the United States). In a country with an incomplete national public health care system, low incentives for doctors and nurses, millions of unemployed and impoverished, difficulties with transportation, and the prevalence of untrained *curandeiros* (traditional healers) with poor medical information, it is not surprising that a sexually transmitted disease that kills constitutes nothing short of a disaster. Add on top of this a poverty that is so insidious that 15 years after the

end of the war many still have difficulty accessing more than one meal a day, a lack of transportation that is so severe that ‘bicycle ambulances’ are the best alternative (but often still unattainable) in rural areas, and an infected existence that is so grueling as to make one unable to attend the nearest health post 10 kilometers away. In this type of pervasive poverty, long term survival seems unattainable, particularly for the one in two Mozambicans who don’t live past the age of 40. Inadequate health sector decentralization and the low pay of medical staff block incentives and promote brain drain (either out of the country or to the private sector) and have been strangleholds on the provision of both direct HIV care as well as the plethora of opportunistic infections that tag alongside.

Third, Mozambique is one of several new democracies in the region and while it has a high HIV rate in comparison to non-southern African countries, because of its nearly 30 years of war, it has a lower HIV rate than those around it (this is further discussed in subsequent chapters). The rate is high enough that it has forced an astonishingly rapid scale up of the public health sector. This further situates it well to examine the implications of democracy and HIV as salient forces that have cropped up at the same time and have a reciprocal relationship with each other; . Mozambique also utilizes two different types of political regulation, between elected officials in urban areas and the unelected *regulado* structure in the rural; the latter resolves community issues (including domestic) and thus contains local chiefs who serve as public officials who affect how domestic issues are addressed in the public and political arenas. This is often quite different from the manner in which it occurs in the cities.

Finally, having travelled to Mozambique many times since 2000, one of the aspects that always strikes me is the growth that occurs between my visits. Yet it is primarily within Maputo, while the rest of the country remains greatly marginalized, in part because of the large size of the

country, but also due to the fact that many development workers prefer to remain in major cities, and thus little trickles out to those who really need it. Mozambique is very much a country of stark contrasts between its urban and rural areas, and between the southern part of the country and the central and northern regions. Having conducted this research in both urban and non-urban sites throughout the country, part of my goal is to help guide policy conceptualization concerning the nuances of the differing regions involved.⁵ In this sense, it is much like the rest of sub-Saharan Africa, and indeed countries throughout the world, with its rural/urban divisions. Additionally, similarities also exist between Mozambique and other countries around the world in the patriarchal institutions; emphasis on childbearing; issues with decentralized and accessible health care; the process inherent within a transition to democracy; ambiguity regarding incentives for mobilization within civil society associations; conditions of economic dependence in regions that lack such basic services as water, medical supplies and electricity; and prevalence of informal institutions to fill in for a lack of other resources. Therefore, I argue that this case study is useful as a comparison to help us also understand similar situations elsewhere as it holds theoretical implications for both institutional analysis in comparative politics and policy making in general.

The Potential for ‘Progress’

Overall, this study deals with both potential and practice and the extent to which progress is being made in mobilizing individuals in both villages and cities toward a new political consciousness; in short, how does HIV/AIDS mobilize individuals and groups in the public realm and what are the processes and effects of this mobilization? Each of the subsequent

⁵ Throughout this study I refer to ‘non-urban’ regions which are too urban to be considered ‘rural’ but not urban enough to be ‘urban.’ I opt not to use ‘semi-urban’ because it represents something closer to urban than rural, when in fact, many of these types of areas may indeed be urbanizing, but still have a rural feel to them.

chapters contributes in various capacities to what is unfolding within the AIDS domain. Chapter Two (*The Realities of HIV/AIDS in Mozambique*) offers a background into the general and political history, formal institutions, civil society and corruption within the country, as well as the nuances of the AIDS epidemic regarding decentralization, salient issues, access to ARVs and other resources, and government and donor roles. Chapter Three (*Understanding the 'Public'*) situates this study by delving into debates concerning the public sphere and the prevalence of the acquisition of 'adherents' into kinship groups, which I argue serves as an instrumental precursor to the AIDS rates we are currently witnessing in the region. It also 1) provides perspective on the state-society relationships that are centered on the 'primordial' rather than the 'civic' public; 2) serves as the foundation for the subsequent depiction of the disease that is propped up by inequality and poverty; and 3) highlights relevant issues pertaining to participation within HIV based associations as well as the potential for contestation.

Chapter Four (*Methodology*) explains the methodologies used concerning in-depth interviews, focus groups and 325 surveys with HIV mobilizers, non-mobilizers and human rights mobilizers. The following three chapters disaggregate the three central features of what is occurring in the public realm concerning patriarchy, poverty and games actors play. Therefore, each of these three chapters offers an additional theoretical overview before presenting the empirical data collected. Each ends with an analysis of the data as applicable to the discussion. Chapter Five (*The Dominance of Patriarchy*) examines patriarchal structures that ensure male dominance, particularly in reference to both reciprocity and exchange versus self-interest; this chapter highlights the role of informal institutions as well as the *regulado* system and argues that for many, patriarchy blocks the evolution from subject to citizen.

Chapter Six (*The Prevalence of Poverty*) focuses on activities that occur in such a poor society in order to facilitate survival; this inevitably includes the use of sexual exchange as a means to not only get by, but to move forward in a rapidly growing (and globalizing) new African democracy. By highlighting the possibility that preferences are potentially different from actual activity, I frame activity as stemming from a lack of alternatives, which automatically entails a reconfiguring of adequate policy prescriptions. This chapter also offers data concerning expectations, activity within informal community associations, and the numerous civic activities that occur along with evolved identities that are constructed within the HIV associations and help to create a civic public.

Chapter Seven (*Games HIV/AIDS Actors Play*) presents the tactics of the various entities involved; a primary tactic of many of the associations highlighted here is the use of performance, which I argue not only serves to educate communities about HIV (as is the goal), but inherently represents a resistance to the informal institutions at hand concerning women's roles and sexual relationships, the power of traditional beliefs, and the lack of equal rights within communities. To a lesser extent, it is also used to speak to government officials and thus represents 'voice' in the attempt for a cohesive state-society relationship. The second half of this chapter depicts corruption in the HIV sector, documents the tensions that occur in the *jogo de interesses*, and analyzes the differences between mobilizers and non-mobilizers concerning attitudes and other types of political activity.

If associations challenge social norms (rather than government itself), they still represent an exit or disengagement of sorts, but from the *informal institutions* that have been so instrumental to the continent, rather than the state. This possibility exists in countries whereby formal institutions have already begun to address laws concerning rights for women and workers

with HIV. This occurrence would have serious implications for the way we think about informal institutions and a civil society that may actually work in tandem with the state rather than antagonistically against it; additionally, by framing sexual exchange itself as a market-driven activity, we stand to learn a great deal about the inefficiency (the spread of HIV) that occurs as a result. I address these-- both the positive and negative connotations of what I define as HIV's 'economy of infection'—as well as policy implications of this research, as the salient issues in Chapter Eight (*Moving from Subjects to Citizens in an Economy of Infection?*).

There are also several Appendices: *A* presents a summary of each of the associations that participated in this study; *B* presents the socioeconomic data of each of the three types of survey respondents (HIV mobilizers, human rights mobilizers and non-mobilizers); *C* presents a select summary of the survey findings (for a quick read) as well as the construction of variables relevant to the hypotheses; *D* summarizes key laws and development papers; *E* illustrates the survey instrument (not all questions on it are used here); *F* lists and defines all of the Portuguese, Sena and Shangaan words included in these chapters; and *G* offers a list of acronyms.

In conclusion, I argue that the case of HIV/AIDS serves to mobilize a wider consciousness in the public sphere because associations help turn subjects into citizens who are ready to claim their rights and engage in politics in order to do so. Yet it doesn't occur everywhere, nor does it occur with all mobilizers. Rather, the slow and incremental process has only just begun, but it is one that has implications for both democracy and the manner by which we define concepts and implement development projects in new democracies. While many studies have occurred regarding the impact of HIV, few have focused on these types of political aspects and approached the topic in the terms that I adopt here. Analyzing activity in the AIDS domain in a newly democratic country allows us to better understand how and explain why what is unfolding

on the ground between communities and the state, and within communities themselves, affects politics in Africa.

CHAPTER 2 THE REALITIES OF HIV/AIDS IN MOZAMBIQUE

This chapter offers the background of both the general situation and the particulars of HIV/AIDS in Mozambique. It thus begins with an overview of the political history of the country, which includes formal institutions, civil society, the role of women and patriarchal institutions, and corruption. It then moves into the specifics of HIV/AIDS and human rights in Mozambique, including access to ARVs and other resources, and current government policies and the decentralization of health care.



Figure 2-1. Map of Mozambique¹

¹ Reprinted by permission from: US Department of State. 2008d. Image of Mozambique. www.state.gov (accessed 10 March 2008)..

Background

General and Political History

After ten years of war, Mozambique gained independence from the Portuguese in 1975, only to plunge back into another 17 years of fighting when the South African and Rhodesian governments created and backed an opposition group (*Resistência Nacional Moçambicana*, or Renamo); peace finally came in 1992. During the conflict, the Marxist party Frelimo (*Frente de Libertação de Moçambique*, the party that led the country to independence) fought to eradicate ‘traditional’ practices and promote a new vision of modernity that often contrasted with rural practices, religious beliefs, and activities concerning *lobolo* (bride price) and polygyny. Since democracy in 1992, Frelimo has won all three democratic elections.

The three decades of wars destroyed such a vast amount of Mozambique’s physical infrastructure that the government has had to expend great effort to convince individuals (and donors) of state accountability and transparency. Ramifications from this denigration continue today as evidenced by limited political participation; a dearth of governmental services, particularly in the less developed northern areas where an atmosphere of corruption and favoritism between officials and local communities continues; estimates of approximately 500 doctors in-country; and sparse medical supplies. Currently, the gap between the supply of and demand for democracy is wide: negative perceptions of government performance are pervasive and only 50 percent of citizens believe they are better able to influence the government today than in the past. (Alexander 1997; Pereira, Davids and Mattes 2002) Although opposition parties such as Renamo and the PDD (*Partido Para Paz, Democracia e Desenvolvimento*, or Party for Peace, Democracy and Development) are included in the national legislature, there is still corruption, favoritism, and distrust within the government bureaucracy. Repeatedly over recent

years, individuals have cited a fear of speaking out against Frelimo as a continuing deterrent to the growth of democracy in the country, which is discussed later in *Chapter 7*).²

A history of voluntary migration as well as forced displacement has created a unique environment in which to determine the role of and relationship between the formal institutions of government and market and the informal institution of patriarchal power in providing resources and cultivating or precluding particular types of activity. The historically favored south, and particularly the capital of Maputo, has the most developed infrastructure with many large hospitals, water and electricity, sanitation services, and good roads; it is home to most of the main offices of the country's associations and non-governmental organizations (NGOs). The central region is home to major transportation intersections (particularly Inchope, the central hub to get to other points in the country). Beira has had strong historical ties with Renamo, and while it remains the second largest city in Mozambique, infrastructure here is much less developed than Maputo (with fewer health services and sporadic electricity); there are no private hospitals, and sex work has boomed due to the high number of truck drivers en route along these roads, making this region the highest regarding HIV prevalence (infection rates are discussed later in the section on AIDS). The northern area of the country has little infrastructure, poor roads and local transportation, and a lower infection rate than the central and southern regions, mainly because it has a higher concentration of Muslims and the neighboring countries (Tanzania and Malawi) have lower infection rates than those of South Africa and Swaziland.

Formal Institutions

Although Mozambique is a democracy (with a president and parliament) that is dominated by the two major political parties (Frelimo and Renamo) in reality it is more like a one-party

² From interviews conducted with individuals at UNAIDS, MATRAM and many survey responses (2007).

state, with Frelimo's domination.³ Throughout the country, citizens are afraid to speak out against the Frelimo government for fear of being sent to jail or killed (as evidenced by at least half of the survey responses within this research in 2007). This stems in part from Mozambique's history of resistance against the Portuguese state which lasted for ten years until independence in 1975; 17 years of further war between Renamo and Frelimo which destroyed most of the country's infrastructure; and recent assassinations of Carlos Cardoso (a well known journalist who had been investigating bank fraud involving state and business officials) and António Siba Siba Macuacua (an official who was compiling a report about one of the involved banks). In the case of the assassinations, one of the sons of Joaquim Chissano (the former president) was implicated as having ordered the hit on Cardoso, but he died before he could be fully tried. This has been a well followed story by Mozambicans throughout the country.

Since democracy began in the early 1990s, each election has been marked with at least one if not all of the following: dissent, boycotts, appeals, contestation of results, (predominantly led by Renamo and its leader Afonso Dhlakama, who has been its president since the early 1980s). The claims of problems with voter registration, election fraud, and fake ballots have tended to be supported by international observers and foreign investment in the country is challenging due to a high level of bureaucracy.

³ Mozambique is a multi-party democracy with two dominant parties; a five year President (in 2008, Armando Guebuza) is elected by popular vote and eligible for a second term, a Prime Minister is appointed by the President (in 2008, Luisa Diogo) and a Council of Ministers oversees the numerous Ministries (Ministry of Health, Justice, Women and Social Action, Defense, etc). The legislative branch includes the National Assembly which has 250 members, directly elected via proportional representation (for five years). Each party gains representation in Parliament if it has 5% of the national vote. Frelimo won 62% in the most recent election, and Renamo won 30%. The judicial branch includes a Supreme Court, whose members are either appointed by the president or are elected by the assembly) and Provincial (with 11), District (with 128) and Municipal courts. In 2004, Frelimo won 160 Parliament seats (64% of the popular vote). The historical claim of election fraud continued with these elections, but the final presidential result most likely would not have changed, although the Parliamentary result was questionable (EISA 2008; CIA Mozambique 2008).

Certain regions in Mozambique are well known for their political affiliation (e.g. Frelimo in the south, Renamo in central regions) and although there has been only sporadic violence (Mocimboa da Praia in the north in 2005) between the political groups, electoral alternation of power has yet to occur although there have now been three democratic elections. Renamo doesn't have a strong platform other than demanding greater accountability and transparency and its stand against Frelimo (usually without defining what this actually means); this, combined with the historical legacy of this once very violent group, the culture of fear about speaking out against government or Frelimo, and the lingering sense of identity with Frelimo as the party that brought the country its independence from the Portuguese, makes it unlikely that Renamo will take the majority of seats in Parliament in the next elections. Renamo and Frelimo are divided along social and regional lines more than any others; Frelimo has had a very strong historical bias toward the southern part of the country (especially Maputo) which essentially marginalizes the predominantly Renamo central region (including Beira), as well as most of the north. This trend continues to occur and may eventually be the downfall of Frelimo as Renamo continues to dominate some of the more marginalized areas.

The structure of government weakens as it moves away from the center (see *Figure 2-2*, these categories are discussed further below and in *Chapter 5*).

Civil Society

Throughout Mozambique's history, civil society has been notoriously weak due to the vivid Portuguese repression of outward expression against the state as well as Frelimo's fear of Renamo (which led to a campaign to ensure that citizens were redistributed into new settlements, thereby trying to eradicate previously strong community ties). Those who had been marginalized

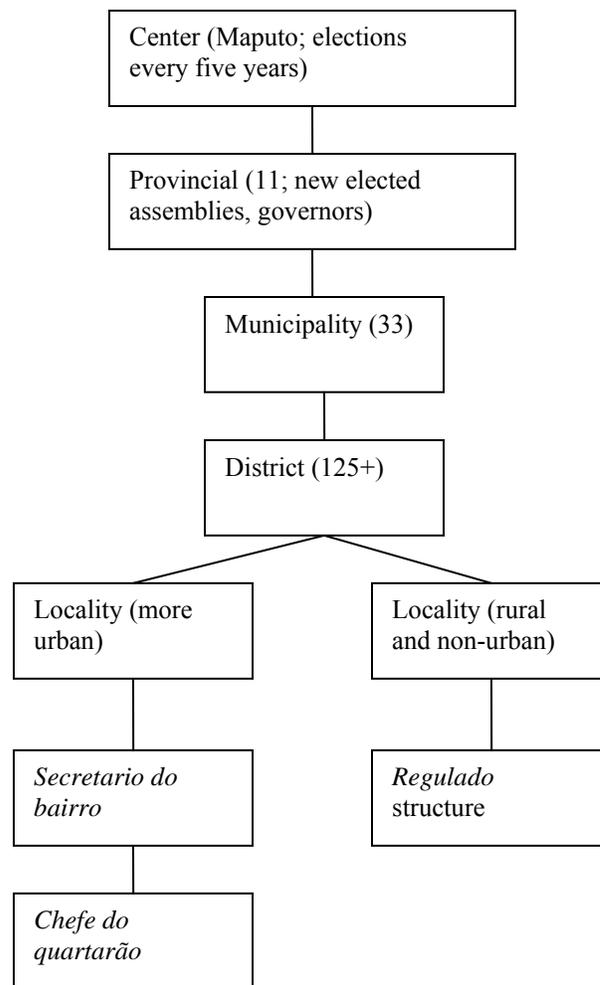


Figure 2-2. The structure of decentralized government in Mozambique

from public and formal institutional life exited the political realm and instead engaged in an ‘alternative politics’ of the invisible, which illustrated itself in through localized voluntary associations “which suspend sectarian and political differences in pursuit of shared aims, such as spiritual security, cultural improvement and self-help and self-repatriation initiatives.” (Chingano 1996: 152) The high incidence of poverty has helped to sustain informal work such as that done at home, making cakes, selling firewood, helping out on *machambas* (small plots of land), cooking and selling, and the trade of several different types of sexual relationships. Additionally, throughout recent history, Mozambicans have mobilized for a variety of causes: business

cooperatives, for schools/supplies, *associações de camponesas* (peasant agricultural associations), *geração de rendimento* (income generation projects), *shitike* (banking system with monthly payout for involved parties) and the like, although these have generally tended to be on a small scale. (Focus group with Kindlimuka women, 6 February 2007)

Chingano also argues that some of the organizations became powerful enough to exert pressure upon the state.⁴ Yet while this was true to a certain extent in the history of the OTM (Organização dos Trabalhadores de Moçambique, the workers' organization), other examples have been much harder to come by. Processes of elite negotiation have tended to parallel formal channels:

A triad of Renamo, Frelimo, and international community also permits the continued exclusion of the population from playing a central role in the political process. Renamo has extremely poorly institutionalized links to any mass base, and Frelimo's grassroots links have suffered as a result of the party's own transformation within the larger democratization process. (Manning 2002: 8)

High unemployment, low female literacy (30%), and male migration to jobs in South Africa have exacerbated the informal sector. (CIA 2007a) The lack of recognition of civil society as a real and fundamental partner is apparent in all aspects of the national government's response to HIV. (not only in Mozambique but in other parts of the region, see Wines 2006) One recent national document limits the role of civil society concerning the implementation of home based care (HBC) activity, hospitals and drug treatments: "There is no mention of the effective participation of civil society in different forums to accomplish its vital role regarding social control of the national response." (Barcellos 2005)

⁴ "The emergent social classes—economic, political and professional elites and the dispossessed—are locked in permanent conflict, which they fight out in various ways. Only through their voluntary associations were the dispossessed able to overcome some of the difficulties that arise from the failure to form an active and coherent class" (Chingano 1996: 152).

It is apparent that there has existed a gap between state ideology and reality on the ground, but this varies in different regions of the country.⁵ Although the state has tried to eradicate gender inequality and dependence, traditional practices have been the key to the operation of certain sectors of society and severe problems exist in persuading citizens to abide by policy change. While some individuals have been able to move ahead, either by engaging in the formal economy or finding legal alternatives in the informal sector, corruption is prevalent, and some women have sought help through the sexual trade. As is discussed later, people living with (or affected by) HIV/AIDS (PLWHA) “are often from less privileged sections of society and have consequently faced challenges in getting organized...[due to] the general weak nature of civil society and civil society advocacy in Mozambique.”⁶

In this sense then, the formal institutions of the state and the economy have collided with informal norms of patriarchy, the persistence of poverty, corruption and a weak civil society to create a fertile situation for HIV to spread.

Women and Patriarchy

Many HIV associations consist of a majority of women, in part because they do not have salaried employment; this, combined with the elements of patriarchy within the country make it imperative to briefly trace the evolution of women in Mozambique. In the nineteenth century, most roles for Mozambican women were inside the home and kinship networks, away from the larger economy, although colonialism did bring some into education and employment; men often

⁵ Trust has remained a salient issue here: an American aid worker discusses the lack of trust between Frelimo and Renamo supporters: at times, when he visits a restaurant with his well-educated Mozambican wife and their child, as they order the meal, she prohibits him from telling the waiter which plate is for which family member (e.g. “I’m having the shrimp and he’s having the steak”) because she is fearful that the worker will poison the food if he has a different political affiliation (Interview, Sydney Bliss 2 April 2007). In general, many believe that Frelimo exists mainly to perpetuate itself and give the bulk of jobs for its prime supporters, particularly family and friends. If one chooses instead to vote for Renamo, then in a sense the country must start all over again “with a brand new devil” (Ibid).

⁶ From DFID N.D.

migrated to South African mines. In the struggle for independence, women were enveloped into the war, salaried positions, education, and cooperatives with neighbors, and thus the party's "modernization plans" attempted to change male/female inequality concerning marriage, albeit heralding uneven results. (Sheldon 2002)

During the nearly three decades of fighting, millions fled the country, others fought for either Renamo or Frelimo, and many simply died of violence, illness or hunger. Historically, most Mozambican women have had little access to economic opportunities or schooling, and the bulk of education has concentrated on the "domestic sciences." (Cruz e Silva 1998; Sheldon 1998)⁷

In the 1980s, the majority of cooperative members were women, particularly in the south, where they planted on and cultivated the farms. Men engaged in construction and irrigation, thereby reproducing the gender division of labor; "thus, contrary to intent, Frelimo's cooperative policy sharpened rather than repressed both class and gender divisions in the countryside." (Bowen 2000: 206) Once independence came, women (many of whom had taken up arms for Frelimo) were inadvertently abandoned by Frelimo and the *Organização da Mulher Moçambicana* (OMM, or Mozambican Women's Organization) as the top-down focus shifted to state-building (although, to its credit, Frelimo did try to set up education/literacy campaigns for women, yet it continually grappled with patriarchal hierarchies and gendered practices). In general, Frelimo failed in its attempts and generated several contradictions in trying to implement its policies, mainly due to "the limited capacity of the state, inevitable given its weak

⁷ Some argue that the decades of fighting led to an undermining of the dominance of patriarchy and traditional support networks (Chingano 1996), and that many women have been able to support themselves (having established autonomy through activities in the war economy), but the majority of Mozambican women today are still heavily dependent on men for economic support.

penetration of civil society, to effect changes in social attitudes and values; underlying assumptions about the nature of women's problems; the way in which the policy was implemented; and the resistance from various segments of society," (Chingano 1996: 219) for example by men and women who viewed gender equality as a breakdown in family values.

In 1997, a debate in the National Assembly, despite a gathering which consisted of approximately 30% women, turned ugly when the males argued that females behave provocatively in order to gain promotions at work. Powerful misogynistic attitudes served as a harbinger that what is touted within a democracy may not necessarily translate into practice, even at the high end of the political spectrum. Despite patriarchy on the ground and elsewhere, however, the appointed Prime Minister is a woman, (Luisa Diogo) as is a designated 30% of Parliament, and important, albeit somewhat sporadic and slow attempts to abolish gender inequality have continued to occur in recent years, most notably with the passage of the Family Law in December 2003.⁸

The OMM formally seceded from Frelimo in 1990 in order to switch its focus from the implementation of Frelimo policy to an emphasis on legislation for women's rights. While it has offices throughout Mozambique, it is often touted as an elite women's organization. It, along with other women's groups such as Forum Mulher, Muleide and Mozambican Women in

⁸ 87 of the 250 Parliamentary seats are held by women by way of a quota system. Diogo has had a less than pristine political past, as she was deputy finance minister during the 2000 bank scandal and a part of the state reluctance to fully investigate. The Family Law recognizes that the wife can represent the family (as the household head), neither spouse can restrict the right of the other partner to work, and women no longer need the permission of their husband (or other male) before taking a loan or working outside the home. In addition, it recognizes de facto marriages (couples living together for at least a year without any form of marriage) which are quite common in Mozambique. Children of this union have the same protection as others and if the de facto union ends, the man must pay the woman 'maintenance' for them in child support. This has changed the marital age without parental consent to 18 (previously it was 14 for girls and 16 for boys) although if the girl is pregnant, they can marry at 16 with parental consent. The law does not legalize or ban polygamy, but states that women in a polygamous union must be treated equally regarding inheritance should the husband die (ISIS International 2003; MNA 2004), and allows women to seek divorce or prenuptial agreements, and own property and assets. In reality, however, these laws have not trickled down into the communities yet.

Education, created violence awareness campaigns for women in the mid-1990s.⁹ *Chapter 5* offers a more in-depth discussion of patriarchy in Mozambique.

Corruption

Corruption is prevalent in the country; former President Chissano reappointed a Justice Minister who was soft on corruptive practices and fired one who was not, (Hanlon 2004) while locals must pay regular bribes for a place in school, to pass an exam, get through a roadblock (known as ‘money for a coffee’), to ensure that a document is processed quickly, or to move one’s name up in a queue.¹⁰ In March 2007, the Malhazine military arsenal near Maputo exploded after arms had been stored inside for decades and authorities had promised to shift them out of the populous neighborhood. In the following days, protestors demonstrated and were subsequently arrested and detained without charge.¹¹

The government defines corruption in the public sector much like the West does: “the use of public office for one’s personal gain, or for the benefit of a group with which a given individual is associated. It is a behaviour that deviates from the formal duties of public office and is detrimental to the public interest.” (Cabinet N.D.: 4)¹² A government report states that the government acknowledges the widespread prevalence of corruption within the public sector,

⁹In addition, the activities of the women’s law society, WLSA, include: training law enforcement officers, teachers, and aid workers about sexual exploitation; campaigning against sexual abuse/violence; holding discussions with the Ministry of Women and Social Action to conceptualize plans for the prevention of gender based violence and reforms to family law.

¹⁰Most common involve health and education workers and included bribes involving money, sex, medicine, a place in school and to pass exams (as discussed by numerous interviewees and in survey responses, 2007).

¹¹ They were released the following morning, but a journalist investigated the arrests, was detained for several days and charged with insulting the police. Three days afterward, he was released and the charges were dropped (Amnesty International 2008).

¹² It is further defined as entailing “illicit activities such as payment or receipt of bribes, embezzlement, nepotism, favouritism, transactions for one’s own benefit, fraud, extortion, abusive use of influence or use of public office or assets for political gain. Corruption takes three distinct forms: petty administrative or bureaucratic corruption, serious corruption and seizure of the state.”

offers guidelines on how to combat it, and states that it is caused by “some public officials who know the norms, the laws and are privy to information but who, motivated by the desire to live in luxury, use their power and knowledge to extort the citizens and deplete the coffers of the State.” (Cabinet N.D.: 4) Civil sector workers also complain of low salaries and argue that their colleagues (and sometimes admitting to doing so themselves as well) solicit bribes to compensate for their meager pay. Corruption involves:

illicit isolated transactions/activities by public officials who abuse of their office (for example, demanding bribes, embezzling public funds or dispensing favours) for their own personal gain/benefit; extortion or theft of large sums from public resources by senior State officials, usually, members of and/or associated with the political or administrative elite; and collusion between the private and public sectors officials or politicians for mutual or private gain. This means that the private sector has "seized" the legislative, executive and judicial power to further its own interests. (Cabinet N.D.: 8)

The government has called for redress by sending allegedly corrupt officials to the court; the reality, however, is that corruption is probably just as common today, if not more so, as it was in years past.¹³ In fact, Transparency International has classified it as worse in recent years: as of 2007, it was ranked 111 on the Perceptions of Corruption index. (CIP 2007)

In 2001, over \$100 million in donor funds were used to bail out the Commercial Bank of Mozambique after a failed privatization scheme and the sequestering of funds that involved bank officials, private businesses, and possibly government officials.¹⁴ Indeed, corruption is a big debate within the country, (Tibana 2005) there is a great deal of questioning concerning

¹³ Some would argue corruption is worse today with the election of a businessman to the presidency, as there are little to no laws that prevent the President from taking decisions in his own best economic business interest, which would signify a radical conflict of interest. For more on corruption, see Austral Consultoria e Projectos (2005); Bornstein (2002); CIP (2006).

¹⁴ This is but one example of money gone missing; as in much of the rest of Africa, all too often funds wind up in the personal accounts of government officials. Mozambique comes in at 103 (one being best) on the Perception of Corruption Index by Transparency International (2006). Police are seen as most dishonest while the media (followed by religious organizations) is the most honest (Austral Consultoria e Projectos 2005). More than half of the expert respondents of a governance survey stated that in Mozambique, citizens rarely or never obtain full access to justice (ECA 2005).

Guebuza's business interests (particularly as he has holdings with a main political rival, Raul Domingos [Mosse 2004]) and privatization has often led to the misappropriation of funds:

the construction of the desired bourgeoisie was clearly based on the looting of public funds: our bourgeoisie cut of the state and cut always, not making the return [of funds].¹⁵ Laws passed in the 1990s require higher officials to declare assets, involvement in social positions, and sources of income, and prohibit them from engaging in professional activities that are similar to their position; these references, however, are vague, do not seem to pertain to the President, the declarations are only given to certain higher-ups, and civil society does not have access to the declarations. (Mosse 2004)

Part of the problem with corruption stems from the 1990s with the IMF mandate to cut government as public sector salaries were often the first to go (creating situations of hardship). Donors often ignored corruptive practices so as to continue the myth of a 'successful African case' (Hanlon 2004) and high turnover in the development community only furthered oversights and ignorance.

After the \$400 million bank theft occurred, donors gave more money to bail out the government and to privatize the bank system, when in fact there should have been prosecutions. This is one way of pilfering money; elites will not steal outright from donors, but rather, will 'lose' money in a project because they have discovered that donors will simply start over again with some other project. Gaps in donor-government-society accountability are difficult if not impossible to resolve; only half of the money that government spends comes from taxes, which doesn't lend itself to strong state-society accountability. Because of the heavy influx of aid into the country, the government is often more accountable to donors than to its own citizens.

HIV/AIDS

In 2007, an estimated two million new HIV infections occurred in sub-Saharan Africa; 22 million individuals are living with HIV/AIDS in this region, which is approximately two-thirds

¹⁵ Translated from Mosse 2004: 13.

of the total of 33 million with HIV in the world. (UNAIDS 2008a) In Mozambique, HIV/AIDS infections are multiplying quicker than prevention efforts can control—the prevalence rate for adults aged 15 to 49 is estimated to be between 12.5% and 16.1 %, with an estimated 1,500,000 individuals living with HIV.¹⁶ While this may seem grounds for hope, given that the region is home to much higher rates-- South Africa is 18.1% (5.4 million), Botswana is 23.9% (almost 300,000), and Swaziland is 26.1% (almost 200,000)-- because Mozambique has only been out of its three decades of war since 1992, the infection rate is still climbing quickly.¹⁷ The disease has yet to hit the ceiling here, and migration continues to spread it in all areas, but mainly those in the center and southern parts of the country. For example, in 2003, it was estimated that 220,000 Mozambicans were working legally and illegally in Mpumalanga and Limpopo Provinces (in South Africa) alone. (SAMP 2003 Mozambique has the tenth highest HIV prevalence rate in the world, 500 new infections occur everyday and approximately 265 people die every day because of AIDS. Women represent the group with the highest prevalence, particularly between the ages of 20-24 when their prevalence rate is up to four times as high as men in this same age group; this stems from the culturally permitted regular occurrence of relationships between young girls and older men, not only in Mozambique but much of the southern region.¹⁸

¹⁶ Percentages vary between 12.5% and 16.1% as of September 2008, in part because 16.1% was the 2006 estimate, and also because there is often discrepancy between percentages of HIV+ women attending antenatal clinics and the general population (the latter is usually lower). UNAIDS has since discussed a change in indicators. 12.5 % is from WHO 2008. The 16.1% is from UNAIDS 2006a. Most other reports, however, use 16%: IRIN Plus News 2008b; UNICEF 2008; UNFPA 2005.

¹⁷ Figures are for adults between 15 and 49 years of age (UNAIDS 2008b). Estimates come from a model based on HIV+ pregnant women: for example, some provinces in South Africa have 30-40% infection rate among women attending antenatal clinics (AIDS Foundation South Africa N.D.).

¹⁸ From DFID N.D.. There are several different strands of HIV infection; in southern Africa, subtypes A, C, and D of HIV-1 are most prevalent (C being the more virulent) whereas in eastern Africa A and D are more prevalent. C is slowly moving north into the rest of the continent.

The highest infection rates are found in Sofala (26.5%) and Maputo city (20.7%), while Nampula (9.2%) and Cabo Delgado (8.6%) are lowest.¹⁹ (See *Figure 2-3: HIV/AIDS Infection Rates in Mozambique.*) Infection rates are (or have been) highest in the central zones due to a great deal of migration from the port of Beira into Zimbabwe and beyond, as well as the north south migration between Maputo and points north of Inchope, which can be considered the hub of transportation activity leading to all points north to Quelimane, south to Maputo, east to Beira and west to Chimoio. It is represented in *Figure 2-4: Transportation routes in central region of Mozambique*, towards the top of the image, where the four points meet (between Chimoio and Beira). In the south, infection rates are not far behind the central region due to migration to and from South Africa while the north has the lowest rates.²⁰

Transmission often occurs because of high migration within the region; employment in South Africa lures many men away from their native countries and some only return for a month out of the year over Christmas. Therefore, it is not uncommon for men to begin second families while in South Africa. This has increased the amount of sexual exchange, often including young girls. (Boe 2003) ARVs are free within many of the southern countries, and it is estimated that once an individual is infected, without the drugs (s)he will live approximately six more years, but with them it can increase to 12-20.²¹

Sexuality and stigma make this public issue different from malaria or tuberculosis in terms of health policy, as does the historical trajectory of the disease. In 2000, during the period of international patent rights on the most popular drugs, the annual cost of ARVs was

¹⁹ From UNDP 2008a.

²⁰ Although many Muslims in Mozambique practice polygamy, the very nature of it contains any possible infection within the multiple marital unit (consisting of three or more individuals).

²¹ While on ARVs the HIV strain becomes passive, and re-infection can occur if the patient has sex with someone who does not have a passive strain.

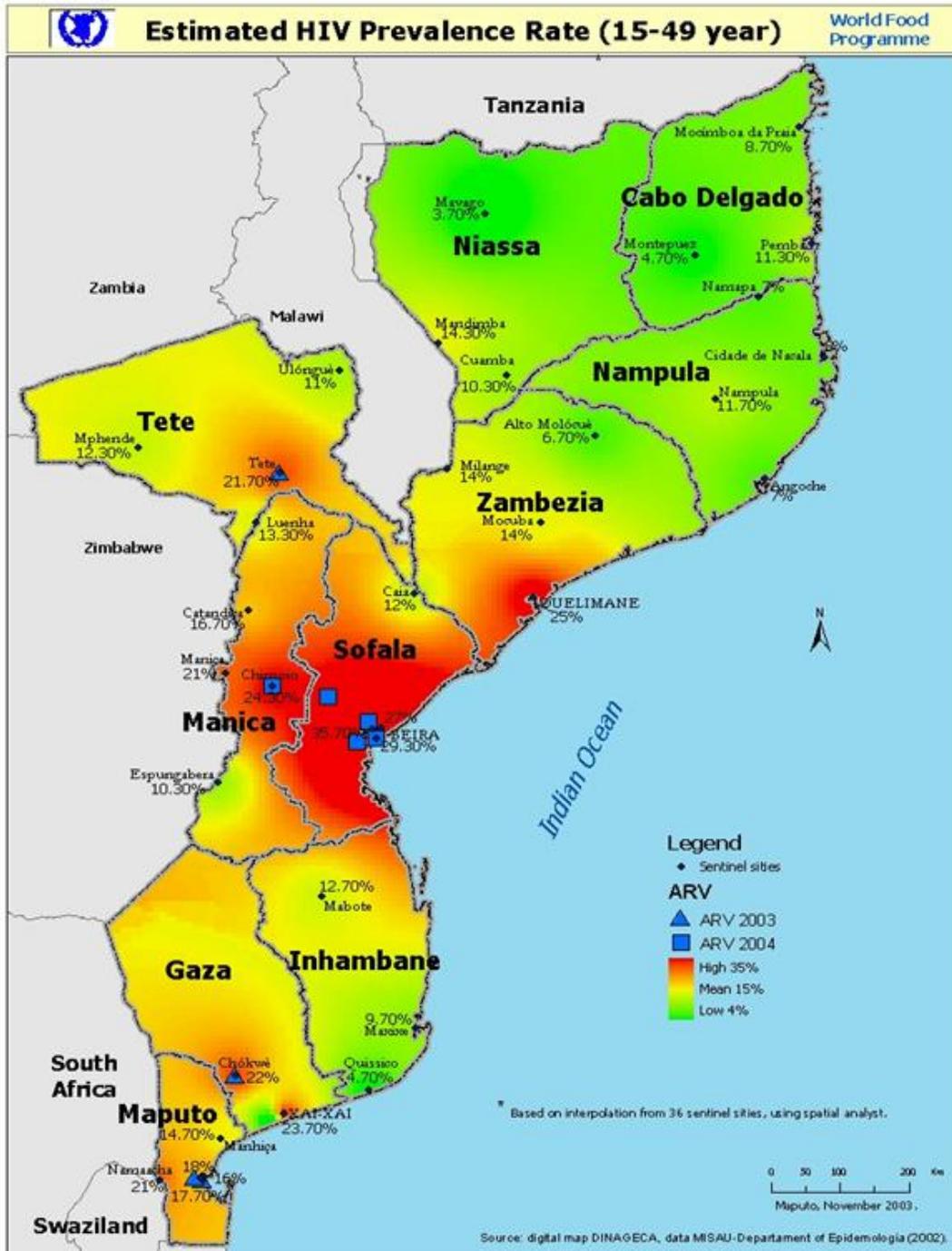


Figure 2-3. HIV/AIDS infection rates in Mozambique²²

²² Reprinted by permission from: FAO. June 2005. Special Report: FAO/WFP Crop and Food Supply Assessment Mission to MOZAMBIQUE. Food and Agriculture Organization. <http://www.fao.org/docrep/008/J5510e/J5510e05.jpg> (accessed 30 May 2007).



Figure 2-4. Transportation routes in central region of Mozambique²³

²³ Reprinted by permission from: Foreign Agricultural Service (U.S. Department of Agriculture). 2001. "Flooding in Mozambique Has Minor Impact on Grain Production," FAS Online, 23 March. <http://www.fas.usda.gov/pecad2/highlights/2001/03/Africa/moz2001.htm> or <http://www.fas.usda.gov/pecad2/highlights/2001/03/Africa/mozamap.gif> (accessed 26 March 2008).

approximately \$10,000; by 2008 the cost of ARVs for government was \$50 per patient. As of the end of 2003, due to international pressure and local civil society groups such as the TAC, South Africa promised to provide ARVs to those who need them, and Mozambique followed suit in 2002 with Sant'Egidio offering the drugs in the public health system (although by 2005, only 7,000 were receiving them). (see IRIN Plus News 2008b)

The Health Sector and Decentralization

There are three levels of public health: national, provincial and district. Three Central Hospitals exist (Maputo, Sofala and Nampula); 30-50% of Mozambicans have access to basic preventive and curative services (live within 10kms of a health facility) and thus going to a *curandeiro* is the only possibility for many.²⁴ *Table 2-1* at the end of this chapter illustrates the decentralization of health centers in the country, which total 1,274.²⁵

Mozambique has an estimated 650 doctors and 4,220 nurses; not all districts have doctors when in reality each should have at least two. According to research from the Ministry of Health (Misau) from 2002, 17% of workers in the national system have HIV. Eleven institutions train medical technicians, but only two have medical schools (Maputo and Beira). Doctors earn about 12,000 meticaís (\$460) per month and nurses earn approximately 6,000 (\$230). Many doctors graduate and leave for better paying countries, therefore, countries throughout southern Africa are using community members for assistance with ARVs, HBC and education.²⁶

²⁴ International Insulin Foundation 2008 in reference to Chao and Kostermans 2002; and World Bank 2002. For more on *curandeiros*, or traditional healers, see West (1998).

²⁵ It is useful to illustrate the growth of the health sector in recent years: in 2002 there were approximately 1,100 public health facilities with 15,500 beds, and 17,000 health workers (60% with professional training) (Sumbana and Lauriciano 2004 in reference to Pavignani, Sjolander & Aarnes 2002). Another reports states "while most facilities have a private area for patient examination, only 69% had a place for staff to wash their hands" (Lindelov 2004: 4). In December 2006, 40% of those receiving ARVs lived in Maputo, while 1% were in Niassa; 60.5% lived in the south of the country, 32% in the central, 7.5% in the north (IRIN Plus News 2007a). The majority of Mozambicans cannot afford private health care.

²⁶ These figures from IRIN Plus News 2007b.

Since 1994, over 400 health centers have been rehabilitated or created but approximately 50% still do not have access to basic preventive services.²⁷ Along with the severe shortage of doctors, in the primary health care system, there have been problems with service delivery, technical quality, low morale of workers, shortages of equipment and drugs and requesting bribes for services. (Lindelov 2004, 2005; Global Fund 2007a; 2007b)²⁸ Furthermore, research that surveyed provincial and district level directorates of health, health workers and users, found that while there has existed

a resilient system that continues to operate and deliver services despite adverse conditions [the study] points out important challenges: administrative systems are poor; weak financial and supply management systems undermine service delivery; unclear allocation criteria result in inequities and inefficiencies in resource allocation; and inconsistent implementation of user fee policies creates unfair financial burdens on users. (Lindelov 2004: vii)

It also reported poor record-keeping; a lack of basic supplies such as sterilizing equipment, scales, and essential drugs; regional variance in user fees; 37% with access to electricity; an average doctor salary of US\$417 a month; and late salary payments to 30% of the staff.

Issues Pertaining to HIV/AIDS in Mozambique

Public issues involve domestic problems and abuse, discrimination against PLWHA, and failed health interventions. Those dying are mainly between the ages of 20 and 50 so the bulk of the workforce is lost, (Lustig 2003) which creates a downward spiral for the economy and its global partners. Many companies in the region are now forced to train two or three new employees for the same job, as it is virtually guaranteed that at least one will die. (Christensen 2004) Parents and teachers, two of the most stabilizing forces on the continent, are hardest hit.

²⁷ Hunt 2005 discusses this in reference to the Plano de acção para a redução da pobreza absoluta (PARPA, or the action plan to reduce absolute poverty).

²⁸ The Faculty of Medicine at the Universidade Eduardo Mondlane (UEM) graduates only about 21 doctors a year (Hunt 2005) and it is estimated that there is approximately one doctor for every 33,000 people.

This does not bode well for the rapidly growing number of orphans or the extended families already bursting at the financial seams that cannot manage yet another child who has lost both parents. Nor does it signify progress for education systems in countries that still sport illiteracy rates as high as Mozambique's.

In Mozambique, some define access to health care as living within 20km of a medical facility (hospital or clinic, as opposed to *curandeiros*); many citizens, however, live much farther than this. (Frigerio 2004) Few to no political figures have declared publicly their HIV status, and HIV is not a constant focus within the Parliament (beyond the passing of a worker's protection bill in 2002). The first case of HIV in Mozambique was recorded in 1986; by 1988 an AIDS National Program began, with little success, out of Misau. In 1999, two groups began: a Technical Group for HIV/AIDS and a group that focused on the participation of civil society. Together, these groups built upon PEN I, the first national strategic AIDS plan.²⁹ A key difference between 1988 and 1999 is that HIV evolved from being defined as a public health problem to one of development. (Sumbana and Lauriciano 2004) As is discussed in the final chapter, this is significant when conceptualizing and implementing appropriate community projects. In 2000, the government created *Conselho Nacional de Combate ao SIDA*. (CNCS, also known as the National AIDS Council or NAC)³⁰

²⁹ *Plano Estrategico Nacional de Combate as DTS/HIV/SIDA 2000-2002* (PEN I 2000). Other primary government documents addressing HIV include PEN II 2004-2009, which was endorsed in October 2004, and PARPA. PARPA focuses on economic growth, investment in areas such as education, health, water and sanitation, agriculture, jobs, social assistance, and building economic infrastructure. Monitoring and evaluation procedures have been criticized as has a lack of activity implementation (Frigerio 2004; Sumbana and Lauriciano 2004).

³⁰ While CNCS and the NAC are the same thing, there also exists NACP (National AIDS Control Program), which is the AIDS unit's program at Misau (CNCS is considered a separate entity from Misau). CNCS members include seven ministers such as education, youth and sports, women and social action, and the Executive Secretary (in 2008 is Joana Mangureira) and Deputy Executive Secretary (Diogo Milagre). Five civil society members within CNCS include various networks and groups such as Monaso, Kindlimuka and OMM, as well as the Sindicato Nacional de Jornalismo (SNJ), and one parliamentarian (Maria Angelina Enoque) (From: PEN II 2004; Sumbana and Lauriciano 2004).

By the end of 2002, 1000 HIV+ pregnant women were receiving ARVs; (Sumbana and Lauriciano 2004) voluntary counseling and testing (VCT) sites throughout the country were being established; over 36,000 individuals were tested; eight ‘Day Clinics’ (usually created in the local hospitals to treat opportunistic infections) began in four provinces, three of which were also providing highly active anti-retroviral therapy, or HAART; and Misau had begun eight HBC networks. By 2008, however, there were approximately 50 Day Clinics, and a 2008 report stated that approximately 96 million dollars had been used to fund HIV/AIDS programmes in the previous year.³¹

Most of the HIV aid money comes from the international community, and over 15 bilateral agencies are working in the AIDS sector; historically, most funding sources have been kept outside of common funding mechanisms, but in 2006 the NAC and seven partners signed an agreement to utilize a Common Fund mechanism (*Prosaude*) to distribute funds (discussed at the end of this chapter).³²

In 2005, 3,000 were receiving ARVs in six centers and VCT was available in virtually all districts, but CD4 testing centers (to test for disease fighting cells) were sparse; by December 2006, however, Misau teams were assigned to provide technical support to the provinces, and ARV sites were expanded to over 150 (treatment was provided in 105 of the Districts). (Adeyemi 2007) Although the goal is to offer access to ARVs to all who need it, *Table 2-2* at the end of this chapter illustrates that as of July 2008, just over 100,000 were receiving them (out of a total of 250,000 who are eligible right now), via 215 ARV sites.³³

³¹ UNAIDS 2008c. In some health centers and clinics, ARV treatment is provided by Sant’Egidio, an Italian religious organization, that works in collaboration with the Mozambican government.

³² DFID U.D. In 2004, financing for HIV/AIDS around the world amounted to approximately \$8 billion dollars (Tayler 2005).

³³ This is, however, a huge climb in number on treatment, as in 2007 the number on ARVs was 45,000.

Although 1.5 million people are estimated to be HIV positive, it is not until their CD4 count drops to 250 that they are eligible for medicines (the World Health Organization recommended CD4 level to begin drugs is 350). Sant'Egidio has within the public health sector at least 12 centers for free ARVs in the country. (Mozambique News Agency 2006) The Clinton Foundation and PEPFAR also focus on ARV distribution.

HIV and Human Rights

In 1998, UNAIDS and OHCHR (the Office of the High Commissioner for Human Rights) released a report detailing guidelines on AIDS and human rights, which gives advice on combining national AIDS responses and legislation with international laws on human rights.³⁴ In addition, a number of resolutions and declarations have been made by the international community concerning HIV and human rights.³⁵

Some research has begun on the link between these two issues: Høg (2006) argues that in Mozambique the concept of human rights is often problematic because it is used superficially and that work conducted by HIV/AIDS organizations is usually policy-based instead of rights-based (the latter of which focuses on the state-society relationship and induces a greater accountability); thus human rights are not raised as a central component in HIV strategies.³⁶ Findings as such are instrumental in examining the evolution (or lack thereof) of hierarchies in the AIDS domain; because human rights norms have not always been instilled in most areas, there has existed a vertical system that is compounded by problems with decentralization in the

³⁴ Known as International Guidelines on HIV/AIDS and Human Rights.

³⁵ These include: "International Covenant on Social, Economic and Cultural Rights" by the United Nations in 1966, Access to Medication in the Context of Pandemics Such as HIV/AIDS" United Nations, 2001, HIV/AIDS and Human Rights International Guidelines, UNAIDS, 2002, Declaration of Commitment on HIV/AIDS, UN, 2001. For a discussion on these and their applicability to the situation in Mozambique, see Høg (2006).

³⁶ It should be noted here that Høg conducted research in the country in 2005 as some of the HIV associations were just beginning; it can thus be used as a point of reference as to whether or not the situation is evolving.

public sector. Overall, however, a human rights based approach would theoretically tackle issues such as: access to ARVs and other resources (e.g. food, clean water, and regular medical care); gender equality; the participation of PLWHA in policy conceptualization and implementation; policy-making and laws; and children's rights and schooling.

In general, from 1975 to 1990 virtually all opposition within the country came from organizations that were a part of the state apparatus, such as the OMM and OTM . This was a time of severe repression, with WLSA (Women's Law in Southern Africa) serving as one of the only (very small) groups fighting for human rights. From 1990-1993, non-governmental activism began to take shape with organizations, including but not limited to AMODEFA (the Mozambican Association for the Defense of the Family), LDH (League of Human Rights), Muleide (Associação Muhler, Lei e Desenvolvimento) and the FDC (Fundação para o Desenvolvimento da Comunidade). (Fry 2005)

Mozambique recognizes the protection of human rights in its 1990 Constitution, which guarantees that all citizens enjoy the same rights regardless of race, sex, ethnicity, religion, etc. All Mozambicans have the right to health care, but main reasons for not seeking care include the distance to facilities and a lack of money.³⁷ Delays in the disbursement of funds to the Provincial or District levels from donors or government mean that some people die before they receive medicines or treatment, which essentially constitutes an infraction on the right to health. Many health networks don't work with locals to conceptualize and implement best practices concerning appropriate services and delivery.³⁸ A number of associations have capitalized on the human rights/HIV links, however, and work on both issues within communities: Coalizão,

³⁷ Distance is on average 46 km to a doctor and 19km to a health facility in rural areas (Hunt 2005 in reference to a report by the Ministry of Finance in 1998).

³⁸ Hunt 2005 in reference to outside sources.

Kulima, and Muleide are just a few (these are discussed in later chapters as well as in *Appendix A*).

There exists a strong link (albeit not always recognized) between human rights and access to resources that consist of the following components: access to ARVs; sanitation, food and water, and laws. Each of these is briefly discussed here.

Access to ARVs

The push for ARV treatment began with NGOs such as Médecins sans Frontières (MSF) and Sant'Egidio, when the government initially argued that it could not afford to offer treatment. The reason for this argument was multifaceted but stemmed mainly from the lack of money for transport to ARV centers; inability to attend a center due to weakness; fear of stigma/discrimination by community, health staff or family member; inability to use ARVs due to lack of food/clean water; and/or a lack of knowledge that ARVs are available. In addition, the destruction of the infrastructure from the decades of fighting means that many community members must travel long distances to attend a facility. To compound this, heavy rains and flooding in 2000, 2001, and 2008 have displaced individuals as well as entire communities to new locations, thus further jeopardizing access to sufficient health care.

ARV access has technically been on the government's agenda for several years now, as evidenced by the vast number of meetings held that Dr. Alfredo MacArthur (Ministry of Health) and Luisa Diogo attend, whereby they discuss treatment access with organizations such that focus on HIV, religion and/or development. Although there are over 100,000 people that do not currently receive treatment yet are eligible for it, each year the number of those with access climbs, and between mid-2007 and mid-2008, it jumped by approximately 55,000 people.

Sanitation, Food and Water

Three-quarters of the rural population and over half of the urban population don't have adequate sanitation; over 70% of rural and 64% of urban don't have access to safe water.³⁹

When individuals are forced to live on one meal a day due to economic constraints, this renders ARVs ineffective. In addition, patients with HIV and AIDS are prone to opportunistic infections such as diarrhea, tuberculosis, low blood cell counts, fatigue, loss of weight and flu, and therefore require proper nutrition. A lack of food is usually compounded by a lack in adequate access to clean water, particularly if a well is several kilometers away and the patient is weak and has few others around him or her to help with acquiring necessities. HBC programs, both those that are organized formally through Misau and those that are more informal through church groups, cater to issues such as these by helping the patient with basic necessities.

Laws

There are several laws in place in Mozambique that deal with issues pertaining to human rights and/or HIV, including the following: 1990 Constitution, 1996 International Guidelines on HIV/AIDS and Human Rights, 5/2002 (Workers' Law for PLWHA), 2005 Family Law, and the 2005 New Constitution (see *Appendix C* for an explanation of these laws). The OTM, Mozambican and Brazilian governments worked together in the areas of prevention and mitigation, legislation and policies, producing materials of information, education and ways to combat the discrimination of workers with HIV. (Noticias 2004b) This helped lead to the Workers Law of 2004. Today, however, there are severe oversights in laws concerning equality: there is currently no specific law against domestic violence. (Katerere 2007) There is also no law concerning the trafficking of women, in which USAID estimates that approximately 1,000

³⁹ Hunt 2005 in reference to outside sources.

women and children are involved, exploited sexually or for farm work.⁴⁰ There is no law prohibiting discrimination in general for PLWHA; prostitution is not illegal although charges for public indecency can be made; and Mozambique has written a Gender Policy and Implementation Strategy but this has not yet been approved by government. (Viljoen and Precious 2006)⁴¹ It has not signed the International Covenant on Economic, Social and Cultural Rights.⁴²

So while Mozambique has HIV legislation for workers, this does not cover forms of discrimination in informal sectors, a vast oversight given the large percentage that works in this capacity. In addition, although there have been improvements in the last couple of years regarding women's and children's rights (particularly with the new Family Law) as well as the worker's law, not enough is done to actually inform citizens, especially in rural areas, of their rights. Domestic violence is still a significant issue without adequate legislation. Not until very recently did government turn to civil society groups for input into developing policies; although some argue that coordination and harmonization is successful, (AHA 2007) others argue that there are problems with competition between entities and a lack of information-sharing among political parties and Misau.⁴³

⁴⁰ USAID "laid the groundwork for linking antitrafficking efforts to existing HIV/AIDS activities in the country's main transit corridors. ..."[T]he civil society organization Civic Education Forum opened the country's first permanent shelter for trafficking victims near the South African border outside the town of Mozmba. The Moamba District government donated 20 hectares of land to be used to grow food for the shelter. ...[the CEF] announced it would start screening for victims of trafficking among the 800 to 1,000 illegal immigrants repatriated by South African immigration authorities every two weeks" (US State Department 2006).

⁴¹ Also, in 2007, SADC member states called for a model law on HIV for the region; it is the role of the SADC Parliamentary Forum to offer technical expertise to parliamentarians in drafting legislation (National Democratic Institute 2004). This included premises concerning the criminalization of HIV transmission, consideration of rhetoric such as 'attempted murder', and consideration of AIDS legislative intervention for negligence in transmission (SADC Parliamentary Forum 2007).

⁴² From UNDP 2008. See *Appendix C* for international laws that it has signed into effect.

⁴³ "One parliamentarian noted that the reason for the paucity of AIDS legislation was due to the fact that political parties in the country do not work together to address the crisis. Because of the high level of partisanship in

On paper, the new standards for human rights look decent enough, but their application in the communities is far from adequate. Regions vary greatly in their levels of accountability and corruption, as well as their distribution of resources. When the Constitution is violated, when it is relatively easy to buy one's way out of detention or investigation (either at the elite level or within rural communities) and when allegations continue concerning public sector officials, these violate basic norms of human rights and standards of equality.

The View from the Top

Mozambique receives over \$500 million every year in development assistance, with over 23 bilateral and 23 multilateral donors working in the country. (AHA 2007) Within this, it is unknown how many groups in Mozambique work specifically or partially on HIV, and there are potentially thousands of HIV/AIDS programs and activities being conducted; it is not, however, the goal to document what all of these are.⁴⁴ The bigger ones include those that contribute the bulk of money for HIV/AIDS assistance within the country: the Clinton Foundation (which funds ARV provision); Bush's PEPFAR (President's Emergency Plan for AIDS Relief, which focuses on prevention, education and treatment via the abstinence, be faithful, condomize [ABC] approach); World Bank (the Multisectoral AIDS Program has contributed 55 million in five years); and the Global Fund.

Of the two central overseers for HIV work, Misau and CNCS, much about Misau has already been discussed, and thus it is only necessary to pinpoint its role in the overall structure

parliament, legislators lack a unified commitment to develop needed strategies and policies to combat the problem. And MPs act along party lines rather than speak out individually on HIV. ... With the exception of the enactment of legislation to protect employees' rights in the workplace, the Parliament of Mozambique has not been playing an active role in addressing the AIDS crisis. Those interviewed stated that MPs are not well informed about HIV/AIDS issues and that there is no mechanism in place to facilitate information sharing between the Ministry of Health and parliament" (National Democratic Institute 2004: no page number).

⁴⁴ One estimate puts it at over 1000 groups, which includes branches of organizations (Interview Helder White, Monaso representative, January 2007).

within the AIDS domain: its HIV program (the National AIDS Control Program, NACP) focuses on providing condoms, voluntary testing and counseling, home based care training, and collecting information on prevalence rates. It tends to oversee the specifically *medical* side of the disease, while CNCS works on the *social* side of it.⁴⁵ Some of the CNCS tasks are to fund association programs, ensure coverage of various types of programs, lead Strategic Plan development, implement monitoring and evaluation.⁴⁶ In recent years, it has called for a more active role for traditional healers and community leaders. (Noticias 2004a) CNCS works with NACP and receives funding from the Common Fund, which it then disburses to chosen projects after associations have submitted proposals. Usually, disbursements are for 6 months at a time.

Much can be learned in examining one of the larger programs that works on not only HIV, but also tuberculosis and malaria. Thus, for the purposes of illustrating what a well-funded and transparent program looks like in Mozambique, the rest of this chapter examines the Global Fund, with its focus on partnerships and accountability. This will be offset by the case studies, many of which receive funding from CNCS and the Global Fund.

Created in 2001, the Global Fund mobilizes resources for HIV/AIDS, tuberculosis and malaria and has committed US\$5.2 billion around the world.⁴⁷ It is the central financier for TB

⁴⁵ This includes certain accomplishments expected by government HIV bodies by the end of 2007: education of 3 million adolescents between the ages of 10-24; 82 million condoms to be procured, covering 80% of condom needs of adults aged 15-49; 4 million individuals covered with communication activities; care for 150,000 OVCs; 75 VCTs to be functioning; 56 Day clinics to have treated 56,000 individuals for opportunistic infections; 22 clinics for ARVs treating 20,000 individuals; 70% of women receiving VCTs; 20,000 babies receiving Neviripine (an ARV drug); 20,000 receiving HBC (80% receiving at least 3 visits a month) (Sumbana and Lauriciano 2004).

⁴⁶ CNCS seeks to: “[m]obilise the commitment of the political and social leadership in the country; [c]o-ordinate a multisectoral response involving all members of society; [p]rogressively improve and expand the quality and coverage of services; [and] [s]ituate the epidemic within the country’s social, economic, health and development framework; and respond to the challenges presented by PLWHAs.” (Sumbana and Lauriciano 2004: 18).

⁴⁷ Global Fund goals include the following: to reverse malaria incidence by 2015 and halve the deaths in Africa by 2010; halve deaths for TB and reverse its incidence by 2015; diagnose 70% of those with TB and of this cure 85% by 2005; reverse the spread of HIV by 2015; and follow guidelines of the UNGASS 2001 Declaration with

and malaria, and in 2005 constituted a fifth of total international spending for HIV/AIDS, along with the World Bank and PEPFAR. Mozambique received \$51 million in December 2002 from the Global Fund, yet two years later only a million had been disbursed to the national level. One of the biggest problems was that NGOs had insufficient local staff; also, distributing ARVs was a new activity that required rebuilding bombed infrastructure and an increase in trained staff.

Other problems became readily apparent: first, external consultants were called upon to launch the second phase of the Global Fund, often overlooking internal experts.⁴⁸ The heretofore unseen influx of massive resources promoted competition; a massive number of initiatives was underway and Country Coordinating Mechanisms (CCMs) were created to bring together ministries, civil society, donor groups and the private sector; because ‘partnership’ was the buzzword, underlying tensions that had perhaps always existed, escalated.⁴⁹ In some countries such as Uganda, civil society organizations began to criticize government’s involvement as a primary beneficiary for funds, which lent itself to the widening of public space for dissent in the arena of health. (Brugha 2005a)

Second, in 2004, while Zambia began bypassing government and channeling funding directly to civil society organizations, in Mozambique the primary recipients were Misau and

prevention, treatment and care, and grant universal access to treatment by 2010. (Banati 2006). Also see Global Fund 2007a, 2007b; Government of Mozambique and Global Fund 2004.

⁴⁸ Brugha (2005a) argues, however, that coordination between the involved organizations in the early years was better than in other countries applying for grants from the GF.

⁴⁹ Such initiatives included: World Bank Multi-country AIDS Program (MAP), Treatment Acceleration Programme (TAP), the Clinton Foundation, and PEPFAR, to name but a few. CCMs are partnerships in-country that develop/submit the grant proposals to the Global Fund and monitor implementation. Civil society organizations, the public and private sectors and all agencies in general are supposed to be involved at this level. Local Fund Agents are independent organizations that assess the capacity of Primary Recipients in regards to accountability and overseeing progress. They are contracted by the Global Fund (Brugha 2005b). In Mozambique, two of the agents are PriceWaterhouseCoopers and Deloitte and Touche. The two initial CCM members for HIV organization representation were Monaso, the network of HIV/AIDS based organizations, and Rensida, the network of PLWHA. These networks are discussed in subsequent chapters.

CNCS. Delays in funding disbursement occurred, in part due to the use of Prosaude, which was requested by both government and donors. Other problems have continued: a shortage of trained staff and overlaps, (Brugha 2005a) and intense salary variation between the public and private sectors, which has led to a Misau proposal to eradicate extravagant consultancy fees for public sector work. (Interview with anonymous Misau staff member September 2005)

Third, a negative 2005 audit report led to Misau's decision to call for new measures concerning the assessment of financial accountability, as it was accused of having low financial management capacity: the health minister adopted emergency measures, such as an assessment of financial management capacity, heightening the involvement of NGOs and civil society, strengthening monitoring and evaluation, reporting drug prices, and developing performance based progress indicators (since the funding goes to the Common Fund [Global Fund 2007a; 2007b]).⁵⁰ In 2005, the Global Fund contributed approximately \$19 million, which is 15% of the Common Fund budget and 5% of the total health budget (Global Fund 2007a; 2007b). The following year, the Global Fund concluded that Misau was adequately addressing the relevant audit issues and released the next disbursement.

The news is not all negative for the Global Fund, however; thus far, it exhibits a rare transparency and targets set for January 2007 were very close to meeting their goals.⁵¹ It builds

⁵⁰ The report "identified a number of concerns and systemic weaknesses within the program's management systems, particularly with regard to financial management and monitoring and evaluation (M&E). The Report was particularly critical of Misau's inability to convincingly prove that its financial management practices guaranteed appropriate use of external resources. It should be highlighted however, that this criticism was directed at the PR's financial management capacity and not that there had been any misuse of funds" (Global Fund 2007a: 2).

⁵¹ The Global Fund website offers numerous financial documents and stipulates that its recipients must be financially accountable and allow for all audits. It also uses performance based funding mechanisms so as to address actual or potential problems as soon as they begin. Regarding the progress of Mozambique, however, it accentuates difficulties: lack of health infrastructure, financial mismanagement by Misau (which, in recent years, the Ministry has been trying to resolve), a steady increase in the political commitment to battle HIV, more collaborative attempts with NGOs, and the representation by CCMs in CNCS forums (Global Fund 2007a; 2007b). A target of 68 health facility sites with the capacity to offer TARV actually yielded 49; a target of 28,000 on TARV yielded 27,047. A target 160 health facility sites with PMTCT services yielded 113 while HBC service

on existing services within the country to provide appropriate HIV/AIDS activities and treatment; improves activity linkages with malaria, sexually transmitted disease (STD) and TB programs so that these services reinforce each other; (Government of Mozambique 2004) and partners with an array of organizations, such as the Center for Disease Control, UNAIDS, the World Health Organization, UNFPA, UNDP, the World Bank, HAI, MSF, Sant'Egidio, and The Clinton Foundation. (Government of Mozambique 2004)

In conclusion, this chapter has highlighted both the general political history of Mozambique as well as the realities concerning HIV/AIDS with the purpose of presenting factual information in order to set up the subsequent chapters focusing on theory, practice and analysis. It is to those chapters that we now turn.

targets, set at 160, yielded 113. It targeted 33,685 patients to receive HBC and yielded 29,340 (Global Fund 2007a).

Table 2-1. Health infrastructure in Mozambique⁵²

Type	N	Capacities ⁵³	
I	(a)Urban Centers of Health (b)Rural Centers of Health (c)Health posts (lowest level of care)	104 755 362	Primary care (preventive and curative)
II	District, Rural and General Hospitals	41	‘first reference’ basic surgery
III	Provincial Hospitals	7	surgery, gynecology, pediatrics, internal, etc
IV	Central Hospitals Specialty Hospitals (Psychiatry)	3 2	Multiple specialties; Maputo has half the beds

⁵² Source: list compiled from USAID 2006; Unknown Author (Ministry of Health) 2007.

Decentralization in the health system looks as follows:

- The Ministry of Health allocates resources to provinces and deals with staffing HBC programs in health centers and ARV distribution within the public sector. (CNCS deals more with associations, education and prevention programs.)
- The Provincial Directorate of Health (DPS) allocates budget to districts and is responsible for the administration of health activities in each province,
- Central Hospitals
- General Hospitals
- District Health Department (DDS) (Referral Hospitals/Health Clinics) manages rural and general hospitals, health centers and community health posts. DDS is a small group, constitutes the lowest administrative level in the state, and is in charge of planning, budget, supply provision, salaries. It often receives money from the provincial budget late; resources at this level are difficult to consolidate and monitor, and there exists a lack of transparency here. There is a hospital in more than 33% of the districts. Private facilities (meaning for-profits or NGO clinics) are rare outside of urban areas (Lindelov 2004; Global Fund 2007a; Global Fund 2007b; Micek 2006).

⁵³ District hospitals (Level II) can generally offer basic diagnostic services (X-rays, some surgical services) but more rural districts may have only a health post or center with limited capacity (Level I). Level III includes provincial hospitals, which have more services and training centers for staff while Level IV hospitals are the Central Hospitals.

Table 2-2. ARV distribution sites and patients, July 2008⁵⁴

Province	Health Units Distributing TARV ⁵⁵	Total Number of TARV patients
Niassa	17	2,166
Cabo Delgado	18	5,038
Nampula	26	5,341
Zambezia	19	9,349
Tete	23	7,522
Manica	13	8,812
Sofala	25	12,275
Inhambane	16	4,638
Gaza	17	13,775
Maputo Province	17	11,365
Maputo City	24	28,732
Total	215	108,536

⁵⁴ Source: excel spreadsheet from correspondence with Sarah Gimbel-Sherr, July 2008, Maputo.

⁵⁵ Nampula, Tete, and Maputo Province each have one facility each that is included in TARV facilities but that does not have anyone on TARV; Maputo City has two. TARV is ARV treatment.

CHAPTER 3 UNDERSTANDING THE 'PUBLIC'

Private, Political, Political

HIV/AIDS is by its very nature as sexually transmitted, a disease that fits snugly into the private realm. Its 'relevance' in the public realm is relatively new in developing countries as individuals and associations begin to finally address it in the open. In recent years, with the advent of free ARVs and multimillion dollar funding, individuals have mobilized collectively to change individual action, in part due to their discovery of 'standing forth in difference.' (a term coined by Young 1987) Responses vary from lobbying to disengagement (the latter of which is still a political action, as argued by Chabal 1993) and while collective action for HIV has been documented concerning prevention via faith based organizations (FBOs), (Yamamori, Dageforde and Bruner 2004; Fenio 2008a; Patterson 2005) it has only sporadically been examined in its newer political forms of activism, tactics, protest and lobbying. (de Waal 2006; Friedman and Mottiar 2005) Relevant queries must be more adequately formulated to include such questions as: How are individuals and associations bringing this into the public realm? Do HIV associations teach civic skills? Does this type of centered mobilization carry over into other forms of political participation, and if so, does this signify the widening of the public realm to include women? How do historical subjects in an aid dependent country transform into citizens who choose engagement over exit with powerful others?

A political question for new African democracies concerns whether or not they can evolve from a reliance on the primordial public to one that embraces a civic public. (Ekeh 1975) Certainly the tension still exists between these two realms, much of it caused by the relationship that the former has with reciprocity and the conflict between working for the individual versus working for the community good. Can the primordial ever truly evolve into the civic, thus

transforming subjects into citizens via a healthy, vibrant civil society? Do HIV associations, with their volunteer membership, continue to subtract from the civic public, or might there exist a point whereby they begin to add to it?

The emphasis in many developing countries on communal rather than individual ties has historically sustained in much of Africa a weak civic public realm that is linked to the political system because it prioritizes loyalty to one's community rather than formal institutions. Thus HIV--an issue that is challenging traditional community beliefs regarding the use of sexuality for power and childbearing (discussed below)--is one that may offer a way to build up the public realm, albeit in a manner that may or may not follow Western trajectories.

Included here is the idea that general concepts of state, civil society, and what exactly is 'political' are often incomplete in the African context, particularly in the southern region, which has an intertwined history of a fear of the state, violence during colonialism and independence, and a strong emphasis on gendered roles.¹ To understand politics on the continent, patron-clientelism, 'disorder,' neo-patrimonialism, patriarchy, and the informal realm are crucial, particularly because these constitute reasons that many citizens have disengaged or exited any working relationship with the government. Vertical social relations have contributed greatly to the overlapping of public and private realms (or even the two types of public realms as discussed below) much of the time. Western conceptualizations of state and society as separate are also problematic in the African realm; rather than focusing on one countering the other, some scholars more accurately argue for an examination into political mobilization beyond primordial cleavages, thus redefining civil society as "a creation of social networks distinct from the state

¹ Here I'm defining 'state' as the entity with: a monopoly of force, a set of political institutions that form and enact policy (e.g. the army, police, ministries, judiciary) such as taxation and health care provision, and a relatively high degree of institutionalization (compared to the government and regime); the government consists of the leaders who run the state, is less institutionalized and is limited by the existing regime (the rules concerning use of power and whether it is authoritarian or democratic) (O'Neil 2007).

and capable of transcending primordial family, kin or even communal ties.” (Chabal and Daloz 1999: 19) But this is still problematic, in that the concept of ‘distinct from the state’ is ambiguous for highly dependent aid recipients whereby funding is filtered through government. Also problematic is where to place those associations that do not engage the state directly: must civil society directly confront it in an antagonistic manner, or can it exhibit qualities of loyalty in its linkages for certain projects or policies, particularly if they promote Western ideas of human rights? Furthermore, can an independent civil society emerge when patrimonial ties are prevalent? Finally, do issue based groups such as AIDS associations offer predominantly horizontal or vertical ties of solidarity?

This chapter examines prevalent arguments related to these sets of questions and their application with the construction of the private, public and political realms. I begin with general concepts and then continue into historical constructions of the public realm, including those that serve as the foundation within much of the historical African context. (e.g. Ekeh 1975; Goody 1971, 1977; Kopytoff 1987) Next I illustrate the disconnect between the African public realm and the Habermasian, Western public realm, while tying in feminist critiques that highlight the marginalization of women from such arenas and question the division between private and public in the Western context. Third is a theoretical discussion concerning state-civil society relations and contestation today. Finally, I examine the applicability of these to the AIDS domain, arguing that these are best understood as a *political process* that moves individuals toward citizenship.

Understanding the Public Sphere

The private sphere includes the activities occurring within domestic relationships, as well as certain types of activities pertaining to kinship structures and male domination (moral structures that can and do overlap with the public sphere). Some define it as that which is hidden

and shame-inducing or, more broadly, something that an individual simply chooses to exclude from others. (Young 1996) Its focus is usually ‘women’s work’: for example raising children; aspects pertaining to the domestic relationship; household duties such as cleaning, cooking and preparing for the husband; and unsalaried work.² It is considered a separate realm from the others in that it is not traditionally considered to be political, a problem that feminist theory has addressed and which is taken up later in this discussion.

While some political theorists have argued that the public sphere is found in the state and its organizing bodies, others have argued (and I would agree) that civil society contributes to it by opening up political space. (Tocqueville 1899; Putnam 1994) Most definitions of the public include some type of reference to the goal of influencing political action or an ability to criticize state activities, hence the tie between the public and political realms.

The public sphere overall is an arena that allows for the (allegedly) unconstrained exchange of opinions between individuals; almost anyone may attend, public opinion extends out of this, and it serves as a mediator between society and the state. The critique of course is that this is an ideal-type that varies country to country while power constrains interests and induces domination. The public realm can in fact include such formal institutions as the state and the market, as well as the organization of groups around political or economic involvement; it is an open space for expression, the latter of which occurs when third parties “witness it within institutions that give these others opportunity to respond to the expression and enter a discussion.” (Young 1987: 73)

Its contestability and exclusiveness has been debated by feminist scholars who argue that opposition arises due to the marginalization of certain groups from the public realm; space is

² For Marx, a central aspect is that which involves privacy away from any type of state legislation.

contestable because admission is controlled and, in fact, the personal is political. (Hénaff and Strong 2001; Fraser 1989; Pateman 1980, 1988) While the prototypical public realm is a problematic concept for its Western biases as demonstrated below, generally, it is the pasture in which occurs the debate of topics appropriate for community discussion, and the transfer of public opinion into political action (or at least for political consideration.)

The political sphere therefore is often defined as synonymous with the public, or as an extension of it, in the manner that associations contribute to it, rules are made in it, power is conducted, and institutions are formed. More generally, it is one in which expression and discussion “raise and address issues of the moral value or human desirability of an institution or practice whose decisions affect a large number of people.” (Young 1987: 73) The goal is often a creation of some sense of justice (although certainly not for all involved, as is evidenced throughout history of both the West and developing regions), as well as an increase in overall societal efficiency through the use of a third party regulator (the state), thus linking the market and the public sphere via the political.

Keeping these concepts in mind, we may now turn to some of the arguments that highlight both the nuances and problems of boundaries concerning the private, public, and political. Toward the end of this chapter, I offer what I argue is a more adequate manner by which to view these concepts, particularly in their relation to the AIDS domain and the potential for the construction of Ekeh’s (1975) civic public realm.

Rights and Rule over People

It is necessary to understand the construction of what is today the very generalized state-society relationship in Africa, by way of illustrating where it began. In most of pre-colonial Africa, socialization and productivity existed in a much different manner than in the West. This difference is perhaps best summarized as what Kopytoff (1987) and Goody (1971) discuss as the

difference between ‘rights in people’ versus ‘rights in land,’ the former being a concept that includes strategic patrimonialism. Being the firstcomer to a region was highly prestigious and politically legitimate; relations were such that “one was either a senior or a junior, a superior or a subordinate.” (Kopytoff 1987: 61)

It made present political relations, even in mature societies, flow out of what happened ‘in the beginning,’ when people were moving in, when the land was ‘first’ being settled, when different groups confronted one another and clashed over their different claims to territory, and when the present society could be said to have come into being. In brief, the frontier was the legitimizing historical model in shaping relations within the polity. (Kopytoff 1987: 61)

This eventually gave way to an interdependence between the subjects and the hegemons, or the early form of patron-clientelism. This took the form of either kinship or non-kinship induced relations as the dominant desire involved was usually one that sought protection of some sort: “Ruanda clientship [sic] was established by a cattle transaction, initiated by the would-be client with the words ‘Give me milk; Make me rich; Be my father’: but the relationship was entered into because of a universal need for protection rather than for purely economic reasons”³

Because land was plentiful and unsecured, rights in land across Africa were not as individualized as in Europe; (Goody 1971) it was free, so groups didn’t necessarily lay claim to it (although when population was denser, this changed.) If land was plentiful but its fertility was not, the practice of shifting cultivation created a situation whereby the chiefship was over people rather than territory, which meant that such people had to be controlled:

[t]he conditions for the forms of domination that obtained in the European Middle Ages hardly existed, except for slavery itself. In slavery, labour is controlled by political force; in serfdom, economic controls, such as land tenure, are of equal importance... If you have landlords, you can also have tenants and serfs; unfree tenancies mean little unless land is highly valued and your peasantry has nowhere else to go. Under conditions of shifting

³ Quote from Goody (1971: 8) in a discussion of research by Mair (1961, 1962).

cultivation, it means little. Slavery was important throughout most of Africa: war captives were given household or agricultural work to perform for their captors or their purchasers.⁴

And thus one way in which to ‘collect’ adherents was conquest over individuals, promoting not serfdom as in Europe, but slavery and subordination. Yet it was not the dominant manner; most dominant was through the long held trait of collecting ‘relatives,’ ‘dependents,’ ‘adherents,’ ‘subjects’ and the like, to be used as political capital. (Goody 1971; Kopytoff 1987) As aforementioned, “the mirror image of this drive is the search for patrons and protectors and a readiness to attach oneself to a superior power”; “eventually, one of the two paths had to predominate: that toward independence and that toward attachment to an existing polity.” (Kopytoff 1987: 40) When the choice was toward adherents, the goal became the creation of the largest possible group in order to secure power (again, without worrying about the plentiful land which allowed for shifting cultivation).⁵ Kopytoff further argues that the increase in group number led to: a marginal increase in economic gain as well as an increase in political power because authority stemmed from having been there first and/or constituting a large enough group that the inevitable arrival of smaller groups secured their incorporation rather than contestation; and security from disease and war. Thus, rule over people was more important than that over territory (the latter of which was generally the case in Europe).

Since expansion was crucial to the survival of the polity, there existed a great deal of inequality (and authoritarianism) and many disputes over domestic issues such as divorce and children (this is discussed further in *Chapter 5*). While kinship (e.g. procreation) was only one

⁴ He explains further that it “is highly significant that only in Ethiopia, which had the plough, was there any landlordism in Africa here in true medieval fashion, estates in land supported a nobility that filled the important offices of state, both in the staff and line organization, a nobility that was at the same time a leisure class in Veblen’s sense” (Goody 1971: 30-31).

⁵ He argues “[t]here is undoubtedly a relationship between this emphasis on social rather than geographical control and the lack of a rigid ‘rootedness’ in physical space, previously mentioned as a pan-African cultural feature that made for the recurrence of the frontier” (1987: 41).

of several ways to bring in adherents, it was preferable to the conquest/incorporation of non-related others, because of the fear that the non-kin might eventually try to usurp power.⁶ As time went on and as a group expanded, this model could turn problematic for elites as smaller groups tried to split off or overthrow the patriarchs. Nevertheless, it remained a thick, solid layer in the foundation of building networks in many areas on the continent. As is further elaborated on below, I argue that this foundation has served as the basis of Ekeh's primordial and civic publics, and it carries over today into the 21st Century, holding both positive and negative implications in the spread of HIV.

The Habermasian Use of Reason

Europe in the 1700s, however, offers a very different picture concerning property rights and the public arena, and helps us situate the manner by which colonialism has contributed to how public space looks today in some African countries. The European public sphere evolved from domination by royalty to a place of reason due to the advent of property rights, commodity exchange and social labor. The bourgeois public sphere cropped up via salons and coffeeshops, which were the “centers of criticism—literary at first, then also political—in which began to emerge, between aristocratic society and bourgeois intellectuals, a certain party of the educated.” (Habermas 1989: 32)⁷ Sought out were general rules to govern relations, particularly with the

⁶ “[T]he brunt of all the complexities of the social relations with one’s frontier hosts was borne by transactions in kinship, that is, in various rights in persons. The African uses of kinship have been congruent with these complexities, showing a striking diversity in the ways in which rights in persons could be acquired, in the varieties of these rights, and in the ways in which different rights in the same person could be shared among different groups” (Kopytoff 1987: 44). He also discusses the various terms ascribed to the different types of reproductive arrangements to establish rights over newborns, such as matrilineal, patrilineal and others. Lancaster (1981) argues that in Zimbabwe and the internal hinterlands of Mozambique, matrilineal, older women had authority in councils, yet this coexisted with a patrilineal mentality; Goba men believed that men should have more authority, but often they lacked the cattle for marriage transactions, so they simultaneously instilled both patrilineal and matrilineal lines and kin group membership was therefore fluid and based on the situation.

⁷ This concerns the sphere of private people (e.g. other than state or royals) who associate as a public to debate “the general rules governing relations in the basically privatized but publicly relevant sphere of commodity exchange and

rise of the new concept of a modern 'state' which emphasized strong state-society relations and accountability, in part due to the ever present threat of externally-driven war. Critical reason, cultivated and sustained through theatre, often questioned and contested public authority; Habermas argues that certain common criteria existed for discussion to take place, such as the disregard for status, the use of culture as commodity (requiring outside information to understand), and the public sphere as inclusive with those who owned property and were educated.⁸ Through reason, the self-acclaimed art critic replaced the deposed royalty in convincing others.

In his idealistic argument, without strong, continuous third-party regulation, individuals were theoretically free from domination and coercion; a self-regulating free competition would eventually beget justice in the public realm, eventually trickling down into the private realm. All could theoretically access the public sphere via property accumulation and education (although the specifics on how, exactly, this was to come about for all concerned were unclear) and "the liberal model sufficiently approximated reality so that the interest of the bourgeois class could be identified with the general interest." (Habermas 1989: 87) If each individual had the same chance of acquiring the necessary status to become a citizen, and only citizens would be allowed into the public-political realm, then the interests of the masses would be represented because class interest would become the basis for public opinion. Yet this furthered the marginalization of the uneducated who had little recourse in accessing the new scriptures, thus remaining caught up in their own unknowingly 'subjective' interpretations of the world; domination inevitably

social labor" via a political confrontation that is carried by the "people's public use of their reason" (Habermas 1989, 27)

⁸ Although he sporadically acknowledges that some were thus marginalized, he doesn't attribute enough discussion to how this would be resolved in situations of dominance. See also Habermas 1984a, 1984b.

emerged when individuals had varying degrees of opportunity for achievement and the interests represented were those of the ruling class.⁹

Habermas's instrumental reason parallels rational choice theories in that manipulation occurs because each individual is out for something in his or her own self-interest. In order to understand each party involved and reach a consensus, this must be replaced with communicative action.¹⁰ Yet, as has been recognized, the conflicts are often deeper than Habermas acknowledges and individuals will simply not agree on all things, particularly when they hold vastly different definitions of what the 'norm' should entail: for example how to define 'human rights,' an issue that we shall see in subsequent chapters. Consensus is not always a formidable goal, as opposition begs transparency and accountability; many will refuse to put aside their personal goals even as they work together. (Olsen 1965) Where is the space in the Habermasian realm for compromise and unequal power relations (e.g. between a donor and a recipient, a dominant male and dependent female, or a colonial patron and his subject in the developing country)? What is rational or reasonable for Habermas comes from those who are in power; therefore, those who are marginalized are unreasonable. His argument is inherently paradoxical for although he touts himself as holding liberalist views and that all have the ability for equality, an irrational individual (or one who argues of norms that are not universally approved by the rest) cannot join the conversation, hence (s)he does not have equal status.

⁹ Thus "the equation of 'property owners' with 'human beings' was untenable, for their interest in maintaining the sphere of commodity exchange and of social labor as a private sphere was demoted, by virtue of being opposed to the class of wage owners, to the status of a particular interest that could only prevail by the exercise of power over others" (Habermas 1989: 125).

¹⁰ His three main issues are a cause for concern: all are entitled to participate, it is pluralistic and egalitarian, and coercion is not a factor. The ideal speech situation includes intelligibility (logic), truth (shared norms or those that meet with the approval of all those involved as participants in the discourse), sincerity (no intention for deception), and appropriateness (all have the right to speak).

Although the bourgeoisie has been shown to be exclusive, he doesn't come up with an alternative public sphere.

This narrow conception of the public sphere as unconstrained misses the key role of power and coercion, even among seemingly equal parties. Power structures, after all, are often the reason that public debate needs to occur in the first place! While he argues that domination and coercion must be eradicated (and this is relevant for our case of an aid dependent country), he is vague on how to overcome hegemony: to continuously stand by one's argument in public means that persuasion is impossible as it signifies weakness, allowing the opponent to win the debate. (Chambers 1996) When consensus does not occur, the opposition may decide instead to heighten tactics of disruption, bribe other actors, or bow out and find alternative channels rather than actually change the preferences of the others involved.

The Feminist Critiques

A relevant question for this research is posed by Landes (1998) concerning the private and public realms: *How do individuals organize with a group in order to move their private concerns into the public realm?* Traditional patriarchal belief--rooted in religious and traditional terms and touting the subjugation of women in political life--signifies that things are defined by the relationship to the patriarch in both family and nation (see *Chapter 5* for more on this). Locke's depiction of contradictions in these arguments for liberalism evolved into a call for the creation of new spaces.¹¹ If freely chosen acts of consent were to occur and contract was to replace

¹¹ This concerns the 'natural freedom' of humankind which did little to change the position of women because they were still as subordinate as under the patriarchal system. Locke believed that women could be educated, that they were capable of reason and rationality and therefore could take part in a free association in political society whereby rational, property-owning individuals discuss matters. While equality of the sexes was not to be full, male domination was to be limited to situations of property and interests between a husband and wife, although the latter was also allowed her own property rights. Butler and Scott (1992) address this in the argument that Locke likely did not discuss women as much as he could have because he recognized the high level of patriarchy in his own society and didn't want to alienate his predominantly male audience.

divine right, then the exclusion of women violated the principle that all individuals could indeed move ahead through education, contract, rational argument and reason. While Locke's argument stopped short of advocating full equality of the sexes, feminist theories and the Western sexual revolution furthered both his and Mill's arguments in their quest for greater equality.

Additionally, Habermas's failure to thoroughly address women's exclusion from the public realm is confronted in much of the feminist work concerning public and private Western spheres, (Young 1996; Fraser 1989, Benhabib 1996; Pateman 1988; Okin 1991) often centering on customs and laws that conflict with formal laws; or activity within a *deliberative* democracy: in order to attain "legitimacy and rationality with regard to collective decision making processes in a polity," the institutions need to be arranged so that the common interest of all (including women!) "results from processes of collective deliberation conducted rationally and fairly among free and equal individuals." (Benhabib 1996: 69) Deliberative processes (which would theoretically include both men and women) allow for information dissemination via the requisite well thought out arguments. In addition, exchanging information (medical or otherwise) reduces risk and uncertainty and helps to construct preferences. *Thus, associations promote discussions in the public sphere and theoretically strengthen democracy:* "[c]ivil society and its associations are not public in the sense of always allowing universal access to all, but they are public in the sense of being part of that anonymous public conversation in a democracy." (Benhabib 1996: 76) Other feminists promote the use of 'difference' as a resource to enhance a heterogeneous public and communicative democracy so that participants discuss their individual unique cultural experiences and perspectives and learn in a manner that runs deeper than striving for unity.

(Young 1996)¹²

¹² This encompasses critical arguments, greetings to establish trust and respect, rhetoric to situate the discussions, and storytelling as the narrative that brings in values and culture. Three outcomes occur: they learn that their

In much of the developing world, women's household work is viewed as less prestigious than men's salaried employment. Women are subjected to hierarchy in both the household (private) and the community (public).¹³ Ignoring the option of looking at issues in the private realm in the same manner as the public, blocks "the possibility of analyzing families as economic systems, that is, as sites of labor, exchange, calculations, distribution, and exploitation." (Fraser 1989: 120) Others argue that in the West 1) sexual relations are indeed political and 2) associational life is very much still patriarchal. (Pateman 1988) The only manner by which to understand and undo the very political "sexual contract" between men and women is to get at the nuances concerning the relationship between public and private realms; such authors argue that in order to further justice in the public realm, it must be established in the private realm (because the views of the dominant and subservient often violently conflict, as the case of domestic violence illustrates). A just—or perhaps 'more just'--future, therefore, will only occur when both sexes participate more equally in household activity, various types of economic opportunities, and political life. (Okin 1989) While community activities help to develop communication and leadership skills that are beneficial to political activity, (Conway, Steuernagel and Ahern 1997) I argue here that they should also aid in the practice of negotiation that travels in the *opposite* direction, for example from the community back into the household. Thus the historical distinction between public and private must not be viewed as two extremes

perspective is simply one of many, their claims must be substantiated and discussed in a manner that links with the public good of bridging gaps in understanding among various types of people, and the challenge to one's views is beneficial for educating those involved.

¹³ Tripp picks up on this issue in regards to Tanzania where "a majority of men, women, and children, as well as those employed in the formal economy, obtain most of their livelihood from self-employment and working on projects located in the home. To compartmentalize and marginalize the domestic realm under such circumstances would be to overlook some of the most important dynamics in society at this time. Changes at the household level—that is, within the domestic sphere—were altering the entire societal landscape, including relations between society and the state" (Tripp 1997: 105)

because the realms often overlap, mutually transform each other, and reinforce inequality and patriarchy in both spaces.

Also concerning the private-public arena, what are considered as the ‘primordial public’ (operating with the same logic as the ‘private’ realm) and the ‘civic public’ (with its bureaucracy and rational-legal structure) constitute Ekeh’s two arenas in African societies (1975). In the primordial public, members follow a duty-based morality based on their position in the current system (e.g. Jacob Zuma’s Zulu ties and popularity in South Africa, Robert Mugabe’s continued support by ZANU-PF veterans in Zimbabwe) and this realm extends beyond simple economic gain. The civic public, however, includes the right to partake, which trumps any sense of duty, meaning that individuals will take as much and as often as they can with no moral urge to return. It is the tension between these two publics that gives rise to African politics: “[t]he unwritten law of the dialectics is that it is legitimate to rob the civic public in order to strengthen the primordial public.” (Ekeh 1975: 108) Resources therefore move from within the civic public to those one knows; voluntary associations and ‘corruption’ have both generally existed in the primordial public, offering security (resources) in their affective ties.

Within this, neopatrimonial power connects formal with informal rules to create political reciprocity in a market of patrons and clients. Unlike in the West, the individual within much of Africa, and indeed other developing regions, “cannot be conceived outside of the community from which (s)he hails, however geographically distant (s)he may be from it;” (Chabal 2006: 23) thus bureaucrats are brokers rather than impartial staff, the communal overrides the individual, and the political domain as a whole remains vexed because political elites use patrimonialism to

remain in power and prioritize their clients rather than opt for the public good and wealth redistribution.¹⁴

There are limitations to the literature that has been discussed thus far concerning the public realm: much of it is focused only on Western societies; some of it is not well grounded in the juxtaposition of pre-colonial and colonial Africa; none of it prioritizes the nuances of sexual relationships and exchange in underdeveloped regions that are prone to disease.¹⁵ Feminists have picked up on the private-public discrepancies with the topic of domestic violence traveling between the realms (e.g. once a private topic, it now occupies public space in laws, constitutions, public discussions, rallies and protests, etc.). But feminists who work within the purview of Western countries have not generally picked up on the parallels between domestic violence and HIV/AIDS, that both are topics that redraw the line as to what is considered political, mainly because in the West AIDS has generally not been considered a gendered issue due to its initial high prevalence among homosexual men. In this case, we can build upon and modify these theories to more adequately illustrate the reality of an infectious disease such as HIV and how it serves as an entity that redefines the conventional boundaries concerning definitions of the private, the public and the political.

By now the discrepancy between European and African histories of property rights, socialization and investment in people versus territory should be clear. Kinship as the basis for political ties and a goal of loyalty trumped the more individualistic property rights of feudalism:

¹⁴ While Chabal argues against Gyimah-Boadi (2004) in his pessimistic view of the promise of associational life leading to tangible democratic governance, it still remains, as he notes, that “the workings of the formal political institutions are undermined by the informal logic of clientelism” (Chabal 2006:31).

¹⁵ A key question concerning institutions thus lingers here: “Without just families, how can we expect to have a just society?” (Okin 1989: 135) Although it is beyond the scope of this research, research has been done on women’s gender consciousness (as defined as traditional, ambivalent or feminist) and its influence on political activity, support for policies, and attitudes; see Tolleson-Rinehart (1992).

...the 'services' one sought could not be hired on a temporary or contractual basis. For such a relationship, the kinship model is most appropriate. In this respect, the typical African structures of political dependence were fundamentally different from the feudalism of Western Europe, where many of the relations were strictly contractual and functionally specific, permitting a vassal, for example, to owe obligations to more than one suzerain. By contrast, in the African pattern (as also in the misnamed 'feudalisms' of such places as Japan), there was a primary political allegiance that was functionally diffuse and indivisible and exclusive—involving the kind of 'primordial' allegiance to which kinship ties easily lend themselves. (Kopytoff 1987: 48)

In addition, because land ownership was not the key to economic development as it was in Europe and Asia, little class differentiation occurred in much of precolonial Africa. (Goody 1977) Often in Europe, fathers provided property to both sons and daughters in order to maintain their economic standing. This allowed the daughter “to acquire a husband who would, in the well-worn phrase, ‘maintain her in the standard of life to which she was accustomed’...,” tough to “operate unless marriage (marriage with property) is monogamous, and it is highly significant that monogamy is firmly associated with this Eurasian mode of transmitting property.” (Goody 1971: 596) But in southern Africa, the desire for adherents sustained a system of polygamous relationships and clan based inheritance rather than a smaller, nuclear, monogamous family. Thus the existence of property rights changes the system of socialization and marriage (whether its endogamous or exogamous), particularly in the case of what women have, because when there is little chance of an increase in the economic situation (since property rights are not at play), daughters are unlikely to hold high status in the family (and thus the difference between dowry versus *lobolo*).¹⁶ Additionally, the colonial experience in the southern African countries (particularly South Africa, Zimbabwe and Mozambique whose politics were so

¹⁶ It should be noted here that I am aware of the seeming discrepancy in the fact that I'm arguing that property rights lead to greater women's equality, while at the same time arguing that colonialism instilled greater patriarchy. While white women in Africa during colonialism had little access to politics, so too did black African men. Black African women of course, had nothing. Therefore, although white women had low access, they still had a more equal standing than most Africans in the southern part of the continent in the eyes of the patriarchs.

tightly intertwined) relegated any contestation toward the state to the backrooms (or neighboring countries), away from the public sphere.

In essence, the adherents in much of southern Africa were subjects rather than actual citizens, both prior to and during colonialism (and this is still the case in examples like Swaziland and Zimbabwe). Kinship and ties of dependence, therefore, were the dominant manner by which to uphold loyalty, and Kopytoff (1987) argues that this usually meant that they were kept from certain rights: “rulers stressed achievement as the road to influential titles” while at the same time staving off the threat of too much achievement by

insisting on ascribed criteria for holding the more important titles. Thus, toward their subjects—be they early or late arrivals—the dominant kin group’s policy had to be subtle, fluid, reversible, and ambiguous—a judicious mixture of appeasement and bullying, of assertion of relationship and its denial, of power-sharing and exclusion from power. The policy, in brief, had to be as contradictory as the dynamic with which it had to contend. (53)

Furthermore, patronage ties of kinship have since sustained dependence for survival or achievement through a perpetuation of inequality:

unless women have other means to influence the state (such as through strong women’s organizations) or unless the state-African patriarchy political linkage can be weakened (e.g. through new democratic forces linked to capitalist transformation), efforts by the state to support equality for women are likely to remain halfhearted. (Gordon 1996: 111)

Thus, the cycle of patronage, dependence and inequality combined with a clear lack of public space for rights-based participation, much less contestation against the ruling entity, has perpetuated the marginalization of many people over the years. Kinship ties have allowed the polity to gain control and exercise authority over individuals or groups and perpetuate their existence as subjects with a subsistence, needs-based mentality rather than as citizens with an eye on their rights that would accompany such an identity. This, in its essence, is why politics in Africa is different than in the West, where political ties were more specifically contractual and individualistic.

Contemporary State-Society Relations

Having utilized the first part of this chapter to focus on the history of the polity in many African regions, we must now turn to the more current state-society relationship. Since Tocqueville's (1899) arguments concerning the ability of associations to 1) strengthen civil society and thus democracy (because they serve as a forum in helping grassroots based democracy) and 2) disseminate social skills as well as political, Western scholars have focused on various types of state-society relations in the public realm.

General arguments range from those that argue: of state centrality; (Kohli 1986) that society influences the state (and thus should be examined as part of society); (Migdal, Kohli and Shue 1994) for a focus on 'process,' (Migdal 1997) culture, (Geertz 1972; Almond and Verba 1989 [1963]) structures, (Moore 1966; Skocpol 1979) or rational action; (Bates 1981;1983) or of the difficulty in separating the state and civil society. (Harbeson, Rothchild and Chazan 1994; Rothchild and Chazan 1988) Some scholars, (see for example Migdal 1994) overlook what transpires when society consciously and continuously connects and disconnects from the state; in fact, the dualisms of state versus society encountered throughout state-focused literature miss the syncretic nature of activities and adaptation, (Galvan and Berk 2004, discussed later) and they prioritize formal state institutions.

The level of autonomy is relevant here: some scholars argue that "political actors...are sufficiently independent to retreat beyond each other's reach;" (Bratton 1994: 239) of the need to capture peasants in order to modernize; (Hyden 1980; 1983) that the African state doesn't have enough control to define itself as a state; (Jackson and Rosberg 1984) or that state and society are not autonomous enough. (Tripp 2000) Does civil society historically try to evade capture by the state as Chabal argues? Or might not financially dependent associations cause new types of

relations, more closely associated with corporatism?¹⁷ Once again, power between actors is at hand when one has a greater coercive ability; autonomy (between donors and government, between patron and client) is thus crucial in countries prone to patronage networks.

State weakness is measured by citizen compliance with government demands, participation in state organizations, and acceptance of the state's legitimacy. (Migdal 1988) The weakness of civil society and the strength of the informal realm in Mozambique frustrate state laws on human/women's rights. Mozambique's equation of weak state and civil society means that the strength of the informal realm usually frustrates potentially positive state actions regarding the institutionalization of such things as human rights laws of equality. Various types of state structures create different capacities but the manner in which society is structured also shapes capacities; we might then ask: What kind of *societal* involvement occurs in a relatively new African democracy?¹⁸ Emphasizing a process-oriented relationship is useful as it illustrates the opening or closing of negotiation channels with the state; some (possibly the elites) will utilize their voices while others (possibly those with little access to formal institutions) will exit, while still others will be captured.

Civil Society

For Africa, the term civil society is problematic because it can mean several things (religious organizations, trade unions, government and/or funded associations, micro-credit groups, local self-help associations, agricultural programmes, etc). Definitions vary; it has been defined as: consisting of associations that partake in rule setting activities (rather than simple

¹⁷ A term initially used in reference to Latin America, 'corporatism' is defined as a system of organization "in which the state controls, limits, sometimes monopolizes, even *creates* the interest group life or 'civil society' that swirls about it" (Wiarda 2003: 28). Thus, the state can keep civil society in check while allowing economic growth and development, while at the same time blocking destabilizing politics.

¹⁸ This is essentially the opposite of what Evans (1995) asks concerning what type of state involvement is occurring.

associational life); (Harbeson, Rothchild, Chazan 1994) elite citizen-government interchanges; (Tocqueville 1899) “manifested in nongovernmental organizations that claim to represent various groups in society but also claim to act with some public purpose, on behalf of the entire collectivity beyond family;” (Azarya 1994: 85) confrontational to the state; (Bayart 1993) related to the state but separate from it and developing only when exit options are closed off or the state becomes too coercive; (Harbeson, Rothchild and Chazan 1994) or (under colonialism) as nationalist, traditional (primordial, kinship ties, communal based), or modern (individual-community distinction, state-society distinction, abolition of the traditional). (Chabal 1993) Mozambique has run the gamut in this latter definition in debates between Frelimo/modern, Renamo/traditional, and nationalism; in addition, state and civil society are not well distinguished and therefore leaders in the latter often try to incorporate themselves into the former. (Alexander 1997)

Most definitions, however, overlook the aforementioned connection between family and public life (and this is discussed further in subsequent chapters). Women may disengage and rely on their own associations and engage the state only at certain points and individuals may define situations differently: “What constitutes political activity, therefore, needs to be contextually defined. A particular organizational form or activity may carry no political significance in one context but might have considerable political import in another setting.” (Tripp 1994: 151) Gyimah-Boadi (2004) argues that as a transition to democracy advances, civil society organizations will evolve from a confrontational relationship with government to one of engagement and consensus. But how is this supposed to occur in a patriarchal society that has only sporadic advocates struggling to simultaneously expand both public space and equal rights? What might we learn about the relationship between civil society and democracy by temporarily

putting aside liberal Western variables, (individualism, freedom of association, pluralist politics, and free-market economics [Wiarda 2003]) in defining civil society? After all, these variables cultivate a very different snapshot of public space than in developing regions with alternative political histories and traditions. Associations may or may not support democratization efforts, although one way to tell is to examine possible linkages between tactics within organizations and democratic participation outside of the organization. (Ndegwa 2001) If the heads of organizations are pushing for democratic, or civically based, activities, but these don't trickle down to the grassroots level, then overt political actions come only from a small number of members, and hence, they may not be sustainable.

While in Europe the modern state is the outcome of civil society struggles, in Africa, the opposite holds true. (Chabal 1993) The idea that civil society can just automatically hook up with liberal democracy (thus 'modernizing' the country) ignores indigenous institutions, associational activities, and local conceptualizations. While we may see economic growth, patronage and kinship processes may still be untidy; they may not fit neatly into our Western-biased definitions of democratization or, in fact, be defined as hindrances to development. Keeping this in mind, what then might HIV tell us about the tangible process in which civil society is contesting power, thereby cultivating a reciprocal relationship with democratization in the country?

Contestation

Included within the role of civil society is its tendency toward participation and/or contestation, which can co-exist or live separately. Advocacy is defined as "a method and a process of influencing decision-makers and public perceptions about an issue of concern, and mobilizing community action to achieve social change, including legislative and policy reform, to address the concern." (Cabassi 2004: 50) Often the efforts of associations within civil society are focused either internally to lawmakers in the country, externally to international lawmakers

and organizations (particularly in the case of developing countries) or a mixture of both (as is the case in South Africa, Brazil and India regarding international patents and national policies).

Advocacy activities include among others, the following: setting objectives about proposed policy changes, setting media campaigns and lobbying policy-makers, creating networks and relationships with leaders and the media, measuring and assessing effectiveness of advocacy activities, and contributing to debate. (Cabassi 2004)

Regarding AIDS, activism in South Africa followed that of the United States concerning its framing regarding gay rights and human rights, and the challenge of Western neoliberalism in the realm of patents and drug supply. South Africa's Treatment Action Campaign (TAC) has framed AIDS as a human rights issue, and this concept has infiltrated other parts of the southern region, cultivating ideas about individual freedom. In part, South Africa's strength in mobilization behind this stems from the years under apartheid (thus bridging black rights and AIDS rights via the umbrella of human rights); the point here is that the human rights frame challenged the pharmaceutical companies and the state, the latter for its inability to uphold obligations to its citizens as defined in the constitution via the right of access to health and life.

In general, voluntary associations within civil society provide for those who participate: networking capabilities, a channel through which to acquire social connections (important for marginalized or ostracized groups), and community-based ties (important for areas undergoing capitalist transitions). Some, but not all, teach civic norms, or skills to be utilized in the public realm or for decisionmaking processes, help form identity, (Verba and Nie 1972) and strengthen stable social ties. (van Deth 1997)

Certainly, as many have argued, they are instrumental for the development of political life and democracy (Almond 1990; Almond and Verba 1989 [1963]; Dahl 1971; Putnam 1993;

Tocqueville 1899; Verba and Nie 1972) contributing to it by: upholding the belief that current institutions are the most appropriate for society; (Lipset 1959; Rustow 1970) creating opportunities to participate (and Verba and Nie [1972] argue that these go hand in hand with equality); and accepting or rejecting formal institutions. Yet to use the generalized term ‘political culture’ as a catchall here is problematic because it is defined as that which is dominant, hence it is a male oriented, or Western (donor) oriented, perspective. Furthermore, it misses the fact that regional differences evoke variations, one of which may entail a community-oriented perspective while another, an individualistic, economically driven one.¹⁹

Some types of civil society associations use a frame of human rights to mobilize volunteers (discussed further in *Chapter 7*) and included in this framing is the construction of identity as a means to achieve goals; (Kasfir 1984) issues such as ethnicity, class, religion, grievances and poverty have historically tied individuals to their constituted group in African countries.²⁰ Reminiscent of Ekeh’s argument discussed above, a civic collective identity transcends attachments based on primordial ties, and outsiders are seen as traditional, uninformed, wrong; thus, exclusion occurs through a condemning of the moral code, individuals recognize that identity is not ‘natural,’ and a universal collective identity overshadows a traditional one.

¹⁹ The generality of the term (as defined as “the set of subjective orientations to politics in a national population or subset of a national population” (Almond 1990: 143-44) is also problematic in that it is too deterministic and assumes that countries that do not start at the same point will not arrive at the same point, and it limits what is defined as ‘political’ because it separates the public from the private (thus overlooking much of what is indeed political) and doesn’t adequately define when the public is and is not also political.

²⁰ While literature that focuses on social movements has contributed to our understanding of collective action, and is thus relevant for our purposes, the individual *reasons* for mobilization may be quite varied so as to force the scholar to categorize, thus attributing activity to a compartmentalized general overview that is not particularly helpful in getting at the more subtle nuances. Having said this, several bodies of literature have made an impact on the field. Strong collective action only occurs when individuals are angry enough to force change (Gurr 1970; Scott 1977) on the institution, where opportunities exist (Tarrow 1998), when resources have been mobilized (McCarthy and Zald 1997), or a combination of these (McAdam, Tarrow and Tilly 2001). These rationales, however, are often intertwined to the extent that it becomes virtually impossible to pinpoint which has had the greatest effect on mobilization. I argue here that one of the crucial pieces to this puzzle is found in the manner in which a common frame exists (Snow and Benford 1988). As is discussed in *Chapter 4*, however, this research employs mobilization as the *independent* variable, rather than the dependent as is employed by much of the social movement literature.

(Templeman 1999) Herbst (1990) also argues that interest groups in Africa can and do influence the state and that this often depends on how an issue is framed and whether or not government is concerned about it.

HIV is certainly a theoretical concern to governments (although it is debatable as to whether this translates into an actual concern as some simply provide donor required lip service and insubstantial resources). Many are beginning to recognize, however, that associations provide the much needed social support for this particular type of disease maintenance and allow an individual, who was potentially cast out of his or her broader community, to re-enter a new community of like-minded others: “Their lifeworld assumptions of what it is to be a person, which had been shattered in learning that they had a chronic illness,” are thus “reconstructed in the experiences of others.” (Kelleher 2001: 135)

These groups often recognize that formal legal norms, for example the type induced by Frelimo and the donor community via human rights laws (see *Appendix C*), can conflict with many Mozambican customs. Changing the rules is no doubt an important aspect to their work, but we must ask change for *which* set of rules is sought, as two realms exist—the formal state structure and the informal community structure—the latter of which is often poorly understood in its political sense. If the point of civil society is to negotiate the political order with the state (and if it chooses voice over exit it signifies that it is engaging with the state [Azarya 1994]), what happens when it works *with* the state, without utilizing its voice *against* it, and chooses instead to focus on changing, or lobbying, the *community* institutions? Does this constitute doing the work for the state itself, thus relegating it into another realm entirely outside of civil society? Where do HIV associations fall here, and what are their tactics? Certainly civil society is indeed the arena between family and state, the associational life where people air grievances with others,

“the arena where private becomes public, where values are formed and expressed,” and interests are articulated, (Hyden Court and Mease 2004: 57) but (as is illustrated by the data collected for this research and presented in subsequent chapters here) it may not only focus attention ‘upward’ to state institutions. The construct of a state-focused civil society puts the emphasis on such upward relations and is potentially too constricting in its definition; the ‘state’ is not the only hegemony involved in developing countries with citizens that have historically exited the relationship with the state. Community norms (informal institutions) also serve as a powerful hegemonic force! With the case of disease, the state can indeed serve as the evil force (focusing too little on remedying the lack of infrastructure and educating about rights) or as the savior (incorporating rights into the country’s laws, offering free treatment). Here the devil may or may not exist in the *perception* of the state by members of society. This poses new dilemmas for civil society: how best to walk the line between trying to achieve substantial gains and outright antagonism of either or both the state and society?²¹ These issues pertaining to formal and informal institutions are a crucial question concerning this research and are examined in *Chapters 5-7*, and analyzed further in *Chapter 8*.

The government has not been perceived as a legitimate player across the African continent, and thus capacity building is challenged because it must start from scratch (hence the difficulties that civic groups encounter in some countries). Therefore, how (if at all) associations facilitate

²¹ While civil society has been quite weak in Mozambique, there have been sporadic examples where it has successfully induced change: concerning land use laws (ODI 2005) or religion (specifically with the Mozambique Christian Council). Problems have also been documented concerning issues with civil society and poverty reduction strategies (Negrão 2003), and with HIV associations. Lubkeman poses the question of whether Mozambicans have historically engaged the state through voice or exit, and how associational life has contributed to their choice. With the exception of the formation of the struggle for independence, most exited via passive resistance against the colonial state in the way of migration, non-compliance and vandalism. Public space for dissent and engagement outside of patronage was not allowed, an aspect found in the pre-colonial experience with centralized authority, so when independence came, Frelimo tried to retain the centralized system, and most remained disengaged: “the willingness of society to accept state intervention and the state’s right to voice, or to engage the state with its own voice” has historically been weak (Lubkeman 2001: 93).

voice in the means of state engagement is important, as are the possibilities of engagement with both the state as well as community norms, not all of which are positive or lead to an attitude adjustment concerning state legitimacy. So for example, citizen interaction with state run health centers will potentially contribute to a positive or negative attitude about government legitimacy. If corruption is encountered, negativities will remain. If, however, the experience is positive, this can help change negative perceptions.

Additionally, the term ‘state-society relations’ is problematic enough in itself in a country like Mozambique, where there are many donors and external monies are funneled into the state infrastructure before disbursement to associations.²² Any discussion of state-society linkages must therefore include the international presence. What is important here are the processes, which are crucial when it comes to such relations: political linkages and networks, tactics of associations, antagonism or clientelism, reciprocity or dependence. Because civil society throughout Africa usually exhibits traits deemed negative by Western definitions, civil society may indeed be growing but not along Western conceptualization. As Chabal and Daloz (1999) argue, although NGOs may have cropped up as representative bodies of civil society, thus indicating a decreased role for the state concerning resources, “it does not fundamentally alter the prebendal and patrimonial character of politics on the continent”; (23) in fact, it may heighten it, as such activities can be more “favourable to the instrumentalization of disorder” than to the “emergence

²² Thus, an examination must also include research into engagement with donors, international governments, and larger NGOs that take on state-like functions in the most impoverished areas. Some of these linkages are briefly expounded upon in this research, and I would argue that associations within Africa, depending on their capacity and intent, might at some point lobby donors in strategic ways. As evidenced by the survey responses from this research, most respondents currently see the role of donors as positive, and one that concerns ‘giving the country money;’ however, they (association members) have very little access to the donors on a daily basis and would find it difficult to ‘lobby’ them per se. For the purposes of clarity and length I choose in this research to focus primarily on the central relationship between HIV associations and government rather than delving deeper into donor-civil society relationships.

of a Western-style civil society” (24) as elites sequester resources and induce foreign aid by capitalizing on images of poverty in their country.

To summarize the issues in this chapter before tying them in even more specifically with HIV/AIDS: first, in developing regions such as Africa, Western agendas prioritize individualism, Western concepts of ‘rational’ economic gain over community-based ties, and overcoming the ‘traditional,’ or primordial public, thus overlooking the embedded strengths and weaknesses of informal institutions. But kinship structures have not been captured and replaced by the state or market, which illustrates that the lifeworld, the reproduction of values, has precedence in the lives of most communities; (Hyden 2006) relations of social reproduction trump those of materialistic production; power comes from the informal institution that dictates many children and wives; and thus there exists a poor fit between ‘African’ and ‘Western’ institutions. If a prevailing theory about what is defined as ‘political’ overlooks or ignores the fact that one gender has fewer rights or is marginalized thoroughly from the public and political arenas, it will not give the whole picture concerning processes of democratization in African countries, and it will tell us even less about a situation of power and inequality that has as its entire goal, its piece d’ resistance, *sexual behavior change*.

Second, what does it mean to have a ‘state-society relationship’ when donors play such a heavy role within a country; state elites favor kin within society, both historically and currently, thus blending public and private with the political; and state and society are not dichotomous concepts in the politics of developing regions? We must understand the power structures at play within linkages. In addition, civil society may not necessarily antagonize the state; they may work together, engage in activity that is not state-focused, or associations may have an uneasy, yet still loyal, alliance with it. Civil society can work to restructure power relations in a country

in two ways: by lobbying the state for a change in formal institutions, or by lobbying communities for a change in informal institutions. The latter is overlooked in research concerning developing nations.

Third, if indeed we prioritize Ekeh's two publics in Africa, then questions for a new African democracy concern whether or not individuals can evolve from subjects into citizens who lobby for change and contest power, how relations evolve from a reliance on the primordial public to one on the civic public, and whether civic activity is occurring and the manner by which a public sphere is being constructed in a more prevalent manner than in the past? Certainly the tension still exists between the primordial and public realms, much of it caused by the relationship that the former has with the private realm, international calls for development, and the conflict between working for individual or community. Additionally, do voluntary associations continue to subtract from the civic public, or might they find a point whereby they begin to add to it?

HIV/AIDS offers us the lens that juxtaposes all of these issues, potentially incorporates realms, allows us to tangibly examine prescribed liberal policies that are implemented as 'solutions,' and serves as an extreme example of the difficulties of building a public realm, but one that also potentially illustrates its occurrence, as more individuals mobilize. Do volunteers transcend primordial ties of association? Are their tactics contributing to democracy as we in the West define it, or is the AIDS domain yet another realm in which to reproduce favoritism and patron-clientelistic ties? What are the processes involved? These have implications not only for development and democracy but for the field of public health as well: given that the HIV rate in Mozambique is still climbing, it is evident that current HIV programs, many of which focus solely on behavior change within the private realm, are not working well enough. It is time for a

new manner by which to analyze the disease, and focusing on how key actors pull it into the public realm via associations is a good place to start as they are potentially heightening awareness, education, and access to resources; reducing stigma; and informing policymaking. Behavior change in the private realm cannot occur without discussion of the disease in the public realm so as to debate alternative programs and solutions (if it could, given the billions of dollars thrown at the disease, it would most likely have occurred to a higher degree than it already has).

Definitions and Applicability to the AIDS Domain

The AIDS domain incorporates the private, public and political arenas and can help us understand potential pathways for individuals to evolve from subjects to citizens. All points within the pathway are political, albeit perhaps for different reasons, because AIDS, like domestic violence, redraws boundaries, concerns power structures and the (in)ability to contest them, and may start at ‘home’ but nevertheless has severe implications for participatory behavior, communities and associational life, governments, rulemaking and human rights, and political processes concerning contestation, mobilization and democratization.²³ *Figure 3-1* illustrates the various realms involved.

The path begins with the *private* realm, which focuses on needs. This places daily survival at the forefront: individuals, often women, working in the field because they have no other substantial choice; activity that is hidden or undiscussed; the inability to choose from various options. In recent history, much of society has operated in this arena, due to fear of contesting the state. The domestic relationship is traditionally placed in this realm, and I agree with

²³ It may be somewhat counterintuitive to state that the public-private dichotomy is problematic for Africa because the private and public are not so separate, while at the same time stating that women are usually relegated to the private realm. I am not arguing that there is never a distinction between the private and public; I am arguing that both are political, and that women are usually relegated to the extreme version of the private realm and blocked from the public realm. Yet, there is certainly a large space that overlaps between the private and public, in which fall Ekeh’s primordial and civic publics, and here too women can be sporadically found. They are for the most part, however, still blocked from the non-overlapping areas; thus the need for redefining boundaries concerning private, public and political, all of which have extreme cases. These are by their very essence extremely fluid concepts.

feminist theorists that it must not be relegated as less political than other arenas, because of inequality and power; here many women are the subjects of patriarchy, in low positions of power concerning certain types of decisionmaking, and often forced or choose to take a more passive attitude than that which includes overtly contesting authority. In regards to the AIDS domain, what is *private* equates to an individual's fear of disclosure due to repercussions within the household and community; it would also encompass door to door, one on one private health discussions.

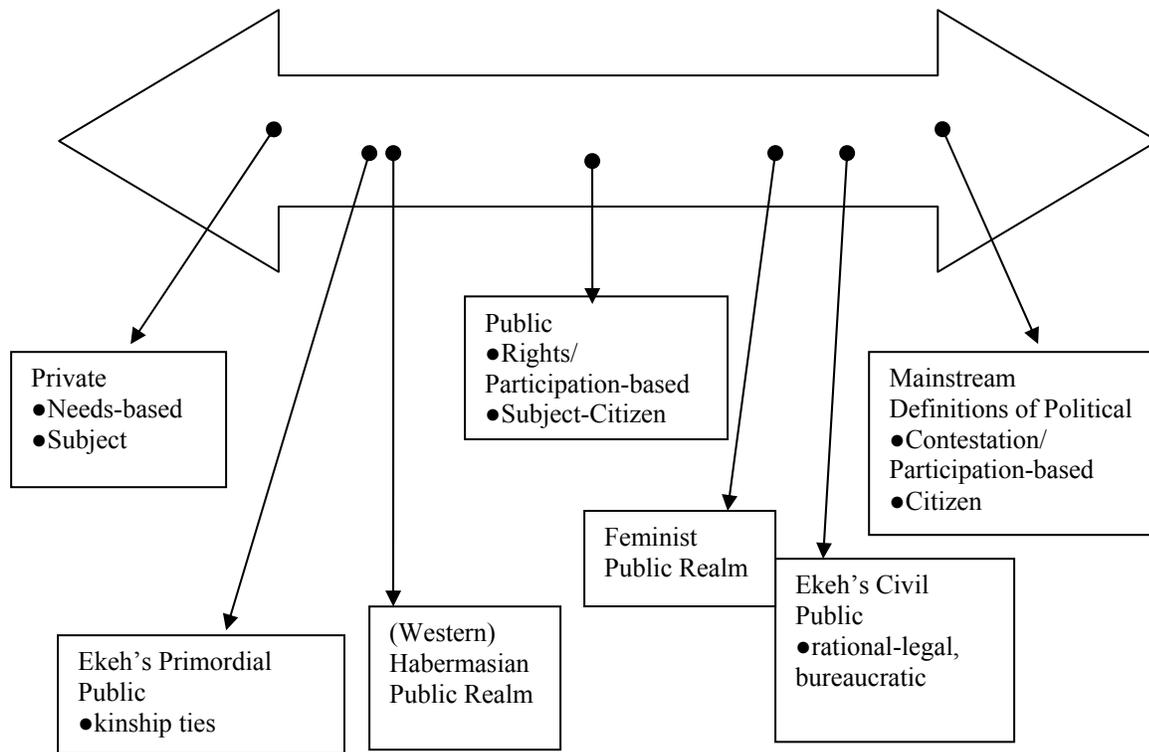


Figure 3-1. Private, public, mainstream political

The *public* realm here is linked to 'rights-based' discourse, or the awareness of something that is more general/universal than what occurs within the local community at hand. Historically in southern Africa, this arena has been kept very narrow, particularly concerning opposition politics, although this has begun to open up more recently. This arena would equate to the

mobilization within a group/association for resources and public discussion pertaining to human rights and laws; this includes information dissemination within communities (broader than the one on one, door to door); the use of performance as a tactic to educate, resist and debate; and tactics within the association that might be considered appropriate to civic education (for example letter writing, contacting government officials, holding debates, making presentations, etc.).

What has been mainstreamed as *political* usually includes such activities as casting ballots, taking up arms against a state, and/or a primary emphasis on participation as well as contestation of some sort; the latter of these is linked with a readiness to claim, defend, and fight for rights. But I and aforementioned others argue that it also concerns activity done to address access to resources (e.g. infrastructure, health care provision, policies and laws); activity done to promote changes in either community, government, donors or all three; and/or activity focusing on coercive relationships, be they those between associations and the state/donors, or those between sexual partners. The question here then is: Where do HIV associations in Mozambique fit in, and what is the process by which they are (or are not) mobilizing around a traditionally private topic and pulling it into a rights-based public realm (thus enhancing further its status as political)?

These, of course, are fluid concepts, and communities, individuals, politicians and donors around the continent may define situations differently; what is ‘political’ to one may not be to her neighbor. Furthermore, it is certainly the case that not all private or public activity can be defined as political. Yet overall, meanings and processes “implicitly or explicitly, seek to redefine social power” because alternative perceptions of concepts challenge dominant mentalities. (Alvarez, Dagnino and Escobar 1998) Our focus here will be on HIV/AIDS based

associations that have mobilized for a variety of reasons, some of which no doubt exist mainly to give medical information, while others may focus on redefining power, either by challenging government or social norms.²⁴ The level and quality of democracy and governance is determined in part by how associations, social movements, interest groups, faith-based organizations, and the like perform: how they cooperate, lobby, antagonize, exit, subvert, coalesce and capture or are captured by the state and donors. Their ability to perform will dictate whether or not they are successful, how they view the relationship with the powers that be, whether they even have an opportunity to contribute to the public and political realms, and whether they can be argued to be promoting citizenship rather than subjugation.

As will unfold in subsequent chapters, the tie between the historical definitions of the public sphere and critiques of it concerning marginalization is inextricably bound up with the current informal institutions that dissuade citizens from fully engaging in it. These are then in turn linked with the role taken on by the state in the dissemination of resources for which individuals and associations must compete. The rational public sphere perpetuates an arena in which, at least theoretically, associations can hold government accountable, compete with each other for influence, and involve debates to change mindsets. But because it: first, was virtually non-existent under pre-colonialism; second, under colonialism was a bourgeois sphere prioritizing an educated, propertied white male middle class; and third, under post-colonialism has been dominated by networked elites who prioritize the primordial public over the civic, this

²⁴ While new social movements that focus on medicine may not address ‘political’ issues (however defined) directly, Kelleher (2001) argues that “they are a political phenomenon in terms of the contribution they make to communicative action and, in so doing, promoting not just important integrative processes in resisting the colonization of the lifeworld by experts but in sustaining debates in a part of the public sphere” (122). But while Kelleher challenges the dominant rationality of (Western) medicine in his argument that the lifeworlds of cultural experiences are important, I would flip this around to argue that HIV-based associations may theoretically challenge the lifeworld’s dominant rationality of the *informal institutions* of women’s inequality and coercion (as well as secrecy surrounding the disease) and thus can operate both ways.

has taken a different trajectory than in the rest of the world. Even though a handful of Mozambicans serve in the capacity as watchdogs of the state and the state has allocated space for women in government, this concept of speaking out for accountability has yet to fully embed itself within the communities and thus in most cases, the public realm remains exclusive and elusive to most.²⁵

A question was raised of Mozambique in the 1990s that can be amended for our purposes concerning the AIDS domain within developing countries: What is the legitimacy of actors as ‘participants in negotiating change’ and how do they go about the process?²⁶ Because institutions shape the distribution of resources, be they political or social, we must examine how individuals act with regard to such institutions because “[i]t is in the interaction between state and society, between things public and private, that increasingly important institutional developments take place.” (Hyden 2006: 7) In this sense then, prior research on informal institutions must be expanded from solely defining them and trying to ‘overcome’ them for modernization, to examine 1. how they are both positive and negative at the same time in regards to development, mobilization and, ultimately, democratization and governance, and 2. what they signify for associational life and whether they induce disengagement, loyalty or greater perceived legitimacy of government, donors, and communities themselves within the AIDS

²⁵ Although Mozambique has 33% of the Parliamentary seats allocated to women, just because they are there does not mean they have the capacity to work for women’s rights. A current parallel to this is the example of the 2008 United States Republican Vice-Presidential candidate Sarah Palin, who, although she is a woman, advocated (1) the refusal to give women a choice concerning procreation in her stances on abstinence over birth control education and the banning of all abortion; (2) support for charging women who have been raped for their rape kits at the police station; (3) little in the way of women’s rights. The argument is that holding a high government position is inherently good for women; this is an argument that has been made in reference to African politics over the years by many African governments, international donors, and scholars, but it overlooks a realistic and nuanced perspective into the *ideologies* of the female politicians, as well as their ability to enact substantial change.

²⁶ Lubkeman 2001.

domain. Specific research questions and hypotheses guiding this inquiry are presented in the next chapter and the aforementioned issues are addressed in subsequent chapters.

CHAPTER 4 METHODOLOGY

This chapter presents the methodology involved in this research. It begins with research questions and the hypotheses guiding this inquiry. Next, it presents an overview of data collection procedures (in-depth interviews, focus groups, some archival research, and approximately 325 surveys) and data analysis. The third section is a discussion of the five central research sites as well as the participants and research assistants involved. It concludes with the central challenges involved, including the high levels of bureaucracy and secrecy, the difficulty in categorizing association members as volunteers or staff, and issues pertaining to carrying out the surveys.

Research Questions and Hypotheses

First, given the demonstrated severity of the impact of the HIV/AIDS pandemic in southern Africa on individual livelihoods and national development, what is its impact on the extent to which individuals are motivated and able to get out of the private realm and ready to organize civically with a view to preventing the further spread of infection? Included with this are: 1) How and why are individuals engaging in the public realm and what tactics are utilized? 2) What are the consequences for national governance, particularly concerning the relationship between associations, donors and the state? Second, what are the political processes involved within these HIV/AIDS associations, between the associations and communities, and between the associations and the state/donors? How are situations of power and inequality dealt with: through active engagement, opposition, disengagement or a continuance of loyalty?

Guiding this inquiry is the independent variable of ‘mobilization’ (within an HIV-based association).¹ Relevant dependent variables include: ‘political participation,’ ‘attitudes about government, donors and communities,’ ‘civic activities,’ ‘personal relationships,’ ‘other types of participation,’ all of which are employed to highlight various attributes of ‘democracy.’ The following hypotheses guide this inquiry.

- H1: HIV mobilizers have more equal sexual relationships at home. Along similar lines, HIV mobilizers are more likely than non-mobilizers to view women as equal to men.
- H2: HIV mobilizers deem community benefits more important than individual economic or job related benefits.
- H3: HIV mobilizers partake in more civic activities than non-mobilizers.
- H4: HIV mobilizers are more likely to define HIV as a public or political topic while non-mobilizers are more likely to define it as private.
- H5: HIV mobilizers are more likely than non-mobilizers to: a. have different expectations of government and donors; and/or b. hold positive views of government.
- H6: HIV mobilizers are more likely to engage in overtly political behavior than non-mobilizers.
- H7: HIV mobilizers and human rights mobilizers are similar to each other in their activities and attitudes.
- H8: HIV mobilizers are less likely than non-mobilizers to have salaried employment elsewhere.

¹ As a comparison, mobilization within a human rights association is also tested within several of these hypotheses to determine if the two types of mobilization are similar to each other. Those who do not mobilize for either HIV or human rights are classified as non-mobilizers and used in comparison with the others to determine similarities and differences. In this sense, then, ‘mobilization’ is equated with involvement within these associations, whereas ‘political participation’ is equated with civic activities such as demonstrations, letter-writing, presentations, etc.

Data Collection

Procedures²

A triangulation of methods was appropriate for this research to capture nuances, particularly concerning fears and pre-conceived attitudes, the sources of which are not always clear. I used in-depth interviews with key informants (as snowball sampled from each other) in the aid industry (both Mozambicans and foreigners, with a tendency to rely more on Mozambicans); focus groups with both HIV and human rights association volunteers; and surveys with HIV association volunteers, human rights association volunteers, and non-mobilizers who receive ARVs in the hospitals but do not belong to any HIV or human rights associations.³ For this particular research, interviews, focus groups and surveys were conducted

² I had UF IRB approval prior to engaging in this dissertation project (from 2005 onwards, for each trip). While in the field in 2007, I encountered the possible situation of being able to talk to individuals at the hospitals (to use as one particular survey group) and I opted to fulfill ethical requirements in amending my proposal in this manner (using patients) by going through the health ethics board in Mozambique: I obtained a signed letter from the Ministry of Health that described the research; this was subsequently signed by a number of additional health coordinators in the cities/towns in which the targeted hospitals were located, to the point where there were approximately 10 signatures on the letter by the end of the hospital surveys. This was, I believe, consistent with UF's IRB standards and thus I felt it continued the line of ethical research standard appropriate to the project.

³ In order to understand how much of a role the country's history has configured current mobilization tactics, I sought other non-HIV based associations to determine if there are parallels in tactics, attitudes, or membership. For example, there are many worker's syndicates in Sofala province (in the center of the country), and 17 of them in Beira itself. The groups collaborate, as many are housed in the same office building, with OTM (Organização dos Trabalhadores de Moçambique) as the dominant organization. OTM Beira utilizes seminars to organize workers, so information is disseminated through training programs, particularly concerning worker's rights under the recent HIV law. Lectures on human rights are also given, and in Matanda, Gorongosa and Dondo, theatre is used for education (since there exist many farmers in these more rural areas and they have less time/ability to read newspapers), although in Beira lectures are more frequently used (Interview, Jose Antonio Efraim Macive, 5 April 2007) Protests are less frequent because of the procedure to hold one: "first you must send a letter to the company, the municipality, the commander of the province (police) because the law from 6/1991 says that you need to 'ask permission' to protest. This is the same with public HIV protests." But then he clarified that the act itself is more one that informs rather than requests permission, because if they do not respond, many groups still go through with the activity. By law, however, one must inform government of the day and place ten days prior, along with all the pertinent information.

Other groups are sporadic throughout the country; some groups were once a part of Frelimo and have spun off, such as the OMM (Organização de Mulheres de Moçambique, or Mozambican Women's Organization), although some say it retains its reputation amongst many community members as a party subdivision (Interviews with NGO staff, Maputo, September 2005). Other groups focus on corruption, but they are mainly funded by international donors, have very small staffs, and are not incredibly active; women's rights, WLSA (Women and Law in Southern Africa), which has the potential to enact substantial change, as it consists of lawyers within the country and has strong ties to other countries in the region, publishes a newsletter with articles concerning civic issues (e.g.

in Maputo and Boane (in the south of the country), and Beira, Caia and Gorongosa (in the center).

In-depth interviews were conducted throughout the research, and several key informants were used to clarify issues raised in the focus groups, other interviews, and surveys. I spent six weeks in Mozambique establishing contacts in 2005, and re-entering the communities was not difficult; new contacts were subsequently established through snowball sampling. Several colleagues there served as gatekeepers into the HIV associations and the main research assistant was a volunteer for several HIV associations and thus helped tremendously in establishing and sustaining contacts. Interviews were conducted predominantly in Portuguese, or in some cases in English.⁴ A high number of policies, reports, plans, articles, consultant papers, and newspaper articles were gathered prior to, during, and after the fieldwork and instrumental data from these is included in Mozambique's background in *Chapter 2*.

Focus groups followed a general guideline of questions, with some questions asked of many groups, while others were asked only a few. Because this was data collected for background information, the list of questions was diverse and not every group could possibly answer all questions. When the same responses came up repeatedly after each group, the questions were changed to new topics. Because questions differed by group, answers were not tallied, but they were coded; thus, the focus group information is used as background on the key

laws concerning equality, domestic violence, and issues pertaining to women). While its work is certainly substantial: it focuses on lobbying for legal reforms and policy changes, it helps with legal assistance, and it conducts research for international donor organizations, its materials are mainly in Portuguese (or English).

On the whole, however, active volunteer associations that resembled the structure of the HIV associations are found in the human rights associations such as *Coalizão* and *Muleide*; therefore surveys were conducted with these associations and some of the data are presented in these chapters for use in comparison with non mobilizers and HIV mobilizers.

⁴ I learned Portuguese prior to conducting this research, although I am not completely fluent; in order to capture the nuances of text and discussions, I used an assistant who was not completely fluent in English, but translated very closely during interviews, and between the two of us I am confident of the responses.

themes discussed for the interviews and surveys.⁵ A Facilitator to run the groups and an Observer to take notes in Portuguese were used. After each group, we debriefed by going through the notes to discuss what had been said, the accuracy of the abridged transcription and important nuances in local phrases (e.g. ‘jogo de interesses,’ ‘costa quente,’ etc.).⁶ Interviews were semi-structured, with the exception of an *Association Head Survey* to collect factual background about the association. With this latter, all attempts were made to interview a major coordinator, and if the president was not available, the vice president or another highly placed knowledgeable leader was used.

Survey questions were conceptualized after the focus groups and interviews. Some of the survey questions were taken from previous academic research, particularly: Hyden, Court and Mease; (2004) Verba, Schlozman and Brady; (1995) and Afrobarometer. Please see *Appendix D* for a list of the survey questions; not all of the data collected from them has been used in this study. Most surveys were conducted in Portuguese, although approximately 25 were conducted in Shangana and 40 in Sena. Association coordinators chose the survey respondents by running down their list of active members and choosing every nth person.⁷ It is important to note here

⁵ Focus groups were challenging in the sense that the language was a difficulty, which I perceived as a problem with the rhetoric used, rather than the language itself. I was later told that it may have been a problem that some of the groups in Maputo were conducted in Portuguese rather than Shangana. There was little debate within the groups, as much of the information presented was factual or members chose not to challenge each other, and thus they were more like group interviews. They were, however, beneficial for background data, which was their central purpose. Because of the Maputo issues, only a few were conducted in Beira, and I chose instead to focus on the in-depth interviews and surveys. In hindsight, focus groups were more difficult because of the secrecy surrounding HIV as a political topic. One HIV assistant who later helped me said that he felt that individuals were intimidated with others around and although we promised confidentiality, they were still fearful. This was a problem I subsequently took into consideration, and in future groups, if it seemed that members were apprehensive, I immediately split them off into individual interviews.

⁶ Although each group was not transcribed word for word, because the debriefing usually took approximately 1.5-2 hours, I am confident that the essence of the discussions, as well as pertinent specifics, was adequately captured.

⁷ An active member was defined as someone who frequently contributes to the association; we tried to use volunteers who work in either the association headquarters or in the community at least 2-3 times a week, although in some instances (e.g. for the surveys) a few worked less than this (e.g. only one day or two hours a week). Survey respondents were given 2kgs of food (some received soap and 1kg of food) for their participation.

that not all HIV mobilizers are HIV+; in keeping with standard procedure of the associations, at no time were they ever asked about their status. Non-mobilizers were identified in the hospitals as those receiving antiretroviral drugs (ARVs); due to ethnical reasons, patients were asked by the health coordinator if they would be willing to participate in a survey about their views and those who said yes on the day that the team was in the hospital (and who did not have involvement in either an HIV association or human rights association) served as participants. Within the HIV associations, many of the respondents (and two-thirds of the survey respondents) were women, as these associations generally attract more women than men; percentages are about 50-50 for non-mobilizers and human rights mobilizers.

Data Analysis

I transcribed in-depth interviews while in the field, and where quotes are used, this is either a direct quote (from a respondent who speaks English), or has been translated from another language into English during the interview by an assistant. After reading through the interviews and focus groups, several themes began to emerge. Data and quotes from focus groups and interviews were initially grouped under appropriate sub-themes as determined by the theoretical literature at hand, such as: Informal Institutions, Collective Action and Incentives, Tactics of Associations, Definitions of Public/Private/Political, Coordination Problems, Fear, Corruption and Competition (of the National AIDS Council, health centers, other government entities), Attitudes/Relationships with other entities (government, donors, communities), Personal Stories. These sub-themes represent what is depicted here in the dissertation under the separate chapters.

325 surveys were conducted with HIV mobilizers, human rights mobilizers and non-mobilizers. I have run crosstabs (chi squares) to determine significant associations with 'type of mobilizer' (HIV mobilizer or non-mobilizer) in many cases. (Tests have also been run using HIV mobilizers and human rights mobilizers.) Some tests required only HIV mobilizers (using

‘region’ as one variable to examine differences in attitudes and activity between ‘urban’ regions of Maputo and Beira, and the ‘non-urban’ of Boane, Caia and Gorongosa). In other tests, I have used Cronbach’s Alpha to determine appropriateness of variable construction, and subsequently compared the means of HIV mobilizers and non-mobilizers to determine significance. Several questions sought to determine the direction of the relationships through the use of ‘before’ and ‘after’ questions, and these are discussed in *Chapter 7*.⁸ In virtually all of the tests run, problematic data (e.g. missing, assistant error, not applicable, ambiguous) were coded as such and eventually aggregated as ‘missing data’ so as to clean up and refine the data. See *Appendix B* for a disaggregation of variables and hypotheses. The issue of sincerity in responses concerning incentives was also a challenge, given that it is one thing to volunteer time freely as a volunteer and quite another to expect payment for it (thus potentially constituting employment rather than associational life). In order to try and achieve as much honesty as possible, I asked about incentives in several ways (through various questions) and then tested the responses to determine if they were parallel (e.g. testing those who say ‘they are happy to continue as volunteers’/ ‘expect to be paid at some point’, with ‘incentives’ for volunteering). This particular relationship was significant, rather than more ad hoc as expected if they were insincere, and thus I am satisfied that respondents were generally sincere in their responses (this is discussed further in this chapter under *Volunteers or Staff?* and in *Chapter 6*).

⁸ One notable issue involved here is the use of those who volunteer for an association in comparison with those who do not: what is the determining point for ‘before’ and ‘after’? For HIV and human rights mobilizers, the questions seek to define prevalent activity before and after joining the association. For non mobilizers the questions were asked of before and after they learned that they are HIV positive.

Research Sites, Subjects and Assistants

Research Sites

Appendix A presents an in-depth overview of the associations involved in this research. All of the research sites involved have access to HIV testing and ARVs. *Maputo*, the highly developed capital of Mozambique, is located only a couple of hours from the South African border. It is home to several million people (if one counts the surrounding urban neighborhoods) and has an excellent transportation infrastructure. Most of the aid organizations are based here, and Doctors Without Borders and Sant' Egidio (an Italian Christian association) are the primary donors in the southern region of the country. Maputo and Beira have central hospitals as well as several smaller ones.

Boane is located 30 kilometers west of Maputo. Up until December 2007, Boane's Health Center (a district referral hospital) had a lack of space for counseling and treatment for HIV, but recently several new buildings have been constructed for the prevention of mother to child transmission (PMTCT), treatment, and a children's clinic. Just over 400 patients are receiving ARVs.⁹ Problems include severe shortages of water and sanitation facilities.

Located on the coast in the central part of Mozambique, *Beira* has historically been a Renamo stronghold and in recent years, little has changed regarding general infrastructure in the city. Serving as Maputo's more marginalized little sister, it is the gateway to what is considered the AIDS corridor of the country, as it is the Eastern port on the transportation route connecting Mozambique to Zimbabwe. Sofala Province, which includes Beira, has the highest infection rate and is known for sporting a high number of commercial sex workers (CSW) and truck drivers. At night, the city has an eerie feel to it; in part due to its rundown and neglected infrastructure,

⁹ For more on this, see Elizabeth Glaser Pediatric AIDS Foundation (2007).

but also because the downtown region is often deserted; non-violent theft is common in Beira. On the weekends, however, travelling through the *bairros* (neighborhoods) just five to ten minutes toward the coastal area, one finds a road laced with *barracas* (small shacks that serve alcohol) that are usually full. Health Alliance International (HAI) is a central donor throughout Sofala Province, prioritizing treatment, technical testing, clinics, etc.

In Sofala Province, as well as many other rural locations throughout the country, a patient has the CD4 count blood test in a rural post and then it is sent to the capital, in this case Beira; three to four days later the patient receives the results. The test is only valid for up to four days, so more marginalized areas (e.g. in the north outside of Pemba) have difficulties testing the blood in time. In rural areas, the *regulado* structure is more commonly utilized, and this is certainly the case in Caia and Gorongosa (see *Chapter 5* for more on *regulados*).

Caia is located in approximately seven hours by *chapa* northwest from Beira. It lies on the south bank of the Zambezi River, and is on a crucial north-south transportation highway. Currently, the Caia Bridge is under construction which will constitute the longest road bridge across the Zambezi. Its location effects its high HIV/AIDS rate and problems in the area include high numbers of CSWs, construction and transportation workers who utilize CSWs, severe flooding of the Zambezi (particularly in 2000, 2001, 2007) causing migration and relocation, and water shortages. There are several *barracas* along the main road and close to housing for the construction workers, as well as several small hotels in the area, mainly for truck drivers passing through and a hotel/restaurant/nightclub run by an English speaking Mozambican aid worker that draws locals, out-of-towners, and CSWs. Electricity is sporadic in the town and is usually unavailable during daylight hours.

The population in the District of Caia is approximately 100,000 with 8,000 AIDS orphans and one doctor (Caia Connection, N.D). The primary method of local transportation is to hire one of the bicycle taxis who cart patrons around on the seat, even into the most rural of villages. *Fetiço* (Portuguese) or *fiti* (Sena) is prevalent.¹⁰ Food insecurity is a dominant concern as many families have been displaced from flooding in other regions to Caia. This has created high levels of tension and competition between *régulos* (chiefs); normally one *régulo* exists for every 10-15 kms, but due to emergency migration, in several areas within Caia two or more live within a couple of kilometers of each other. Some communities receive food aid because of their displacement, while others located directly next to them receive nothing. This has also contributed to tensions between neighboring groups.

Gorongosa is en route to Caia, just over 200 kilometers from Beira, via Inchope (the gateway to all points north, south, east and west). The town was built by the Portuguese, and when the fighting intensified, families walked into town to find safe areas to sleep, leading to a sense of displacement rather than community. No part of the country was left untouched by the war (unlike in other regions and countries of the world in which war remains concentrated in one area). While the rural areas around Gorongosa were pro-Renamo, much of the town supported Frelimo due to the stationing of militia in town. (Interview, Regulo Tambarabara, August 2007) Although this area was pro-Renamo in the past, with democracy Frelimo has built a school, well and other infrastructure and some members have switched political affiliations. While Gorongosa has public spaces for such sports as football and basketball and the schools have competing teams for both boys and girls, there is little in the way of public space for women in

¹⁰ Otherwise known as ‘witchcraft’; one example is in the view of animals. If an individual treats an animal too well or pays too much attention to it, they face the possibility of jail or being associated with witchcraft (Focus Group with Caia Women, August 2007). Other examples occur in the use of traditional healers to eradicate spells which lead to illness.

the communities here, other than in the two small markets located across the main road from each other. The town is similar to Caia in that it has one hotel, a telecommunications and post office, but no internet, sporadic electricity (particularly during the daylight hours) and often no electricity at night (although the hotel has a generator). Key issues in Gorongosa (as in Caia) are polygamy, *lobolo* (brideprice), *pitakufa* (wife inheritance) and a young marriage age for girls. The National Park is the key tourist attraction and Gorongosa is on a major transportation route, therefore the town has high HIV rates. In September 2006, Gorongosa residents received access to HIV testing and ARVs via their public hospital. Interviews I conducted in 2007 indicated, however, that some women are afraid to attend due to the existence of a nurse who asks for bribes for what should be free services. (Various Interviews, 2007)

Overall, these five sites were chosen to represent two urban sites (Maputo, with a medium level infection rate; Beira, with a high infection rate), and three non-urban (Boane, with an infection rate similar to Maputo; and Caia and Gorongosa, with high infection rates due to location on transportation route and commercial sex workers). Additionally, all five sites have HIV associations and some type of infrastructure, making them similar enough to compare, yet different enough in their populations, access to resources, and pace of lifestyle (city versus town).

Research Subjects

Due to the secrecy surrounding this topic of HIV/AIDS and the fear of speaking out against government corruption, inadequacies and other problems, all focus group and survey respondents, and non-elite in-depth interviewees had the option of withholding their names or were told that their names would not be used in any publication of data. Those names that are

marked with an asterisk* in the following chapters therefore indicate fictitious names.¹¹ As is the practice with these associations, at no time were volunteers ever asked if they are HIV positive.¹²

With the *focus groups*, associations were given an idea of the types of volunteers needed for this research (for example, HBC workers, activists, actors) and each type was separated for discussions. They were also separated by gender in some cases, although not in all groups.¹³ Participants were organized by the association coordinators and usually consisted of those who were 1. reachable by phone or house and 2. willing to participate. Focus group participants were given a small snack and their public transportation was paid. (See the above section on *Procedures* for more information about survey respondents.) Table 4-1 at the end of this chapter illustrates some socioeconomic data for the survey respondents.

Associations were chosen based on several criteria: prominence (e.g. Matram is well known for advocacy work in Maputo; Kindlimuka and Muleide have branches both in and outside of Maputo); accessibility (some associations offered to help but continuously made mistakes in setting up interviews/focus groups and thus were dropped from the research); willingness to partake in the research (this was a salient factor given the ethical issues inherent in working with HIV groups); and word of mouth concerning which associations have active programs, receive funding, have lists of members, etc. Some associations (such as Rensida

¹¹ Additionally, one of the human rights organizations with which I spoke also requested that I not use the name of their association in any information pertaining to corruption, so a fictitious name is used in those examples, marked with an asterisk: this is the case in Caia with *Mudança**, begun in 1996, which works on human rights and HIV education and is a broker between local community projects and the government. Association members became nervous when I asked about their relationship with the government, and asked that I not use the name of their group concerning this topic, stating that they would have problems with local government if they discussed disparities and corruptive state practices.

¹² Patients in hospitals were only asked about the date that they discovered their status.

¹³ In the cases where the groups were mixed gender, if the men tended to dominate the group, they were asked to wait outside.

[Rede Nacional de Associações de Pessoas Vivendo com HIV/SIDA] and Kulima) are umbrella organizations that oversee and assist smaller associations, and these were used in order to reach such smaller or less well known associations (such as Ahitipaluzeni, Kutenga, Tinena, Xindiro, Hilulile). See *Appendix A* for detailed information about each of the associations that took part in this research and Table 4-2 for a comparison of associations. Hospitals were chosen based on proximity to research site; accessibility and willingness to participate (again, this was salient given the ethical issues involved in the research); and whether they were treating patients with ARVs. See Table 4-3 for a comparison of and information on each of the hospitals. Ten HIV associations (plus the Boane chapter of Kindlimuka) have participated: Matram, Kindlimuka, Rensida (Ahitipaluxeni, Kutenga, Tinena, Xindiro, and Hilulile), Rudno Ni Upenhi, Kufunana, Kuluphira. Six human rights associations (including one fictitiously named Mudança*) have participated: Muleide (Maputo and Beira), Colizão, Kulima (Caia and Gorongosa). The hospitals are: Militar-Hospital do Dia, José Macamo, Polana Caniço, Boane Hospital, Europea, Hospital Central, Caia Hospital, and Gorongosa Hospital.¹⁴

Research Assistants

Using assistants from the university was too expensive in most cases, as the ones with whom I spoke wanted approximately \$60 per day (in payment, transportation costs and lunch). Therefore, I attempted instead to use assistants who had some experience with HIV organizations; in some cases, I used individuals recommended by my main assistant, Alcides Goba, a man who had worked extensively with HIV associations and consulted on a project in Brazil. In others, I used English/Portuguese/Shangana/Sena speakers.

¹⁴ There was a problem with Gorongosa Hospital and rather than using patients directly at the hospital, one of the association coordinators asked several patients he knew that did not belong to any association to participate in this set of Gorongosa surveys.

For surveys, I trained five research assistants as to the nuances of each of the survey questions and the theories behind them.¹⁵ The assistants were trained in the academic background of the survey, how to ask the questions without biasing responses, and how to navigate potential pitfalls. They were also trained on how to make the participants feel comfortable given the nature of the topic (e.g. to avoid facial expressions that might prompt answers, to keep judgments out of the discussion, etc). The instrument was pre-tested on a group of women in Maputo who work with an HIV association, and I and another assistant listened to the other four as they asked questions.¹⁶ Four of the five Maputo assistants travelled with me to Beira to continue the surveys, as they were already trained, and two of the four travelled with me to Caia and Gorongosa while the other two remained in Beira.

Challenges Encountered

Bureaucracy and Secrecy

Acquiring the necessary paperwork to work in the hospitals was an extremely bureaucratic process: at one point seven staff members were involved in acquiring one necessary letter from the Ministry of Health in Maputo. Each of the hospitals in the regions requested different forms of documentation.¹⁷

¹⁵ Together we translated the surveys from English-Portuguese, and due to time constraints, rather than back translating them, we placed the finished product next to the original and compared each question to make sure it was as close as possible. It was also translated into Shangana and compared. It was partially translated into Sena for the central part of the country, but due to time constraints it was not fully completed; thus only two assistants (one of whom was the central assistant) asked questions in Sena to those who requested it (in non-urban areas) so as to keep everyone on the same page.

¹⁶ I then listened to the main assistant as he conducted a pre-test. For the first several days of surveys, I inspected each one as it was completed to check for missing data or inadequately answered questions, and explained any issues or problems to the assistants.

¹⁷ Caia hospitals asked for a letter from the National AIDS Council, Jose Macamo Hospital in Maputo wanted one from the Ministry of Health, another needed the Provincial Director's signature, and so forth.

Talking to government officials also proved to be difficult; I was told by a very high official at USAID to speak with a National AIDS Council coordinator in Beira, but only in the presence of someone she knew in order to keep her from lying or putting too positive a spin on reality, (Interview Sydney Bliss, 2 April 2007) or to try and invite the Maputo coordinator out of the office in order to get the real story, rather than the requisite hype often touted to donors and foreigners. (Interview Ivo Correia, Maputo, N.D) Other officials refused to answer certain questions; when asked about the relationship and problems between the donors, state and civil society, one respondent declined to answer, as he was not the authorized Monaso (umbrella HIV network) spokesperson.¹⁸ Yet each time I tried to speak with someone else higher up, no one was available. Talking to someone at Misau (the Ministry of Health) proved extraordinarily difficult; Dr. MacArtur of the HIV unit never showed up for several scheduled appointments with me, and his replacement refused to continue answering my questions after five minutes of the interview.¹⁹ I finally acquired the Misau letter once one coordinator agreed to write it while another one agreed to sign it.

Due to the nature of this topic, many individuals were often out sick, including the heads of the associations. With the exception of a few, however, all tried to make up for this by pointing me to appropriate colleagues to answer my questions. In other situations (with other respondents), answers were often vague, with respondents choosing not to take a definitive stand for something either because their knowledge was genuinely ambiguous or out of fear of repercussions (refusing to speak out against the government in front of other people). The fact that one of their primary funding sources is government based also didn't help.

¹⁸ Interview with Helder White, Maputo province coordinator for Monaso, January 2007.

¹⁹ To his credit, MacArtur eventually helped in acquiring the necessary Misau letter for the research, but I never received the chance to interview him.

Finally, it needs to be highlighted that this research often dealt with two hidden topics: HIV and attitudes concerning politics. Where focus groups were less effective, in-depth interviews and surveys seemed to be more so by their very nature as one-on-one discussions. Conducting the research anonymously contributed to research participants feeling comfortable in opening up about subjects that in some cases (e.g. non-mobilizers) they don't often receive an opportunity to discuss. At no point was anyone forced or coerced into discussing any issue or answering any question with which (s)he was uncomfortable. There appeared to be no negative repercussions within the communities in talking to us, mainly because in most cases we kept the discussions within the physical confines of the association or hospital headquarters, and thus potentially interested third-parties would not have been aware of the activity.

Volunteers or Staff?

Members of some groups receive sporadic stipends from their associations. This made it challenging to determine if they were there in the spirit of voluntarism (important for associational life) within civil society or in search of 'employment'. After a number of focus groups and interviews, I determined that some volunteers receive between 0 and 250 (US\$10) meticaï per month, and payment is sporadic, therefore, we could use 250 as the cut off point. (In other associations not chosen for this research, stipends are higher.) This money is often used for transportation costs, to purchase soap or other necessities for the activists' patients, etc. This research occurred over a year, however, and the status of some members/associations used in the beginning changed; for example, after I had already begun research with Kindlimuka, some volunteers began to receive money from one project, so I used only those who had joined the association prior to any possibility of hearing about potential financial incentives from the association. Similarly, in Rudno Ni Upenhi, some active activists began to receive up to 600 mets a month in June 2007 (after interviews and focus groups had already been done), but we

decided to continue the research with them and make sure that all survey respondents had joined prior to 2007. Within this set of surveys, none of the assistants picked up on this when conducting the surveys (even though there is a question for it in the beginning) as respondents tend not to equate these stipends with salaried work. In other groups, some activists receive small amounts, depending on if the project receives funding, so payment may occur in some months but not in others. Also, not all will receive something; in Muleide in Beira, some human rights volunteers receive stipends while others do not. We interviewed those who did not for the surveys.

When determining if it was necessary to give something to participants for their time in this research, virtually all of the key informants in leadership positions within the larger HIV associations deemed money inappropriate (unless to cover transportation costs at a price of approximately 10-15 mets [less than .50 cents] per person for the focus groups). Food was determined to be most appropriate by most of the coordinators so as to avoid a situation whereby volunteers began working in the hopes of financial compensation.

Survey Issues

After approximately a month of surveys, I began to input the data into SPSS and determined that one assistant was not asking all of the questions, choosing instead to write in certain answers herself. After questioning her to determine the problem, and receiving no explanation as to the strange patterns (10 questions were answered the same way on virtually all of her Beira surveys) her job was terminated. The following week we recalled her respondents to redo the surveys and were told that they had seen her writing in answers without asking them the questions. The 70 surveys that she had completed were subsequently thrown out. In about half of the cases, we were able to recall the survey respondents she had interviewed, but in the

other half, either we didn't have their names, they chose not to return or we called in new respondents due to time constraints.

At times it was difficult to distinguish predominantly human rights-focused groups from HIV-focused associations in Caia and Gorongosa (mainly in the latter) because Kulima (the main human rights association) was used to organize the surveys, thus the groups may focus on HIV but work under Kulima. Many theoretically partake in both human rights and HIV based activities.²⁰

Table 4-1. Socioeconomic data of all survey respondents

	Non mobilizers	HIV mobilizers	Human rights mobilizers
women	56	99	39
men	43	52	34
Mean age	36 (between 18-59)	33 (18-72)	33 (22-62)
Mean children	2.68 (0-10)	2.58 (0-8)	1.85 (0-18)
Education	6.49 (0-12)	6.92 (0-12)	8.45 (0-15)
Listen to radio everyday	49%	45%	74%
Has Tv news everyday	39%	42%	68%
Newspaper everyday	8%	8%	12%
Hours per week volunteering	N/A	19.28 (2-45)	22.5 (1-45)
Owens bicycle	32%	32%	36.5%
Owens radio	75%	68%	95%
Owens television	50%	54%	77%
Owens mobile phone	58%	64%	82%
N	99	155	74

²⁰ For most ambiguous situations, the survey assistants asked respondents "What is your primary activity with this association?" to determine if they should use the human rights or the HIV survey. There were still small issues that popped up, however. In Gorongosa, two surveys with OMM (Organization of Mozambican Women) mobilizers were done as HIV surveys, and later switched to the human rights pile of surveys. Four were done as human rights surveys, and later switched to the HIV pile, because they are primarily HIV oriented groups (three are religious groups focusing on HIV). Therefore, I determined, without knowing responses, that these six were inappropriately marked. A few are smaller groups that have both HIV and human rights components, and it is unknown which is the primary component; therefore, I went with the original survey/marketing as determined by the Kulima coordinator and main research assistant.

Table 4-2. Association comparison²¹

	Name of association	Type of Group	Civic Activity ²²	Discusses politics, lobola, wife inheritance?	Addresses poverty, women's equality, infrastructure issues?
Maputo: HIV Associations	Matram	AIDS activism and advocacy (especially with ARVs)	1;2;3;4;5;6 (only leaders)	Politics, wife inheritance	Information not available
	Kindlimuka ²³	HIV/AIDS, then human rights	Information not available	No (except treatment)	Poverty, inequality
	Ahitipaluxeni (Rensida)	HIV/AIDS	Information not available	Information not available	Information not available
	Kutenga (Rensida)	HIV/AIDS	1;3	Wife inheritance	Inequality, infrastructure
	Tinena (Rensida)	HIV/AIDS	2;3;5	Lobola, wife inheritance	Poverty (self-help groups), inequality (rights), infrastructure (water and sanitation)

²¹ This information comes in part from interviews with the following association leaders in 2007: Cesar Mufanequiço (Matram), Hassane Manuel Birage (president, Rudno Ni Upenhi), Julio António João and Mateus Baptista Daio (president and vice-president, Kufunana Beira), Adolfo Colette, Jose Jaface Filipi (Kulima Caia), Moises Remane St. Mart and Fernando Magiga Manuel Francisco (Kulima Gorongosa), various association coordinators (Ahitipaluxemi, Kutenga, Tinena, Xindiro, Hilulile), unknown (Coalizão), anonymous (Mudança*), and Irene Cossa (Kindlimuka).

²² Respondent (organization leader) states that: 1=members participate in letterwriting to officials' policymakers; 2=allows members to participate in decisionmaking; 3=members learn how to plan meetings; 4=members learn how to give presentations; 5=members participate in debates; 6=members learn how to contact officials.

²³ In Boane, the HIV association used was a branch of Kindlimuka (Maputo).

Table 4-2. Continued

	Name of association	Type of Group	Civic Activity ²⁴	Discusses politics, lobola, wife inheritance?	Addresses poverty, women's equality, infrastructure issues?
	Xindiro (Rensida)	HIV/AIDS	1;2;5;6	Wife inheritance	Inequality (sexual, family planning techniques), infrastructure (water)
	Hilhulile (Rensida)	HIV/AIDS	2;3;6	Wife inheritance	Inequality (rights)
Beira: HIV Associations	Rudno Ni Upenhi	HIV/AIDS	1;2;3;4	Wife inheritance	Infrastructure (water)
	Kufunana	Youth group, HIV/AIDS	1;2;3;4;5;6	Wife inheritance	Inequality, infrastructure
	Kuluphira	HIV/AIDS	1;2;3;4;5;6	Politics, wife inheritance	infrastructure
Maputo: Human Rights Associations	Muleide	Women's rights group	Information not available	Information not available	Information not available
	Colizão	Human rights (youth and adolescents)	1;2;3;4;5;6	Wife inheritance	Poverty, inequality, infrastructure (transportation)

²⁴ Respondent (organization leader) states that: 1=members participate in letterwriting to officials' policymakers; 2=allows members to participate in decisionmaking; 3=members learn how to plan meetings; 4=members learn how to give presentations; 5=members participate in debates; 6=members learn how to contact officials.

Table 4-2. Continued

	Name of association	Type of Group	Civic Activity ²⁵	Discusses politics, lobola, wife inheritance?	Addresses poverty, women's equality, infrastructure issues?
Human Rights and HIV Associations: Gorongosa and Caia	Kulima Caia	umbrella human rights organization for smaller organizations that focus on human rights and/or HIV/AIDS	1;2;3;4;5;6	Politics, wife inheritance	Information not available on poverty and inequality; discusses infrastructure
	Kulima Gorongosa	umbrella human rights organization for smaller organizations that focus on human rights and/or HIV/AIDS	1-2 are ambiguous; 3;4;5;6	Lobola, wife inheritance	Poverty, inequality
	Mudança*	Focuses on human rights, specifically in reference to HIV	varies	varies	varies

²⁵ Respondent (organization leader) states that: 1=members participate in letterwriting to officials'policymakers; 2=allows members to participate in decisionmaking; 3=members learn how to plan meetings; 4=members learn how to give presentations; 5=members participate in debates; 6=members learn how to contact officials.

Table 4-3. Hospital comparison

	Hospital	Type	HIV testing	CD 4 testing	ARVs distribution began	# on ARVs (by October 2007)
Hospitals: Maputo	Militar-Hospital do Dia	Public	2005	2006	March 2004	August 2007: 397
	José Macamo Polana Caniço	public Public, but privately run	2006 yes	yes Info not available	2007 At least since 2005	+/- 240 At least 1,000 but number uncertain +/- 70
Boane	Boane Hospital	Public	2003	yes	2007	
Beira	Europea Hospital Central	public public	@1999 2000	yes yes	Sept. 2006 October 2004	500 Information not available @219
Caia	Caia Hospital	public	March 2005	no	March 2005	
Gorongosa	Gorongosa Hospital	public	yes	no	Has ARVs	Information not available

CHAPTER 5 THE DOMINANCE OF PATRIARCHY

Patriarchal Structures, Reciprocity and Institutions

“How do individuals form and sustain agreements or relationships with others to counteract individual temptations to select actions based only on short-sighted, individual incentives?” (Walker and Ostrom 2003: 81) In other words, why do some organize collectively while others opt out? One answer is *institutions*, which serve as the rules of the game, or the constraints that structure human interaction. They can be *formal* organization-types, markets, and laws as well as *informal* customs, values and norms, the breaking of which incur sanctions. They facilitate coordination and relationships and influence behavior; institutions therefore determine transaction costs, economic performance and development. (March and Olsen 1984; North 1990; Ostrom 1990)

In order to pinpoint the public realm in Africa, and because formal institutions have historically marginalized, repressed, or ignored the masses, informal institutions are crucial to understanding how individuals get by.¹ Much work has been done to define and examine these, particularly as a subset under the more general domain of ‘culture.’ (Gaonkar 2001; Helmke and Levitsky 2006; Daloz and Chabal 2006) In the realm of policy, recent reports capitalize on the importance of these, (Sen N.D.; Oxfam 2000; Nfah-Abbenyi 2005; Guha-Khasnobis, Kanbur, and Ostrom 2006; Dia 1996; Katerere 2007; Helmke and Levitsky 2004; Hunt 2005; Fifth Africa Governance Forum 2002) with some examining the potential pitfalls in planning development projects.

¹ To be clear, an informal institution emerges when sanctions exist against the individual who does not follow it. Once behavior “is regularized and more than a few individuals practice it, informal institutions emerge” (Hyden 2004: 2). Helmke and Levitsky (2004: 727) define it as “socially shared rules, usually unwritten, that are created, communicated, and enforced outside of officially sanctioned channels.” Formal institutions are those constraints, such as legal or constitutional, that shape human behavior.

Some of the groundbreaking institutional applications that bridge economic theory and politics have concerned moral economies and theories of resistance, as well as how political institutions mold individual preferences into social outcomes. (Scott 1986, 1990; Bates 1981, 1983)² But (as is discussed further in *Chapter 6*) preferences cannot be determined solely by examining activity in the public realm (e.g. through the public transcript), as the action may not describe the intent or real desire.³ If the private realm is not considered as well, preferences will not be accurately determined, and thus an outsider (e.g. consultant who spends two weeks in a country) has difficulty defining what constitutes rational behavior. This is an inherent problem in donor policy prescriptions that are based on one side only, thus funding for solutions does not actually fit the true problem. (Hancock 1989; Campbell 2003)

There are several types of informal institutions involved in this research and which are addressed in this chapter: 1) women's inequality in African societies which prevents regular admission into the public realm; 2) reciprocity within communities to fill in for non-existent formal institutions; 3) the structure of traditional leaders (*regulados*) and the historical culture of fear concerning the state. I address each of these in turn before discussing certain lenses involved in how we view these three (a point which is taken up again in the final chapter of this dissertation). Next, I present data collected concerning women's inequality, traditional practices and the *regulado* structure in Mozambique. The last section of this chapter analyzes the findings in applicability to the theoretical overview of informal institutions.

² Bates' skepticism that individual choices combine into socially rational outcomes (paralleling North's argument about subjectivity and inefficiency) is a valid one, but only tells part of the story. Elites can and do adopt policies that are harmful for society so as to industrialize, remain in power and thus maximize their interests even though the projects favor them over the masses (Bates 1981), yet this doesn't explain why individuals play by different rules (e.g. from where such rules stem) or work for the public good rather than individual gain.

³ Scholars such as Peters (1996) argue that a problem exists in the virtual impossibility of identifying and defining observed behavior as a function of collective values but I disagree, although I would argue that the attempt to define preferences based on activity, while overlooking what may be more subtle power and coercion, is problematic.

The Roots of Patriarchy

Patriarchy can be defined as: a *control* of women “so that their possibilities for making choices about their sexuality, childrearing, mothering, loving, and laboring are curtailed” via a “sexual division of labor, the division of public and private life, and motherhood ideologies, which define women as emotional and dependent.”⁴ It exists in “[d]ominance by males in kinship systems, households, and property ownership” which are also “echoed in wider behavior and interactions within society, including the state.” (Gordon 1996: 30)

In the pre-colonial era, typically, Africans produced for subsistence and a sexual division of labor existed; males held inheritance and cattle rights and authority over assets and land was owned communally (although women sporadically had rights to use it). (Gordon 1996) Wives held a certain sense of control over their own domain or ‘sphere of activity’ (Gordon 1996: 29) and were valued for producing agricultural surplus (as they were typically the ones in the field). This helped increase the prestige of their men as the amount of resources grew. There were also instances whereby women held specific positions of power in the public and political realms. (Diop 1962) But intertribal warfare emphasized the power of military men and the exchange of women and girls.

⁴ The first quote here is in Gordon 1996: 17 (reference to original quote by Eisenstein 1981: 14-16); second quote from Gordon 1996: 17. Gordon argues that this definition is too ambiguous, as ‘mother’ means different things in different societies (and that dominance may in other places mean women as other types of laborers that don’t emphasize reproduction), and while I agree with her, the relevant point for our current African case is that the cultural emphasis is on child bearing and a secondary status through a control of women and ensuring that they are economically dependent on men for provision. More general definitions simply all tend to argue that it is a system of exploitation, dominance, or subjection of women by men: related to this is paternalism, or paternalistic dominance, which is defined as “the relationship of a dominant group, considered superior, to a subordinate group, considered inferior, in which the dominance is mitigated by mutual obligations and reciprocal rights. The dominated exchange submission for protection, unpaid labor for maintenance. [Patriarchy is] the manifestation and institutionalization of male dominance over women and children in the family and the extension of male dominance over women in society in general” (Lerner 1987: 239). Yet Lerner argues that it implies that men hold power in all institutions and women are deprived of access. This may not hold true for all circumstances, however. For example, women may have access to positions in the formal institutions, but not necessarily in the informal, and thus they appear to have more power as a segment of society than is actually the case throughout the country.

In Kopytoff's (1987) argument concerning the 'African frontier', which was discussed in *Chapter 3*, he illustrates how the kin group was corporatist in nature, resources were collectively held, and groups were mainly pastoral; thus expansion of the number of members in a group didn't drain resources. The desire to increase a group's adherents and the frequent shortage of women led to the high number of disputes about marriage, divorce, lobolo, children. It also meant that polygyny, widow inheritance and a high number of children constituted the everyday reality.⁵ Once a child was born, (s)he was immediately sucked into the kin group, regardless of the mother's preference or marital status. The parallel between kinship ties and political ties should not be overlooked here; women usually had no options concerning leaving their husband's group, and although they claimed certain roles and rights, for the most part existed more as subjects, particularly in the difficulty in accessing the public realm whereby they might have otherwise had some say in the manner in which patriarchs ruled.

⁵ Widow inheritance (cleansing a woman after her husband has died, whereby she has intercourse with the brother of the deceased husband) has been prevalent throughout Mozambique's history and is still practiced today. A note on terms: Goody (1973) argues that in Europe and Asia, *concubine* was a prevalent term concerning the accumulation of extra partners whereas in Africa it was *polygeny* or *polygyny* (actual marriages). Polygeny has also been used to refer to *levirate*, (meaning *pitakufa* or widow inheritance, often through marriage). This latter type is frequent among clan societies where outside marriage is forbidden. Some argue that *bridewealth* and the exchange of women are the main factor in the formation of patriarchy, and without these, the system would return to *matriliny*, while others focus on the fact that *matriliny* still involves a focus on the son and is thus still patriarchal (See Amadiume 2005 in a discussion on research by James 1978. *Lobolo* compensates for the work of raising a daughter and bonding kinship between two families (Sheldon 2002); polygyny constitutes a desire to 'extend marriage alliances' (Goody 1973).

These concepts have not been central only to African or Islamic cultures. In Hammurabic times, the *tirhâtum* was similar to today's *lobolo* and distinguished a marriage from prostitution. While some have argued that bride price was below the market price for a slave, and thus did not represent a sale price, others argue that the bride price constituted judicial power, if not an economic one and thus the man didn't own the wife, but did have legal power over her, particularly her sexuality. Under Assyrian law, the father had the right to decide whether his infant daughters would live or die, and his dominance combined with the power of the state to maintain social order; a wife's rebellion was thereby equated with treason. While adultery was defined differently based on who committed it, Hittite and Assyrian laws gave increasing authority to the state, in these cases the king, concerning sexual regulation, so that "[w]here earlier the control of his wife's sexuality was clearly a matter of the husband's private jurisdiction, Hammurabic law involves the court" (Lerner 1987: 115). Under middle Assyrian law (around 1300s BC) women who were not under the protection of one man were considered public women and could not wear veils in public; if they did, they were to be arrested and thus the matter of classifying women as moral or immoral became "a major offense against the state" (Lerner 1987: 135).

While in Europe daughters received some property from a father who desired to keep the property in the immediate family and was thus (theoretically) monogamous, in much of Africa, because ‘rights in people’ trumped ‘rights in land’ (see discussion in *Chapter 3*), socialization evolved differently, particularly in the case of women’s access to resources, because African daughters received little to nothing and therefore did not hold the same status as sons. (Goody 1973) Polygamous relationships, of course, spread resources out past any type of small, monogamous family unit and in part paralleled the desire to incorporate more adherents into the overall group.

In the West (and thus during European colonization of Africa), men kept property by institutionalizing the family structure and inheritance through their offspring (who were deemed ‘legitimate’ because of the societal norm concerning the sexual abstinence of women until marriage). The development of the Western state thus promoted a patriarchal family in which Western women may have inherited, if anything, just enough to stay prestigious, but were generally relegated to the private realm. In some societies, the overthrow of the matrilineal kinship system whereby property of men went to the children of their sisters meant that women became subordinated and thrown into the role of servant or “slave of his lust and a mere instrument for the production of children.”⁶ Marriage then developed to allow a woman to give herself to one man rather than partake in what had by then become institutionalized prostitution. Structural changes in kinship networks and division of labor linked with women’s position in society, thus illustrating the network between private property, marriage and prostitution; and it

⁶ From Lerner 1987: 22 quoting Engels and Leacock 1972.

has connected economic, political and sexual dominance over women.⁷ This process has occurred

at different times in different parts of the world; yet it shows regularity of causes and outcome. Approximately at the time when hunting/gathering, or horticulture gives way to agriculture, kinship arrangements tend to shift from matriliney to patriliney, and private property develops. (Lerner 1987: 48-9)

Within Africa, most cash crops and wage jobs went to men once colonialism began, as the capitalist system of extraction to Europe increased male migration while women continued to remain at home and provide food for families, thus promoting the informal realms of food and sex; women were also eradicated from involvement in standard public and political realms. (Schraeder 2004) Indirect rule, an emphasis on monetization, decreased rights to livestock for women, and development plans which prioritized men all accompanied colonialism's impact. (Hodgson 2000) So too did agreements between foreigners and patriarchs that overlooked women and their needs; any land rights held by women disappeared under European reforms. (Boserup 1970)

Institutionalization occurred of women as economic assets, and religion and colonization reformatted Africa to escalate patriarchal practices. (Diop 1962; 1987)⁸ A number of arguments exist concerning this and the relationship between patriarchy and capitalism that run beyond the scope of this research; suffice it to say, however, that colonialism deepened patriarchy in Africa

⁷ As the argument goes, therefore, if women become subordinate through private property, then the key is to abolish it and liberate women. (Engels also argued that private property led to women's subordination. See Lerner 1972.) Over the years, arguments as such have shaped feminist as well as developing studies questions.

⁸ Some African scholars, however, argue that Western feminist theories are Eurocentric and prioritize white women's accounts over African feminists (Pala 2005, Nfah-Abbenyi 2005, Amadiume 2005); thus 'patriarchy' has been distorted and is not applicable to Africa as evidenced by matrilineal lineage as well as high empresses in such countries as Ethiopia and Egypt that date back to the fifteenth century BC. See Amadiume 2005: 85 in a discussion on research by Diop (1962) who argues that precolonial Africa had a matriarchal structure which changed with Arab-Islamic invasions and European colonization.

and patriarchy now continues an uneasy, varying and fluid coexistence with capitalism in the southern region.⁹

In the case of colonial Mozambique, women in the 1900s had the responsibility for all agricultural work, food preparation, and childcare; land belonged to the clan rather than individuals, and plots were allocated to cultivating households by the neighborhood chief, which women could access through marriage. (Sheldon 2002) Sheldon also argues that among some groups in Mozambique, a husband's rights to his wife's cooking went hand in hand with his sexual rights.¹⁰

During this time, some women did actually begin migrating to urban areas, mainly because things often became intolerable in rural localities (e.g bad marriages, the need to find work, to escape low returns from agriculture). (Sheldon 2002) Few found paid work until the 1950s when the cashew processing plants opened. In subsequent decades, men dominated the paid work

⁹ Some argue that capitalism and colonialism led to women's subordination while others argue that it was much worse in the pre-colonial era. This has been a significant debate in the literature and I would argue that capitalism did not always create patriarchy (like some feminist Marxists argue) in Africa, because it was there in varying degrees beforehand in many regions, but it did deepen it. Women's labor time increased with capitalism via colonialism with few positive effects (materially) for women, while at the same time women's ability to decide who to marry increased, thus illustrating that subordination is a fluid term which depends on the situation at hand (Henn 1988).

Furthermore, "By undermining male control over land, labor and capital in the familial mode of production, capitalism is a threat to African patriarchy, just as African patriarchy is a constraint on a capitalist transformation of African societies" (Gordon 1996: 120). This opposes the 'capitalism equals patriarchy' arguments that are often prevalent. Gordon further argues that "...capitalism introduces new economic and social changes that can undermine existing patriarchies" and are thus not welcome in many regions. "Indeed capitalist expansion may be hindered by patriarchal practices that undermine capitalism's control over the rational use of land, labor, and capital" (Gordon 1996: 135). Gender relations are therefore shaped by pre-capitalist African patriarchy, the blend of pre-colonial capitalism and capitalism which results in what she calls 'underdeveloped capitalism,' and Western patriarchy (Gordon 1996).

¹⁰ In southern Africa in general, 19-28 percent of women report having been a victim of physical abuse by an intimate partner (in fact, marital rape is more rampant than that by a stranger); *women* often feel that wife-beating is acceptable for such reasons as burning the food, going out without permission, arguing with the husband, neglecting the children, and refusing sexual relations. (36 percent in Malawi, 51 percent in Zimbabwe, 61 percent in Zambia agreed that at least one of these reasons was justified. Sexual violence is also high in the region, with both boys and girls indicating that what the girl wears may be too modern and invites rape. Violence and HIV often travel the same route as the chances for infection are greater when force, abrasiveness, brutality and blood are mixed. Sexual assault is further linked to subsequent risky sexual behavior and a fear of actively seeking help due to violent repercussions (UNAIDS).

force in areas such as tailoring and domestic employment. A high poverty rate continued this trend into the 1990s, while women remained in the informal or self-employed sector. Throughout the 1900s until present times, Sheldon further argues that “prostitution, brewing and begging” have been sources of income for women who often had no other choice in urban areas; relationships with non-African men have also been a strategic source of survival. Others simply remained in the realm of agricultural work, continuing to grow food for their families as a means of survival. In the 1970s, an estimated 6.6 births per woman occurred, while for the time period of 2000 to 2005 this dropped to 5.5.¹¹ The contraceptive prevalence rate for married women aged 15-49 is only 17% in Mozambique.¹²

After independence, years of war changed the nature of family structures (living with a higher number of family members); spawned a rise in single female headed households, polygyny, divorce and common marriages; and led to high unemployment. As has occurred in much of sub-Saharan Africa, unemployment creates the increase in the informal sector (e.g. cooking, beer brewing, illegal activities) and individuals work to change their situation.¹³ From the 1970s onward, efforts were made to educate those who chose prostitution about alternative skills, but the relocations only furthered their social networks of available men. Efforts were also made to teach non-prostitutes skills that would allow them to enter the formal sector; a

¹¹ In reference to 1970-75. Compare this to the United States which has remained at 2 the entire time, and South Africa which has moved from 5.5 to 2.8 (UNDP 2007 in reference to UN 2007e).

¹² For the period 1997-2005. South Africa is 60% and the United States is 76% (UNICEF 2006).

¹³ “Through action around production and consumption, and primarily in the informal sector, women have thus laid claim to rights and citizenship and expanded their political space. In doing so, they have carried forward the ‘revolution’ initiated by Frelimo, but stifled by its bureaucratic and patriarchal ideology [sic]. However not all women have been able to transform their misfortune into opportunities. Others have actually degenerated into more poverty and misery and in some cases are forced to resort to crime and prostitution, and this is related to class position and age” (Chingano 1996: 226-7).

significant obstacle to this was that many men were opposed to their wives' political activity or waged work.¹⁴ Violence against wives was rampant.

Cooperatives cropped up in the 1980s which offered child care, literacy classes and a way to operate both personal and communal fields. By the late 1980s, land use became hotly contested between the cooperatives and capitalists (factory planners) and women learned various types of skills unrelated to agriculture (such as how to combat corruption and illiteracy). This concept of self-organizing transferred over into other realms where women decided to sell informally and took part in trade union or women's organization activities. (Sheldon 2002) While the government tried to offer women's rights by bringing them into agricultural production and wage work, it overlooked patriarchy in the home; in both Angola and Mozambique, equality was incomplete as it involved women's ability to "be equal and individuals in the public arena of politics and the economy without changing the sexual division of labor and male dominance of women in the household."¹⁵ Being the Marxist party that it was, Frelimo did try to eradicate the practice of *lobolo*, or newly defined 'gratification gifts,' but it continues to serve as an incentive for women to avoid divorce due to a fear of having to reimburse the husband's family. While in the early years *lobolo* was 'secretely' exchanged at times and places outside the purview of village officials so as to avoid official reprimand, (Urdang 1989) today the norm seems to be reverting back to an overt payment of it. The OMM has had a strategic role in advocacy against traditional practices such as this:

when parents resist [breaking with traditional practices such as early marriage and lobola], in some instances, a daughter is sent to another province to work in a Frelimo project.

¹⁴ Throughout Mozambican history, women engaged in higher scales of trade found that a major obstacle to potential income was that men still wanted wives to stay home and work their own land: "That placed women in a very difficult position, as their efforts to feed their families might have the unintended and undesired consequence of convincing their husbands to leave the marriage" (Sheldon 2002: 256).

¹⁵ Quote from Gordon 1996, in reference to Scott 1995.

Liberated from her parents, she is able to develop a new political consciousness. In extreme cases pressure is also put on the father so that he is isolated at work, passed up for promotion, and refused membership in the party. When a woman has agreed to be a second or third wife she is called before OMM and criticized heavily, and must attend reeducation classes held by OMM. (Urdang 1989: 206)¹⁶

Several authors note the historical abundance of patriarchal attitudes in the country:

Patriarchal attitudes are alive and well in Mozambique: empowerment, where it exists, is still something bestowed on women by men, and the ‘self,’ for women, remains somewhat stifled. (Urdang 1989: 24)

This new cultural pattern, or youth sub-culture to be precise, like the break up of the patriarchal family and the emergence of single female headed families, has evoked deep despair among the elder members of the community. Men are often quick to point out that the social decadence—teenage pregnancy, juvenile delinquency, women’s more public profile in places of leisure, etc--is due to women’s failure to perform their traditional duties of socializing children within the family (Chingano 1996: 232)

The point here is that the concepts of ‘rights in people’ and the desire for adherents and human labor (as found in women themselves and their reproductive capacity) is linked to their role in a patriarchal system that began in the pre-colonial era, was further entrenched during colonialism, and continues today.¹⁷ If Western women have had difficulty in forming a collective ‘gender consciousness’ because they have been linked to the familial unit rather than an association in the public realm, the same is now occurring in southern Africa. A ‘reciprocal agreement’ exchanges protection and class status for subordination. In fact, a patriarchal system

¹⁶ “A study of domestic violence in rural southern Mozambique found that although OMM had given women a public voice, relations within the household had not changed. Men still believed that the exchange of lobolo gave them rights over their wives. The women talked about all kinds of oppression, not just physical beatings... Women’s apparent strength had not mitigated their experience of oppression, though some women were organizing to change the way society viewed the problem and to support women who suffered abuse” (Sheldon 2002: 215-6). HIV seems to follow a similar trajectory in certain areas, whereby household relations are still such that men wield power over women, regardless of the woman’s participation in a group such as OMM (from interviews I conducted with aid workers in Maputo, 2005).

¹⁷ See WLSA 2006a and Facio 2006 for more on patriarchal structures in Mozambique. For more on deminst arguments highlighting women’s rights violations, domination through norms, and the differences within rural and urban areas, see Osório 2006. For a discussion of women and the justice system, see Osório et al. 2006. Concerning the psychological impact of violence against women, see Slegh 2006.

can function only with the cooperation of women. This cooperation is secured by a variety of means: gender indoctrination; educational deprivation; the denial to women of knowledge of their history; the dividing of women, one from the other, by defining 'respectability' and 'deviance' according to women's sexual activities; by restraints and outright coercion by discrimination in access to economic resources and political power; and by awarding class privileges to conforming women. (Lerner 1987: 217)

While many women in Mozambique have been able to break away from traditional roles, most are still a part of this system, either by force or by their own choice (which may be induced by cultural and/or physical sanctions against them if they opt out, or because in fact they prefer to remain in this role; these preferences are discussed in later chapters). But in order to overthrow a paternalistic system, a *group* consciousness is necessary that recognizes that formal laws of equality and societal laws of patriarchy clash, thus still blocking real human rights.¹⁸ Some formal laws do try to address this: in 2007, under Mozambique's proportional representative electoral system, 34% of the seats in the lower house went to women and 13% were in government at the ministerial level.¹⁹ But women constitute only 20% of all teachers and only 9% of education-based civil servants. While the Family Law (discussed in *Chapter 2*) ended a husband's formal status as head of household and although rape is illegal, spousal rape is not covered (Freedom House 2008). Furthermore, concerning reproductive rights, abortion is currently illegal, and although in cities such as Beira a woman doesn't need a consent form from her husband to acquire birth control at the pharmacy, focus group respondents indicate that it is still necessary to ask him if it's alright for her to use it.²⁰ Any gain by women holding formal

¹⁸ One example of collective action as such in the West occurred in 1915, when the birth control movement began to organize in the U.S. via groups for the public advocacy of contraception. Mainly consisting of upper-middle class women, the National Birth Control League worked to change state and federal laws that prohibited birth control (Sharpe 1977:61).

¹⁹ UN 2007c based on data from IPU 2007.

²⁰ Abortion is illegal unless the woman's life is in danger or she doesn't have the physical/mental capability to take care of the baby. The government is considering making it legal, mainly due to the high rate of death from illegal procedures (Freedom House 2008). Information about permission for birth control from focus group conducted with Rudno Ni Upenhi (Beira, 18 April 2007).

roles in the political realm is small; many are argued to be there solely to serve the quota or to be unable to substantially influence or stand up to their male counterparts.²¹ Thus, formal institutions often have difficulty trickling down new information into communities due to the existence of the informal institutions that dictate what is appropriate concerning social reproductions of cultural practices (and the Marxist sustainability of ‘false consciousness’ stems from the strength of such informal institutions).

Kinship relations lead to a variance in access to resources between women and men and thus block true capitalist development. Yet it is not enough to argue that the eradication of women’s economic dependence and the offering of salaried jobs will resolve this issue: “[d]iscrimination on the basis of gender cuts across class as well as race and ethnic group. Policies aimed at transforming women’s lives both economically and socially must also address the sexual division of labour and men’s control over women within the household”²² Women’s difficulty in accessing the public realm due to patriarchal practices is thus defined as our first informal institution. It is to the second and third that we now turn.

Reciprocity: Filling in the Gaps

In Western democracies the state is theoretically accountable to society, but in most sub-Saharan African countries, many impoverished individuals have exited in the past several decades from a state-society relationship of accountability either because the state does not provide adequate resources, or because it has been subverted to serve military or elite interests, thus causing individuals to be suspicious of government. (Hirschman 1980; Hyden 1983) This has resulted in a gap between the state and society that forces many individuals to subsist

²¹ This was stated by a number of interviewees in 2007.

²²From Batezat and Mwalo (1989: 66) as quoted in Gordon (1996: 183).

through individual, personal exchanges with family and friends or to build and maintain informal economies (e.g. importing goods from neighboring countries and/or selling items in the market or along the road, banding together to build something). A country's development thus becomes increasingly difficult because these individuals are beyond the reach of formal economies. Political socialization evolves from a separation, neglect or violence by the state and thus the societal norm is one in which some continue to hold restricted access to the public realm and political participation is sporadic.

Due to a lack of economic opportunities, exiting the relationship with the state has led to an informal realm that centers on household activities for women (beer brewing, cooking, working the farm, cleaning, raising children) and little involvement with politics and policy. It also includes certain forms of transactional sex that can occur either along personalistic lines of kinship and friends, or more anonymously between strangers (discussed further in *Chapter 6*). For men, the informal sector often includes work outside formal business, such as trade along the black market or under the radar of data concerning GDP, trade of produce among social networks, or illegal activities such as theft and drugs. It too includes a lack of mainstream political involvement with either formal authorities or the regulado system (discussed later in this chapter).²³

But not all have exited. In fact, in many African countries, such as South Africa, Botswana and Ghana, many have chosen to organize within their communities to take action within or against state structures in the form of more individualistic political activity such as voting or contacting political authorities, while others organize communally to change the workings of the political or economic systems (and in Botswana's case, the *kgotla* system is

²³ Tripp (2000) argues that “[e]xit can be seen as resistance, as a strategy of survival, as evasion of a repressive state, or an attempt to create political space outside of the state” (22).

considered highly participatory). In its extreme forms, society becomes enmeshed in political violence as has been the case in Somalia, the DRC, Sudan, Rwanda, and most recently Kenya. The common link here, however, is that many, including women, are not passive recipients; they are active participants who exhibit agency and create new entities--be they formal associations, informal self-help groups (for either financial or social reasons), or collectives-- based on their needs and access (or lack thereof) to resources.²⁴ Both of these types of action--either 'exiting' the state-society relationship or 'voicing' opposition to it--have important ramifications on the greater system as a whole and the relationship between public and private realms, as they serve as either a stepping stone or block on the path to sustained democratic governance.²⁵

In any examination into the construction of a public realm in Africa, organizations play a crucial role: they provide access to and control over resources and may counteract the lack of opportunities that promotes a 'daily survival' mentality. If participation in certain groups increases, then theoretically, it cultivates a stronger and wider public realm and decreases the potential for exclusion. When individuals work together for the public good in light of economic hardship and inadequate infrastructure, when they organize to combat inequalities in the distribution of resources by various formal institutions, we are reminded of the importance of informal institutions.

Some scholars explicitly focus on informal economies in developing countries; (Hyden 1980, 1983; Scott 1986, 1990) neopatrimonialism within kinship structures; (Bratton and van de Walle 1997) associations that avoid engaging with the state, as well as those that have an interest in utilizing 'voice' over 'exit' in dealing with the state, thereby forming new state-society

²⁴ In using the extreme example of violence, access to resources often stems from enclave economies that propel and sustain opposition.

²⁵ For more on this, see Hirschman (1970). His third concept of 'loyalty' is discussed later.

relations; (Bratton 1989) women who use market tactics but operate mainly off of a moral economy of trust and exchange; (Tripp 1997) and elites who work in their own interest. (Bates 1981) What these have in common is the examination of counterexamples to illustrate why formal institutions have such trouble fitting in and ‘sticking’ on the African continent, and they are thus a foundation for the research at hand.

African countries encountered new problems at independence as formal Western institutions clashed with an attempt to return to indigenous institutions that reflected pre-colonial norms and patterns. (Dia 1996) Patronage strengthened while citizens and politicians played favorites and capitalized on reciprocity, which has been defined here as our second informal institution. State and society have remained disconnected because of ‘institutional disarticulation’ (or an inability to ground formal institutions) and thus conflict with local politics, cultures and norms. (Ekeh 1975, Hyden 1980; Berk and Galvan 2004) This has only been furthered through the use of *regulados*, who are unelected, serve only in rural areas, and are ambiguously defined by some as informal authorities while others view them as formal, within Mozambique. The *regulado* system constitutes a third type of institution that props up the informal sector because it works within the public realm to provide control and development; the data presented here also highlights inequality within the communities, which contributes to the institution of patriarchy in both private and public arenas.

The Regulado System

Several key bodies exist in both the official and unofficial entities dealing with governance: the official include the Supreme Court, the 11 provincial courts, and the 90 district courts (which also deal with the more unofficial channels). The unofficial houses an unknown number of Community Courts (that deal with family matters and violence/robbery and are

mainly oral rather than written proceedings), traditional authorities, and religious associations. (de Sousa Santos 2006: 54)

While elections for government positions occur in the urban areas, most rural areas still rely on the top chiefs, or *régulos*, who hold posts that are passed down through generations. Several years ago, Frelimo decided to acknowledge approximately 4,000 of them, all of which had Frelimo affiliation, which then caused problems in several of the localities between the ‘real’ *régulo* and the ‘Frelimo backed’ *régulo*. To date, these problems are ongoing and have yet to be adequately resolved. It is often the case that the constituency holds the same political affiliation as its chief. In 1994, a new law called for a heightened role of traditional authorities in the health care system, but this has yet to take place. *Régulos* in certain areas receive a salary from government, but the amount differs from one to the next and not all are recognized as government leaders. (Interviews with Régulos Sacatucua, Tangatanga and Zimbau, August 2007)

Over 70% of Mozambicans live in rural areas so a key question concerns the use of *regulados*, or the structures of chiefs and their assistants that oversee the rural populations and settle disputes, questions on land rights, relationship/household problems and the like. The example of Caia illustrates the structure: community members first approach the *umfumos* and *sapandas* with issues that need to be resolved, and they in turn take them to the *régulo*.²⁶ Each *régulo* would normally control a space of around 15 kms (*quadrado*) in place of a *chefe do quarterão* or *secretario do bairro*, who only began with independence and are elected. The *régulo* appoints the *sapanda* and *umfumo*, and the *umfumo* appoints *ntubus* who watch over a domain of more or less 10 houses. It is possible to start as a *ntubu* and work one’s way up to the next two levels, but not to *régulo*. Other provinces have a similar structure, but different names,

²⁶ So for example, if two families have a domestic problem, they first bring goods, such as a chicken and flour, to the *ntubu*, and then work their way up through the *regulado* structure until the problem is resolved.

depending on the dominant language (in Caia it is Sena). The *régulos* are overseen by administrators, of which Sofala has 33 in total, who are in turn overseen by the *governador* (governor), who is in Beira and is the president of CAP in CNCS. CNCS is only now beginning to use the *régulos*, although when Beira CNCS was asked about this, it was not specifically funding these types of projects. Governors are appointed in the provinces, and several key informants say that if a *governador* knows a certain district is pro-Renamo, the district is less likely to receive money for general projects and infrastructure, as all the appointed governors are pro-Frelimo (and in 2005 two were women). (Discussion with Alcides Goba and Felipe, Caia, 2007) This theoretically carries over into funding for HIV as well.²⁷ “The *régulo* mediates the relationship between the material world and the spirit world, the present and the past, and works alongside the *curandeiros* to provide healing and protection from witchcraft.” (Convery 2006) They are trusted and respected as judges for their connection to the ancestors.²⁸

The history of the *regulado* structure is one of conflict between the chiefs and the government (be it the Portuguese colonialists or Frelimo). During Portuguese rule, *régulos* were used in rural areas (urban areas had colonial legislation) to collect taxes and oversee agricultural production, distribute land and settle conflicts. In the mid-70s, however, Frelimo tried to eradicate the *régulos* due to their affiliation with the colonialists and their exploitation, replacing them with *grupos dinamizadores* (who acted like police). These were often rejected by citizens, however; thus the *régulos* were forced to find other ways to rule, often using Renamo, who had seized upon them as a traditionally-bound base for which to fight (creating in its wake an ‘alternative modernity’ in the use of tradition to move the country forward). The *régulos* in

²⁷ Although there is a plan to hold elections for Provincial Assemblies, the winners of which would then work with the appointed governor. Governors can be replaced at any time without publicized reason.

²⁸ While boundaries are decided by the *régulos*, the formal government has recently become more involved due to territory disputes.

themselves became a political issue as the country divided over those who elected officials (citizens) and those who had *régulos* (subjects). The rise of traditional authority became more important with the Peace Agreement in 1992 because of donor and academic calls to formalize institutions based on kinship in order to give decentralization and African democracy the chance it needed for success. The community courts were thus recognized by law “but their operation is not regulated by law, nor are they part of the official legal system (for instance there is no appeal to the official courts from the decisions of the community courts)” and thus they are a ‘hybrid’ of official and unofficial entities, (de Sousa Santos 2006: 56) usually ruling by community norms. A 1997 law called for elections for local governments in 22 urban municipalities, but not in any rural area (Burr and Kyed 2006) and since 2002, several thousand Frelimo supporting *secretarios do bairro* and traditional leaders have been recognized, given a flag to display on their land, and have signed a contract with the state.²⁹

If the line between formal and informal here seems rather confusing, it’s because the system does tend to depend on those sources deemed most appropriate by the community; for example, in certain areas, respondents mentioned turning to *grupos dinamizadores* for police protection (even though this group is hardly in existence anymore), while others turned first to the favored *régulo*.³⁰ Some go to formal courts for justice, others approach the *umfumo* (the lowest link on the *regulado* system) while still others opt for civil society groups first. It’s as though the different regions of Mozambique all simultaneously lay claim to different points of politico-administrative history, depending on level of subjection.

²⁹ Perspectives differ as to whether *regulados* currently act in conjunction with the state; more than in the past seem to be doing so since receiving salaries and achieving recognition by the Frelimo government. Conflict between original and appointed *régulo* is still strong, however, and there are often two unelected *régulos* ‘competing’ in the same neighborhood.

³⁰ Some choose to call these types of bodies of justice as ‘local’ rather than ‘informal’ (see Arthur and Mejia 2006 for more on this).

While some define traditional authorities as outside state government, they are still a part of the favored governance strategy of Frelimo in bringing them into community politics via decentralization. In this sense, the entities are dependent on each other since Frelimo uses them but doesn't want them to hold any formal power, and the chiefs don't want to lose the power they hold within the traditional sphere. Formal politicians and traditional authorities tend to use each other for self-aggrandizement. De Sousa Santos (2006) argues that while modern power is based on the public/private distinction, ethnic power (or what we might define here as regional power, based on the historic divisions in the country) is the opposite. It prioritizes community interests which include those of the ancestors and the fulfillment of neighborhood obligations and social, community-driven ties. (reminiscent of Ekeh) "According to the circumstances, the political elites wrangle amongst themselves, either for the modern political path, using ethnic power as a resource, or for the traditional political path, using electoral power as a resource." (de Sousa Santos 2006: 62) And thus, 'political hybrids' ensue that incorporate both entities.

Historical and current practices therefore illustrate that the conceptual distinctions of what constitutes 'state' and 'non-state,' as well as 'traditional' versus 'modern' are unclear here. It is important to our case with HIV and women's rights--two 'modern' topics that are rooted in 'traditions' of patriarchy—to determine how much involvement the *régulos* have in passing judgments for situations that stem from and/or concern these issues.

Additionally, a very tangible suspicion of the state, cultivated under colonialism and inherited in tactics during the post-colonial stages of development, was compounded in countries such as Mozambique by decades of war (see *Chapter 2* for more on this). This carries over today as governments continue policies lining their own pockets and marginalizing rural inhabitants, traditional leaders and the poor; when Africans do not demand accountability from

their governments; and when institutional reform is imposed mainly by external sources (via structural adjustment programs, international hegemony, and aid). These policies, of course, seldom work without *internal* demand to sustain them. This is discussed further in *Chapter 7*.

These various institutions are therefore at the crux of the public realm for their ability to provide (or hinder) control, order and development in a new democracy. In short, they affect political, and as we shall see in the last chapter of this dissertation, sexual, behavior. The expansion of ‘institutions’ to include rules within the informal realm allows us a more integrative approach that stimulates discussion about cyclical, fluid relationships and the differences that emerge in comparison of various regions.³¹ I argue that syntheses as such move us forward in our exploration and predictive capabilities, thus potentially taking us another step closer to improving development projects.

Having illustrated the three dominant institutions at hand within communities, it is now necessary to disaggregate the theoretical institutional lens that is most prevalent. The following section thus discusses two types which, as we shall see in the last chapter, are both prevalent in Mozambique and take the case of HIV in divergent directions.

Institutions: New Institutional Economics Versus Reciprocity and Exchange

Rational choice institutionalism emphasizes environmentally-produced preferences, which in turn can create institutions; by looking at how and why individuals cooperate, scholars argue it is possible to determine norms.³² In order to coordinate relationships, reduce transaction costs and induce cooperation, self-interested individuals create institutions, which are used for

³¹ Other scholars call for a synthesis in the way of an inductive approach that places culture first (Chabal and Daloz 2007), analytic narratives that blend the case with the critical examination (Bates 1998), or an embedded autonomy which examines the relationship between state and society (Evans 1995).

³² Where culturalist approaches put norms as the independent variable, this places them as the dependent. Incentives are still the motivating factor, but incomplete information and a subjective reality plays a large role (see North 1990).

efficiency and to regulate action. New Institutional Economics (NIE) relaxes unrealistic assumptions of classical and neoclassical economic theory (e.g. self-regulating market, perfect information, total rationality and zero transaction costs) while maintaining the concept of self-interest; within this field, institutions affect preferences, transaction costs exist, rationality is bounded, and information is imperfect.³³ Thus, formal rules are still prioritized and informal institutions (the obstacle to efficiency) are a pesky constraint to overcome:

The major role of institutions in a society is to reduce uncertainty by establishing a stable (but not necessarily efficient) structure to human interaction...Although formal rules may change overnight as the result of political or judicial decisions, informal constraints embodied in customs, traditions, and codes of conduct are much more impervious to deliberate policies. These cultural constraints not only connect the past with the present and future, but provide us with the key to explaining the path of historical change. (North 1990:6)

Therefore, actors make choices based on imperfect information: one party may have different or better information than the other, which leads to inefficiency.

North's three types of exchange relegate transactions as anonymous, partially anonymous, or personal; thus, contracts can only be deemed self-enforcing when actors trade frequently and have knowledge about each other, as is the case in much of Africa.³⁴ Otherwise, a regulating

³³ Classical economic theory argues that an efficient outcome is produced if everyone works in his or her own self-interest. The most notable critique of this is that this concept of efficiency doesn't bring history or accidents of circumstance into account, and it relegates politics and economics to separate corners. But if one turns instead to neoclassical theory, while self-interest is still at the heart of the market transactions, the preferences of individuals become a factor. While actors are still seen as utility maximizers, neoclassical economists base ideas about what the preferences of the agents are from the actions they take, which can lead to a skewed representation that views preferences as given, constant or applicable across the cultural board. Market failures can occur from within, as opposed to solely from outside the system, even if everyone is acting rationally. There exists perfect information about the other actor in a transaction and entry into/exit from the market is costless. NIE recognizes that these are problematic. Actors make choices based on imperfect information that may actually lead to inefficiency of the system. One party may have more accurate or different information than the other, thus leading to the concealment of the true status of potential gains or losses. Because of the existence of transaction costs and bounded rationality, access to and process of information is imperfect.

³⁴ These three types are: impersonal exchange as found in 'modern' economies (includes enforcement by a third party to offset advantage taking); exchange consisting of some impersonal dealings, with the constraints of cultural/religious norms (with a sporadic role of the state or merchant codes); and local trade based on personal, repeat dealing with homogenous groups (with little to no third party enforcement). Impersonal exchange, more common in urban areas, alters the peer pressure that occurs when it is not in the individual's best interest to shirk

body is necessary to uphold contracts. While this approach begins to allow for an examination of state and market efficiency in cultures and informal institutions, because it only modifies neoclassical economic theory (institutions, after all, are still built upon *economic* assumptions), and still prioritizes autonomy, competition and individualism, there is no room for non-bargained reciprocity within communities. The informal realm is reduced to a mere constraint on what is still defined as utility maximizing behavior—preferences are still in a sense somewhat fixed because they are shaped by utility maximization of the individualistic sort.

Problematic for North's argument is the vast realm of activity in developing countries (as well as developed) that occurs within kinship structures and stems from norms that may have little to do with economic, individual utility maximization. In fact, individuals often *prefer* to conduct kinship exchange rather than engage in the formal, anonymous exchange deemed necessary by World Bank and other liberalization theorists. (Hyden 2002; Hyden 2006)³⁵ When the West tries to plant institutions that prioritize economic efficiency (particularly in donor saturated countries such as Mozambique), cycles of poorly fitting policy continue to overlook the manner by which indigenous social institutions actually operate.³⁶

Reciprocity can be rational because individuals do not calculate strategies to the nth degree for every situation: they

seek to improve values of importance to them (including what happens to other individuals who are of concern to them); select actions within interdependent situations in which what they do is affected by their expectations of what others will do; use information about the situation and about the characteristics of others to make decisions; and try to do as well as they can given the constraints they face. (Ostrom 2003: 39-40)

responsibility. Situational uncertainty transforms into risk when one is able to make a calculated guess as to the probability of an event occurring and can insure against it (North 1990).

³⁵ Some scholars have picked up on this to illustrate how moral economy rationales will give way to market oriented rationales (Polanyi 1944) or how they evolve in an arena with heightened migration and tourism (Hoon 2005).

³⁶ Particularly regarding transaction costs: these are reduced when formal and informal institutions act in tandem, discussed further in *Chapter 8*.

Due to the disengagement from the state-society relationship, many Africans don't make autonomous decisions because they are a part of social groups that affect their worldview. With only a cursory glance, this would seemingly pose a problem for the Western definition of what constitutes 'rational,' as community gain is prioritized over that of the individual. Yet if the goal is adequate provision, reciprocity pays the bill. Emphasizing the formal realm defines elites who ignore Western rules and engage in activities of patronage and neo-patrimonialism, male dominance, and collective action based on reciprocity that is non-negotiated, under the realm of 'corruption' and 'disorder' rather than telling us what it means in the African context.³⁷

Other institutional theories have reshaped preferences as stemming from values and roles, defining 'rational' as dependent on the environment in which the actor operates; a 'logic of appropriateness' that shapes behavior; (March and Olsen 1984) that utility can be defined in a myriad of non-economic ways; (Jackman and Miller 2005) or for a shift away from North's path dependency and defining informal institutions as unstructured or restraining. (Guha-Khasnobis, Kanbur, and Ostrom 2006)³⁸ In the case of Mozambique, the number of formal and informal governing bodies conflict, work together, or ignore each other depending on the situation and what each needs at the time; in order to understand political reform, these relative situations must be dissected and defined, (Alexander 1997) thus prioritizing rather than relegating to the rubbish bin, informal institutions.

³⁷ Neopatrimonialism as defined as a blend of patrimonialism and rational-legal institutions. For more on this see Bratton and van de Walle 1997.

³⁸ Sociological institutionalism draws on Simon's (1984) bounded rationality and satisficing and retains the argument that action is still rational because decision making stems from the position the individual holds in her relationships, the trust involved and what is constituted as legitimate—in short, it is cultivated by the entire system rather than solely economic thinking. March and Olsen's 'logic of appropriateness' induces individuals to participate not in the attempt to maximize utility, but because it is a community norm.

In examining the political economy of HIV/AIDS in *Chapter 8*, however, I utilize as a platform Hyden's economy of affection: "an economy in which the affective ties based on common ancestry, common residence, etc. prevail." (1983: 8) This economy opposes the anonymity of modern economic relationships and is based on localized exchanges that have led to informal institutions: "personal investments in reciprocal relations with other individuals as ways of achieving goals that are seen as otherwise impossible to attain." (Hyden 2002: 10) The poor are often driven by the informality of the economy of affection, rather than the rules associated with either a rational-legal state or economic exchange that occurs solely for individual profit. This means that a great deal of consensual trade occurs outside of formal markets, and that the 'buyers' and 'sellers' know each other—often they are family members and friends. Peer pressure, a sense of responsibility and the desire to get ahead promote collective action within the group. This leads to favoritism that undermines the functioning of the state, in part because these kinship structures do not stop short when one leaves the urban (more anonymous) region:

a high-placed civil servant will find it exceedingly difficult to refuse a poor kinsman from the village a favour since he plans to retire to the village and to be buried there. What Westerners will call corruption can be seen also as the penetration of the norms of the 'economy of affection' into the heart of the State. (Geschiere 1995)

While this creates effective structures in the micro-perspective, it blocks national development because the actors are outside the formal capitalist economy due to a lack of accountability and legitimacy, and because they have created alternative systems. (Hyden 2006) In one sense, Hyden and North parallel each other, as both argue that informal institutions are a constraint that blocks development along Western lines. The economy of affection "modifies, but does not contradict the notion of maximizing one's gains," (Hyden 2004: 4) but it relaxes the assumptions of rational institutionalism in the sense that under a wide variety of circumstances,

individuals will be more comfortable with kinship reciprocity rather than with pure economic exchange, someone further away, less well known, or under a formal contract.

Also relevant here is the emphasis on replacing dichotomies with ‘institutional syncretism,’ or the hybrids that occur via adaptation and creative processes. (Galvan 2004; Berk and Galvan 2004)³⁹ While development schemes sometimes fail, there are also pockets of success where individuals have organized to accomplish goals in new ways:

To make sense of these types of moments of success, we need to understand what ordinary people do with the wreckage of never-finished constructions of ‘modern development’ and the detritus of the ‘old, traditional order.’ What they do, sometimes, under the right circumstances, is creatively use these as the raw material to build new ways of working and cooperating and governing, new institutions. (Berk and Galvan 2004: 3)

This *adaptability*, as we shall see in subsequent chapters, is at the core of the response to AIDS by many Mozambican associations.

Overall, I am arguing here for an expansion of institutionalist approaches to allow for more illustrative linkages between institutions, cultural norms, context-specific preferences, and historical forces. North’s argument modified for the better a generalizable, yet problematic economic theory and allowed for new development projects by highlighting the need to forge links between norms and institutions, but there still exists here a general disconnect between culture and structures in much of this field of political economy.⁴⁰ A focus that doesn’t take into account the fact that *societal* norms *also* strongly affect (economic and political) decisions and preferences in the public realm is as deficient as the one that doesn’t try to generalize across

³⁹ They argue that they come about when formal institutions are incomplete, as a better strategy for those who cannot achieve a formal institutional solution, and to pursue goals that are unacceptable to the status quo. Also see Helmke and Levitsky (2004) for an excellent discussion on the nuances of comparing and measuring informal institutions.

⁴⁰ Dia argues it has changed the way some development is viewed: “when informal institutions are open to modern technology and challenges (renovation) and formal institutions integrate local cultural values and practices (adaptation), then transformation and transaction costs can be minimized and the performance of the public and private sectors can be improved” (1996: 29).

regions. Individuals do not, and often cannot, make decisions autonomously, and often rely instead on patronage. But it is not enough to say that something is an informal institution because we must ask *why* certain rules hold more weight and are more credible for an individual or community, and why they choose to comply with such rules over others, so as to determine how to change behavior. If we can explain this, then we can determine if and how such situations as: poorly fitted development policy, an unequal public realm, ‘corruption,’ patriarchy and poverty can be transformed.⁴¹

Data: Local Realities

Data in the remainder of this chapter relate to the informal institution of women’s inequality within the country, particularly concerning traditional practices, attitudes, and information concerning the regulado structure.

They Marry Us, We Don’t Marry Them

Teenage women who volunteer with human rights groups in Caia are aware of issues pertaining to women’s rights, but feel helpless in trying to stand up for themselves. Often they are unable to attend school because fathers think they are going just to look for boys (Isabelle*, a 20-year-old woman) and men often refuse wives their rights because “he married me, I don’t marry him” (Teresa*, a 19-year-old woman). (In fact, although *esposa* is the Portuguese word for ‘wife,’ it is not used in Mozambique; a wife is simply called a *mulher*, which also means ‘woman.’)⁴² When one HIV focused association in Caia began its HIV activism the members

⁴¹ Guha-Khasnobis, Kanbur, and Ostrom 2006. Dia argues it has changed the way some development is viewed: “when informal institutions are open to modern technology and challenges (renovation) and formal institutions integrate local cultural values and practices (adaptation), then transformation and transaction costs can be minimized and the performance of the public and private sectors can be improved” (Dia 1996: 29). Therefore, informal institutions are strongly related to governance, or *how* the rules of the game are played, as constituted via such potential arenas as civil society, political society, government, bureaucracy, economic society and the judiciary (Hyden, Court and Mease 2004).

⁴² ‘Man,’ however, is *homem*, while ‘husband’ is *marido*. Names signified with * indicate that it is not their real name.

were volunteers, but now they receive subsidies, usually in the way of larger NGOs hiring them to perform in communities.⁴³ This particular group, which works under Kulima (a human rights based association) has six boys and four girls, and all decisions are made by the males, although they take ideas from the girls into consideration. One girl is allowed to serve as secretary “because she gives the idea like a man, and the others give the idea like a woman. We accept only people who have ideas like a man, not the one who has like a woman.” (Ivo*, 24 April 2007)

When asked if it’s possible that others in the community see that women are not allowed to hold power in the human rights group and follow suit, Daniel pauses, thinks about this for a moment and says with a grin that they don’t hold elections and the men are in charge because they began the group, and therefore “this group is like Zimbabwe!”

Each of the girls with whom I spoke can answer what women’s rights signify, having learned it from schoolteachers, books, or Kulima, but they cannot expound any further than a sentence or two. They also state that they each wish to hold a salaried position, but when asked what type of job they would choose, they are initially unable to answer. All are in school right now, and each one of the girls claims to make her own decisions, but the girls are very timid, make faces in the beginning of the group at the boys who are hiding behind a car, and when asked what is necessary to reach their career goals, Maria* is unaware of how much more schooling is needed to become a doctor, and the others respond as though it is as feasible to become an accountant as it is to work in the market.

⁴³ Rules of their theatre group include the following: no drinking while at work, no lying, don’t refuse any kind of work offered, don’t embezzle, if someone has something to say, (s)he must say it in front of the other (not behind his back), don’t bring boyfriend/girlfriend, don’t hit partner, respect others (Interview, HIV group Caia, 24 April 2007). The group asked girls to join in the following manner: “first, we see if she has good behavior and so we go there to speak with her to see if she wants to join with us. Sometimes they say, “You must speak with my father” and the girl goes with us, before we go there, we tell her to advise her parents that we are coming and we go to talk to them. ...Here in Caia, with our traditional culture, the girl needs consent.” (Daniel*, 24 April 2007).

Within central Caia are several *bairros* usually situated close to a well; recently, however, communities within communities have sprung up, due to flooding displacement from 2000 onwards. In a focus group with several older women who are not volunteers, all of whom are or have been married, one woman is quite talkative and hails from Chimoio (which is 45 minutes from the border with Zimbabwe). She is also the only woman in this area that I've seen wearing pants rather than the traditional *capulana* (colorful wraparound skirt). She and her neighbors say that their biggest issues are water, as there is only one well for at least 2.5 kilometers, and food, as only a few receive food aid. When I ask if there is ever a valid reason for a husband to beat his woman, three of the four women say that there is, for example if she doesn't cook ("because he married me to cook"), although the woman from Chimoio disagrees. The wife of a teacher here speaks of a common situation: when a man is angry with his wife he tells her "I paid for you [signifying *lobolo*], you must do this."

All of them, however, indicate that this type of authoritative situation is preferable to marrying without *lobolo*, because to do so earns one the reputation of a prostitute (even though it may be counterintuitive from a Western viewpoint to think that not paying equates to prostitution while payment signifies marriage). One states: "[t]hey beat us because of *kufunana*" [out of love] when it happens in marriage or a relationship, whereas prostitutes don't get paid or are treated poorly in general. They indicate that none are beaten a lot, 'just as little' so it's not so bad.

These Caia women do not belong to HIV or human rights associations and are all older than most of the volunteers in the area; they generally state that they believe government to be doing well regarding schools and that some community members are even learning a few words in English. The most important example that they come up with regarding current differences

regarding formalized women's rights is that girls are now allowed to remain in school when they fall pregnant, as opposed to getting thrown out. They also state that many women prefer to marry an older man because they tend to treat women with more respect than younger men, who can be more violent. I ask them what they do regarding domestic problems, and they say they take them to the *régulo*; all are proud of what they define as a woman's right: that they can tell their husbands to stay home and avoid sex with other women. After all of the interviews and groups with whom I've spoken, I'm surprised to hear this from them. Could this be a *bairro* with very strong women who have been well educated, have made decisions to marry men who remain faithful, who have families that have sent them to school or who have travelled to urban areas to learn about equality?

“And what happens if you tell him this, that they are not to go out?” I ask, trying not to show my excitement at hearing that they are able to do this.

“They don't always listen” one tells me matter of factly, and the rest agree and laugh it off, as two drunk men arrive, sit down next to our group, and begin telling the women that they must not be afraid to talk to me. The women immediately become quiet.

Throughout much of my time in each of the communities around Mozambique, the phrases “they marry us” or “it is the man who marries the woman” constantly arise. These signify that the man made the choice, and therefore the woman, or girl, must listen to him; it also signifies that he has more rights, including deciding about condoms. One HIV youth association in particular, Kufunana (in Beira), has several members who not only are aware of this mentality, but cater to it by stating that women should not go to bars alone like men do because it means they are ‘up to mischief’, that men should and do have the final say in condom use, and that women/girls can join their group but they must understand that they must listen to the men as

they are the leaders of the association. (Focus group with three Kufunana males aged 22-23, all of whom have girlfriends, 19 April 2007)

In a focus group conducted with female members of the Protestant group *Luz do Mundo* (working with Kulima) in Gorongosa, they discussed various household problems: looking for wood while pregnant because “the husband gives us everything to do” (Noemi*, 34 years old with five children) and the refusal of some husbands to allow their wives to attend school (Catalina*, 32 years old with one child) or even leave the house.⁴⁴ But the embeddedness of these roles is not simply within male mentalities:

...with those women before getting married, the parents give knowledge that when you marry, you must do this, this and this. Don't go to school, don't go to work. Stay at home, cook, cut wood, so they get married and if he tries to change the mind of her, it's [hard] because her parents taught her this...some women refuse to go to school when they try to send them because she says she is to stay home and have children. (Ricardo*, a 34-year-old teacher with two children)⁴⁵

One topic that repeatedly arises is the problem of trading sex for school placement or good grades. In 2006, ten schoolgirls became pregnant by teachers at one Gorongosa school. In addition, if a father owes someone money for meat or supplies, he may trade his daughter to pay off the debt. (Interview with Moeses and Magaika, Kulima coordinators, April 2007)

Women acknowledge domestic problems within the private realm in a couple of ways; some practice resistance through the use of euphemisms such as “You're walking around alone”

⁴⁴ Focus group with Kulima, 26 April 2007.

⁴⁵ Some donors have recognized this and capitalize on informal associations, such as agricultural associations, women's associations and youth associations within schools to strengthen mobilization patterns and gendered information (Interview Lucrecia Wamba, Southern African AIDS Trust, 2008). HIV projects that build on these types of associations are: *De jovem para jovem* ('by youth for youth' and Geração Biz (widely implemented in schools by the Ministry of Education). But many programs avoid discussion of condoms, particularly in rural areas, because of the great institutionalized weight placed on procreation. To use the condom presents conflict in more 'conservative' communities; there exists the desire to continue ancestor traditions as found in rhetoric concerning: *nos tempos os meus pais* (the time of my parents), *de manter o que se fazia anteriormente* (about maintaining things as they were before). CNCS has argued that international groups can prioritize abstinence and faithfulness, while it will deal with condoms: “this is the only way to deal with the epidemic in a country that is very much polygamous. Polygamy in Mozambique is a tradition. And if you don't have condoms then everyone will be dying over the coming years” (Interview with Diogo Milagre, 19 December 2006).

to signify a lack of interest on the man's part in her. (Carlos*, a human rights organizer, April 23 2007) If she is unhappy about something he has done, she may say something along the lines of: “*Alouwa paca na cuda chicalango tcha cufunantima*” (Sena for ‘The cat died because it eats whatever meat it wants’) to signify health issues from straying. (Teresa*, 24 April 2007) She may also ‘accidentally’ burn his dinner, or go out without telling him. They also use songs:

They have some songs that men can't understand, she sings a song she never sings, for example the men go to the job and come home very late, and maybe some friends of the wife tell her we've seen him in another house with someone and so she sings something like, ‘I saw you in that place, that area, you think I don't know, my heart is with fear’ as though she's just singing it in general to herself, but doing so when he's around. (Miguel*, a human rights mobilizer, April 23 2007)

If a woman in this region doesn't listen to her husband, he may beat her and throw her out of the house. She can then visit the *regulado* for help or return to her father's house so that he may decide what it is that she should do. The age of the wife may have some bearing on the situation, due to what has become a generation gap concerning equality: “My mother does not have the same rights, human rights, because my father and mother were during the colonial times.” (Margarida*, 25 April) Another woman indicates that issues of infidelity, however, are not initially taken to him; most prefer to call the husband's family in to resolve the situation. Yet if sexual philandering occurs more than a few times, “we discuss with the husband—You will die, I will die because of HIV. [If this doesn't help] I will go to the *regulado* and explain the situation and then the *regulado* will sit us both down to explain the dangers of this illness, and people dying.” (Valeria*, 46 years old with 9 children, 4 of which died, 24 April 2007)

A Lack of ‘Women Who Have a Big Chair’⁴⁶

In neighborhoods near Maputo it is similar; if there is a dispute in a household between a man and woman, the *chefe do quarterão* calls the couple in for everyone to discuss it with the

⁴⁶ This refers to women who have a great deal of responsibility.

family.⁴⁷ While many of the Christian churches in Mozambique have female pastors and there are women in Parliament, the majority of women on the ground feel less than capable for certain activities: “sometimes when we want to give power to a woman, she refuses and says “I’m not capable of taking on this situation.” (Reverend Matola, Beira, 18 April) Although the Family Law of 2005 recognizes informal (traditional) marriages, allows widows to inherit land, raises the marital age to 18, and allows women to seek divorce and prenuptial agreements, in reality these formal regulations do not trickle down into most rural communities. For human rights associations such as Muleide and WLSA, educating citizens about these changes is crucial to pulling the country out of poverty and eradicating women’s inequality. Activists are quite aware of these issues: one of the members of a focus group in Beira with Rudno Ni Upenhi (an HIV based association that conducts HBC) states that women are never used in positions as *chefes* or *secretarios*, and I ask what would happen if a woman wanted the position:

They could be, but the men would organize against her and say ‘You’ll be dead soon,’ offers Carla*, a 30-year-old woman. (Focus group, 18 April 2007)

Sometimes the secretary comes and tells people about choosing the chefe and they say we want this woman, and she says no, because I am a woman and I can’t do it and I’m afraid to die, adds Rosa*, a 27-year-old woman. (Focus group, 18 April 2007)

Those who work daily with women say that domestic violence has risen with the onset of HIV; when a man discovers that his woman has HIV, he argues that she “brought this into the house” for example if she was tested first. (Interview, Maria Luisa, executive secretary Muleide Beira, 5 September 2007)⁴⁸ In urban and non-urban locations throughout the country, but particularly in the central region with the transportation corridor, “the level of sex work is quite

⁴⁷ This can be her family, his family, or both together. The neighborhood also has meetings every few months with the *secretario do bairro* to discuss robberies, community members who have died, to acknowledge the number of parties that have occurred, and who has married. They invite community members to talk together about HIV, TB and malaria.

⁴⁸ Also see WLSA 2006b for more on how women are blamed for AIDS.

high, mainly because of food insecurity, and also because people no longer have access to the land and are not capable of producing on the land,” due to the floods each year. (Interview with Hanise Sumbana, Maputo FAO 1 March) AIDS has wiped out many of those who are of the age to work in the fields, leaving elders and children behind to try to make ends meet. This means too that parents are not transmitting agricultural skills to their children, who are forced to look elsewhere for survival techniques.

Pitakufa and Lobolo

Pitakufa (widow cleansing, or wife inheritance) is still practiced, but how widely depends on the *bairro*. It is often older generations that most promote it, as the younger generation understands the perils in an era with HIV. Another common practice is *maswati*, which occurs when a woman gives birth; it is a ceremony that takes place whereby the couple has sexual intercourse, but if she is single often she will find a married couple to do it instead. (Focus group with young men who perform theatre, Caia 24 April 2007)

If a man does not pay *lobolo* for his wife, the children belong solely to her rather than both parents; Felipe, one of the coordinators for Kulima, has not paid, and has had difficulty with his wife’s family (but not her) because of it, as they don’t see him as *gero* (real). Felipe argues: “People who say ‘human rights’ in Mozambique often don’t understand what it means—they use it only in passing.” (Interview, Felipe 25 April 2007)

In Gorongosa, youth are making stands against payment, citing modern ideas about women’s rights, but parents are retaliating: if the parents discover that the couple has engaged in sexual intercourse, they ‘obligate’ the man to marry and/or ask for a second fee for ‘sex without consent.’ If *lobolo* is not paid, the woman has ‘married for free.’ Although unhappy litigants do not approach *regulados* directly about *lobolo*, it is done indirectly: for example, if a problem occurs between a couple, both they and their family seek out the *régulo* and in the process of

discussing it, the family happens to mention that the husband has not paid. Then “[t]he *regulado* says he must pay! She sleeps with another and they don’t recognize you as the husband because you haven’t paid!” (Interview, Felipe 25 April 2007) In the same manner, Felipe continues, if they approach the *régulo* because the husband beats the wife, the *régulo* says “you don’t have the right to beat your wife, because you haven’t paid *lobolo*. Now, with the example where he has paid *lobolo*, the *regulado* says ‘Ok, you hit her this time, don’t do it again.’”

The general idea here is that it’s alright for a husband to beat his wife, but not too much. The line is unclear, however, as to when to stop. If she cheats on him, he can easily divorce her, but if the situation is reversed, it is still difficult for her to divorce him. Property rights are also an issue here: if a childless man dies, the community generally argues that the property must be divided between the wife and his family, (Euclides* 24 April) rather than going solely to the wife (because she has not born a child for him).

Régulo Interviews

In order to cultivate a sense of dominant community issues and uncover the evolution of attitudes about equality and HIV, several *regulos* participated in interviews in both Caia and Gorongosa in 2007. The *régulo* in Gorongosa lives a 40 minute walk outside of the main part of town. The three *regulos* in Caia live approximately 15 minutes by bicycle from Caia town and within minutes of each other, a rarity in much of Mozambique, but a situation that is increasingly growing due to forced migration from the cyclones and floods each year.⁴⁹ This is exacerbating tension and conflict between communities, because some view one *régulo* as valid while others follow another, some are also buying their way into the position of *régulo*, and there is fear in the communities about speaking to *regulos* about HIV. (Interview Gabriel, August 2007) As the

⁴⁹ Yet it’s far enough to deter some from joining the associations here, and I’m told that the community has tried to create an HIV association here, but because it takes so long for projects to be approved, they have just about given up.

bicycle taxis pull up to the first *régulo* (who is widely regarded as a valid one), there are little boys playing around the well, pumping water into bright yellow jerry cans. In fact, there are children everywhere, sitting with their mothers under any spot of shade they can find. About 100 feet away from the public meeting space, which consists of a small open hut under a tree, are 100 or so huge sacks of food, 50-75 kilos each. Most community members don't speak Portuguese fluently and many of the children in the region do not attend school, while others must wait until the age of eight to begin.

Régulo Sacatucua is 72 years old and walks with a sense of purpose, wearing clean long trousers, a new shirt, and one of the popular AIDS pins, the kind that has small colored beads to display the red ribbon. He apologizes for being a few minutes late, claiming administrative work, and initially keeps his eyes steadily on the male research assistants rather than addressing me. He has been in Caia since 2001 when the government moved his community away from the flooded land (but when the floods subside each year, some embark on the four hour walk to the old homestead to farm). His family has held *régulo* positions back to his great great grandparents and he has held the position since 1994. He is the fifth *régulo* in the family, and receives 750 mets (approximately \$30) every three months from the government for his service.⁵⁰

Five years ago in 2002, in many rural areas, most community members didn't know what it was that was killing their friends and family members. HIV knowledge was very low and few programs existed to educate. Most of the social problems that community members approach him with are crimes such as theft of livestock and fighting. He says that people in his community don't like to talk about HIV and that women don't approach the *regulado* about HIV

⁵⁰ In this region the *sapando* receives 450 mets (US\$18) and the *umfumo* receives nothing.

related issues, but they do bring issues pertaining to domestic violence. When this occurs, he asks why the husband is beating her, and if there is no reason, he offers counseling to the husband. Although he says that there is no valid reason for a beating, he half-jokingly states that if the husband is drunk, it's best not to interfere "because [then] he'll beat you too!" He believes that truck drivers are the ones bringing in HIV, and although they are worried about the women in Caia, he argues that "no one in my area has died of HIV/AIDS." This is despite the fact that Caia has one of the highest infection rates in the country.

When asked how he sees HIV, he initially states that he does not view it to be political, but after awhile he opens up and claims that access to TARV, the lack of infrastructure and food distribution (the latter of which only some receive, thus creating animosity) are political. This is a part of what he defines as an underfunded *grande jogo* (big game): "Our government is not to be blamed, it's the person who brings it. It doesn't come from the stores, they just bring the food and drop it off, who knows from where?"

Another *régulo*, Tangatanga, is considered a fake by the others. He is a strong Frelimo supporter (and has a flag on his land) and at one point pulls out an invitation from President Guebuza for an HIV/AIDS centered reception in 2006. He began his chieftaincy after a stint as a construction worker, and after his brother served as *régulo*, "as a substitute for me before I returned." It is with this *régulo* that a pattern begins to emerge concerning a potential link between domestic related problems and a fear of HIV from such problems. For example, there may be an underlying fear of acquiring HIV if one's husband stays out all night, and thus a woman may be more likely to approach the *régulo* about the issue without specifically relating it to a fear or worry of HIV. But each time this question is asked, he is evasive, saying only that it

is his responsibility to resolve a domestic problem such as a husband sleeping away from home.

He also says that in comparison to five or ten years ago, fewer are complaining of this:

I think because education is working. In 2006, we had a high number of people with this problem coming to me, but this year these people are now involved in education programs and getting treatment. It's been very difficult for people to bring private household issues out. We often only discover it when we go to their house and see that something is wrong. I think the number has reduced from 5 years ago and last year. 2007 is much lower.

When pressed, however, he admits that five years ago health issues were raised differently than now because “now it seems they are afraid to tell the story about what’s going on in the house [because they now know what it is]. Five years ago, people didn’t know it was HIV.”⁵¹

A third *régulo* lives a few minutes away and is a woman, *Reina Zimbau*.⁵² She is one of two female *régulos* (out of 23) in this region, and she mixes Portuguese with Sena. Her history includes a story concerning the release of prisoners by her great grandfather who had ‘stolen’ a safe full of money during ‘Hitler’s War,’ buried it, and waited until the time was right to return it to the community. Their family has been here since her great grandfather was the chief, having come here after one of the floods. She is unafraid of discussing the tension between *regulados*, in which she finds herself in the middle: Although she is supposed to control this whole area, her power has diminished because of the competition. This stems from the end of the war, although it is unclear if she means World War II or the Mozambican war, as her story goes back and forth between the two:

When people started returning, the first to return were the *umfumos*. The *umfumos* and *sapandas* started boycotting and signing their own names instead of the chiefs [when decisions were being made] —they hijacked power! [they signed their names so that others would think they were the ones in charge].

⁵¹ Although he claims to educate community members about HIV when they come to talk to him, he keeps contradicting himself concerning whether or not there are actually people approaching him specifically about HIV.

⁵² Queen, pronounced Zimba-aye.

Currently, *ufumos* and *sapandas* are claiming chieftdom, refusing to back down even though formal government has gotten involved. She carefully pulls out a photocopy of a list of ‘true’ *régulos*, known as *nyakwa*, dated 1964. Although government officials tried to hide the list, she found it in Maputo: “The [Caia] administrator asked, ‘Where did you get this?’ and I said ‘I have my connections...you see people and think we’re nothing. We have our connections. In our heart we have a big fire...Even if I don’t know how to read and write, I’ll fight this.’”

Other problems in the community are with food and water shortages. There is no electricity in these neighborhoods, and issues with housing continue. “The food here is for the flood victims, not for the people who have been here for years. This is the last installment of food,” she indicates, turning her head to the sacks.⁵³

It is mid-afternoon by now and her house is shrouded in shade. Close by is a gathering of approximately 200 people who are waiting for the food sacks to be distributed. Although some of them initially turned to stare as we walked over toward her house, they take no notice of us now. She discusses women’s rights in the region: “I do better work than a man. Even my colleagues who are men come and see how I solve problems because they are not able to do it.” Some women in the community approach her for HIV education, although the more popular topics are child care, access to water and counseling the youth.

“What are some issues that are viewed to be political?” I ask. “The lack of houses, lack of water. Because they say if someone builds it, it’s the political party in power doing it,” she responds. She also views HIV as a political issue even though it’s a disease “because the disease comes from other countries to ours. It’s political because it involves truck drivers, people who

⁵³ This is food aid in and of itself, as compared to the food for work program in the previous area, although this group will later receive the same food-for-work program that Sacatacua’s region has.

have sex with animals, like monkeys.”⁵⁴ But she also tells me that “people are afraid, but not that afraid. This new generation doesn’t want to talk about it.” When she begins to talk about witchcraft, I ask if she sees a relationship between HIV and witchcraft, but she is unsure whether one exists.⁵⁵

One question begins to form through these *régulo* interviews: How much of an impact has HIV had on issues of domestic violence or the husband staying away at night? Might not members more readily bring these issues to be resolved because they are fearful of HIV, while at the same time avoiding using this as an excuse, for fear of discussing this with a political figure? It is certainly true that women are often fearful of talking to *régulos*, courts, police or families about domestic abuse, because at times it only makes the situation worse (e.g. the husband is scolded and in turn reprimands the wife). Two of my assistants stated that they thought that I was being told only what the *régulo* thought I wanted to hear (for example that HIV doesn’t exist in their community anymore). Because HIV has created fear, I felt that it might be the case that domestic issues were likely to have increased since HIV began, but without community members *directly* relating the domestic issue to their own fear of the disease.

I return to ask the *régulos* if there has been any change in the number of complaints between five years ago and now, and while Sacatacua says that *fewer* people are coming to him with household problems (but claims it is not due to fear, or because he is male), Zimbau says that there are *more* now, and that more individuals, particularly women, approach her *informally*,

⁵⁴ This is a prevalent myth that comes from the argument that HIV jumped species when monkeys were used for meat.

⁵⁵ In discussing witchcraft, she tells a story of abortion: If a girl has an abortion, it leads to sickness in the family, and people start dying. She continues, “My daughter is pregnant but I wouldn’t let her abort. ‘If you do an abortion, don’t come back home, I don’t want [you].’” (The daughter wanted to have an abortion because the father ran off.) She says she was helping to breastfeed her grandchildren, and pulls up her blouse to show some scarring under her breast. “As though something has poured hot water on me, fire” she says, and says she believes it came from the leadership fight, that “sometimes they send lightening here to strike me.”

in a manner outside of her role as *reina*. Women currently choose to seek her out for what is more akin to friendly advice from an educated neighbor so as to avoid calling in a physically abusive husband (who would normally beat her more for having ‘formally’ turned him in). They are thus choosing to address it informally instead. Thus there may simply exist a culture of fear in formally approaching the *régulos*, because they are viewed as rural ‘formal’ justice to many community members. There also seems to exist a fear of approaching a male *régulo* with domestic issues one wishes to keep quiet. Women under Zimbau bypass the normal channels and informally sit with her, either with or without the *régulo* and *sapanda*, for what amounts to a neighborly chat.⁵⁶

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In Gorongosa, *Régulo* Tambarara has been chief since 1995 and lives just a 40 minute walk along the only road in and out of Gorongosa town. He serves the whole region, and has several huts on his homestead: three made with mud and enclosed, and two or three that are open. Unlike *Régulo* Sacatucua, Tambarara is wearing no shoes and his jeans are cut off to his knees, but he proudly wears a suit jacket. He has a friendly dog who promptly lays down next to him; his wife and two of his children are somewhere in one of the houses, and although he doesn’t allow me to take his photo, smiling bashfully and saying that he is too dirty having just

⁵⁶ This is most likely exacerbated by a lack of community police since democratization started; the *grupos dinamizadores* don’t really function in totality anymore, which Zimbau and others say has increased beatings and domestic problems, due to the lack of enforcement. She states that women are discussing this more now because they are fearful about HIV, whereas five years ago, they didn’t know what the disease was. Normally, the chain of hierarchy exists (the individual would first approach the *umfumo* with a problem, who then takes it to the *sapanda*, who in turn takes it up to the *régulo*) but here these channels are not utilized when discussion occurs more informally.

come in from the land, he allows photos to be taken of his property and family. He receives 1500 mets (US\$60) every three months, and thus has a higher salary than the *Caia regulos*.⁵⁷

The family problems he must resolve mainly concern *curambana* (divorce) and misunderstandings between partners. Most do not associate marital problems with HIV, but if the husband drinks too much or plays around, the issue comes to Tambarara. He attributes an increase in marital problems to situations in which “the husbands don’t give the women what they want, [so] she goes and finds someone else.” His jurisdiction is primarily over such domestic issues; incidents pertaining to theft are sent to the police in town.

His community members tend to discuss HIV only in small, friendly groups, or while drinking beer. In his opinion, HIV is not a political issue because “government wouldn’t create this problem that people die from, and plus no one knows its origin.” (Interview 17 August 2007) Representatives from various ministries (teachers, health, the registry) approach him to discuss disease, specifically concerning HIV prevention techniques, and ask for permission to enter the communities.

“Is anyone talking to you about women’s rights and HIV?” I ask.

“People tell me so many things I can’t remember because I only have one head. People come and say the woman has a right to say no if the spouse is not behaving well—they do teach this.”

“How do you define women’s rights?” I continue.

“The woman is a person and she is the second position of the husband so she has rights to give opinions.”

“When does the man have a right to hit the woman?”

“Never.”

“Why is she in a second position in the house?”

⁵⁷ The issue of salaries is one that seems ambiguously haphazard in Mozambique. Tambarabara says that his salary is the same as that of a *secretario do bairro*.

“Because it’s the man who goes and talks to the wife for marriage.”⁵⁸

Survey Responses

HIV mobilizers and non-mobilizers were asked several questions about their domestic relationship, in order to determine if there is a difference in levels of equality for women. Tables 5-1, 5-2, and 5-3 at the end of this chapter indicate that non-mobilizers are more likely than mobilizers to believe: 1) that a woman has greater significance staying at home doing household duties rather than contributing to household income through salaried employment ($\chi^2=3.766^*$), and 2) that their partner will take a second sexual partner even if (s)he objects to it ($\chi^2=8.243^{**}$). Non-mobilizers are less likely to say they decide together with their partner how many children to have ($\chi^2=12.153^{**}$).

Some of these responses concerning household activity were also disaggregated by gender. When asked whether the woman has more significance working in the household (working, taking care of children, etc) or contributing (from the outside) to the household salary, male HIV mobilizers are more likely than their female counterparts to state that the woman has more significance within the household rather than contributing to the household salary (see Table 5-4). When asked if it would bother them if the woman makes more money than the man, non-mobilizing women had the highest percentage that answered ‘yes,’ although percentages for all four categories were all 10% or less for this (see Table 5-5). There is little difference between percentages on whether the woman or the man makes the bulk of decisions about where the finances go (most either say ‘themselves’ or they make the decision together) (see Table 5-6). A

⁵⁸ Toward the end of the conversation, I ask if he has any questions, and he asks my home state, saying that he knows of Washington D.C., and George W. Bush.

“Do you like him?” I ask.

“He must be doing a good job because the Americans elected him so they must like him.”

I begin laughing, saying that some believe there to be several challenges with this president. He tells me that this is what elections are for, to elect someone else to power.

higher percentage of women HIV mobilizers than non-mobilizers states that if she tells her man not to take another lover, he will listen to her (see Table 5-7). 1 out of 89 men (HIV mobilizers and non-mobilizers) says that their partner decides how many children to have, while 25 of 139 women say that their partner does (see Table 5-8).

The relationship between ‘type of mobilizer’ and the statement ‘*lobolo* is against human rights’ is significant ($\chi^2 = 19.125^{***}$) with more *non-mobilizers* than HIV mobilizers agreeing ‘somewhat’ or ‘strongly’ that *lobolo* is against human rights. Table 5-9 (at the end of the chapter) indicates that there is little difference in type of mobilizer and attitude about *pitakufa*. 27% of HIV mobilizers and 44% of non-mobilizers agree that *lobolo* is against human rights, while 64% of HIV mobilizers and 61% of non-mobilizers agree that wife inheritance is. Additionally, 37% of HIV mobilizers and 46% of non-mobilizers state that the man should have the final say in number of children, and 64% of HIV mobilizers and 61% of non-mobilizers say that it’s natural for the man to make more money than the woman. 18% of HIV mobilizers and 19% of non-mobilizers state that a man can beat a woman, while only 14% of HIV mobilizers and 16% of non mobilizers state that a woman’s place is in the home rather than the workforce.⁵⁹

Attitudes vary based on location (urban and non-urban), and in examining both mobilizers and non-mobilizers; Gorongosa is most ‘progressive’ in attitudes about rights (12 out of 21 or 57% strongly agree that *lobolo* is against human rights, while in Caia 16 out of 20 or 80% strongly disagree). 14 out of 21 (67%) in Gorongosa strongly agree that *pitakufa* is against human rights, while only 5 out of 20 (25%) state this in Caia.⁶⁰

⁵⁹ With the exception of *lobolo*, the percentages here are not incredibly different, and this is discussed in the *Analysis* section.

⁶⁰ When mobilizers were tested regarding location (urban and non urban) with these, the only significant relationship was with man’s income; non urban mobilizers are more likely than urban to agree that it is natural that the man

Analysis: Patriarchy Blocks Turning Subjects into Citizens

In analyzing the data in this chapter, it is necessary to keep in mind that many development programs still focus on an ‘education leads to behavior change’ model, which overlooks the barriers to resources for women, coercion and power, and the simple fact that many (including women) know about HIV but *still choose not to behave in a certain manner to reduce risk*. On top of these, low pay and high migration both within the country and to South Africa lead to the procurement of work in the informal sectors, and the expectation for handouts is prevalent throughout the country, creating and sustaining a situation whereby many have become dependent on aid for survival. Laws concerning women’s rights have been formalized by government, but have yet to trickle down into communities, and thus women still face significant obstacles from men when it comes to schooling, working outside the home, and the ability to make informed choices concerning their sexual needs. This is a case where the informal institutions within the community are much stronger than the (still relatively new) formal laws concerning human rights. The mentality thus continues to be one in which it is alright for the man to dominate the woman, as long as it isn’t too exacting. Most international programs--which may focus on HIV education but not education about human rights, Mozambican laws, or economic opportunities--don’t incorporate these aspects into their conceptualizations and thus the cycle of issues continues, reinforced by a lack of alternatives.

While some local organizations are working to educate women about their rights in the hopes that they will be able to make alternative choices to risky behavior, the process is slow. There seems to be a ceiling concerning how high women who tout their rights within the associations can go, in part because the rubric of human rights pays lip service to equality, but

makes more money than the woman ($\chi^2 = 4.81^*$). HIV mobilizers were next tested against human rights mobilizers regarding traditional beliefs, and no significant relationships were found.

without an in-depth knowledge of what this means, the patriarchal mentality permeates discussions that try to move beyond the simple ‘we have human rights’ rhetoric. This is most evident in the saying that the men “marry us, we don’t marry them,” the idea that a little beating is alright, and the practice of using daughters to pay off debts.

Traditional practices still occur, although *pitakufa* is being eradicated. *Lobolo* is not defined overall as negative among most, including those in both HIV and human rights associations. Domestic disputes are often taken to *regulados* to be resolved (thus illustrating that this constitutes a similar issue to HIV/AIDS in transcending the private/public/political spheres), and there is little evidence that they (the chiefs) can be corrupted concerning leaning toward one partner or the other, although the data are mixed as to how much these predominantly male chiefs incorporate a full definition of human rights into their rhetoric and decisions. Some prefer not to become too involved in domestic disputes beyond calling the families in to discuss the issues.

Many women seem to shy away from taking domestic issues to a male *régulo*, choosing instead to find help elsewhere, including discussions, albeit informal, with women who are authorities. So while these issues are indeed a part of the political realm by involving chiefs, they are often framed as ‘he is cheating on me,’ ‘he is beating me too much’ or ‘he goes out too much,’ rather than ‘I’m worried he may be infected with HIV because of his behavior.’ This is a tactful way to bring concerns up without incurring the wrath that even a mere mention of the potential for HIV infection could bring. Other tactics of resistance include joining an HIV association, turning to strong human rights groups for assistance, singing songs that capture the problem in the household, or trying to tell one’s partner that one must be respected. Group consciousness is forming, albeit sporadically, for those in the associations (*Chapter 7* discusses

this more in-depth), but for non-mobilizers, the majority of the country, who may not have the same type of social network, without such group consciousness, it is difficult to impossible to throw off the paternalistic system and obtain equal rights within the domestic sphere. While individual tactics (those outside of associational behavior) are somewhat subversive and hidden (and often avoid direct confrontation), they are also a step in the right direction in bringing the disease into the public arena, inly by the fact that they contest rights in a manner outside of the collective mobilization. Space, however, remains a crucial issue concerning the discussion of HIV (discussed in the next chapter); while associations provide a venue for mobilizers, non-mobilizers tend to hear about or discuss it in *chapas*, at bars, or in community meetings. This is an area that requires more of a focus by policy makers. Overall, however, patriarchy stands in the way of turning subjects into citizens.

Keeping our hypothesis on sexuality and equality in mind (H1: *HIV mobilizers have more equal sexual relationships at home. Along similar lines, HIV mobilizers are more likely than non mobilizers to view women as equal to men.*), we see that the survey data seem to conflict, yet a few things are clear. While HIV is framed as a human rights issue, the full extent of this has yet to be actualized; some associations talk about the link between traditional practices and inequality (e.g. Kulima and Muleide) while others do not. There is a relationship between mobilization and how the respondent responds to questions concerning the domestic relationship (since mobilizers are more likely to have a partner that listens to them regarding other relationships, to place more weight on the woman also bringing in a salary and to decide together how many children to have). But at the same time, the lack of any significance between type of mobilizer and attitudes concerning traditional practice (with the exception of *lobolo*, which more mobilizers than non seem to advocate!) is surprising and may signify several possibilities

ranging from a lack of discussion to response bias.⁶¹ Additionally, many *regulados* side with families who promote *lobolo* even if the engaged couple does not, and thus it has a mixed connotation.

While the survey variables presented above are not associated with each other as a group, each demonstrates that patriarchal attitudes to a certain extent are tangible.⁶² But the breakdown is interesting, in that a larger percentage of HIV mobilizers and non-mobilizers agrees that wife inheritance is against human rights (over 60%) as opposed to *lobolo* as against human rights (between 27 and 44%), illustrating that the mentality is changing across groups concerning *pitakufa* more so than with *lobolo*. The large percentages that state that it's natural for the man to make more money and to have the final say in children, illustrate examples of male dominance in both the economic realm and household. Although there is a lack of significance between type of mobilizer and the attitudes that (s)he holds concerning certain traditional practices, in-depth interviews and focus groups illustrate that there is a high level of knowledge among HIV-mobilizers concerning these practices as potentially contributing to inequality and disease.⁶³ Thus I argue that we can reject the null hypothesis of H1 that 1) there is no relationship between mobilization and relationship at home (for example based on data from Tables 5-2 and 5-3); and

⁶¹ The difference with *lobolo* can be explained by the fact that most said that their associations do not speak out against it as negative in the same way they do with *pitakufa*. Possibilities include: that the associations are either not discussing *lobolo* negatively, or if they are discussing traditional practices as negative, information is not communicated well; that these are non-mobilizers who are receiving ARVs and are thus getting some information, as opposed to those who are not and theoretically have less discussion about the disease and surrounding issues; and/or that some respondents indicated responses that seem 'politically correct' concerning equality, rather than true opinions. Realistically, survey responses about traditional practices that hold little variation between mobilizers and non-mobilizers are most likely a combination of these types of factors.

⁶² Testing these with Cronbach's Alpha yielded insignificance.

⁶³ The manner in which *lobolo* is defined is of course instrumental: some claim that it is the opposite of prostitution and necessary to compensate for a loss of labor, while others claim that it promotes the idea of buying a wife (as evidenced in the such illustrated statements as "I paid for you, you must do this"). Human rights groups in the country tend to agree with the negative connotation of paying for a wife, however.

2) there is no relationship between mobilization and attitudes about equality, but further research is required to determine if this is indeed actually the case due to the conflict between some of the data.

What we are witnessing today in the AIDS domain concerning the activities of community members in the private, public and political realms is a carryover from pre-colonial and colonial days. Pre-colonialism, because the kin group was corporatist in nature, emphasized collectively held resources and the acquisition of adherents. This highlighted rights in people, not land, and it signified that communality rather than individuality was to be prioritized, that polygamy trumped monogamy, and that women were relegated to the role of production (in the field) and reproduction (for more adherents). Colonialism only furthered the marginalization of women. The point here is that ‘rights in people’ is solidly interlocked with patriarchal practices because the goals are still advancement through kinship and adherents, and the growth of a group catering to a similar mindset. To work against tradition by advocating women’s rights, smaller families, fewer sexual partners, upsets a system that goes back hundreds if not thousands of years. An emphasis on kinship relations parallels variance in access to resources between men and women; without addressing this, along with the economic structure of the country, development programs will not change the patriarchal system, nor will they overcome embedded biases.⁶⁴ This, of course, continues the practice of blocking half of the population from evolving into citizens.

This has not gone entirely unnoticed, however. With independence, the clash between Western institutions and pre-colonial institutions was very tangible in Mozambique (in the split between ‘modern’ Frelimo and ‘traditional’ Renamo); this continues today in several shapes with

⁶⁴ Regarding resources, survey respondents were also asked where they went for resources before and after discovering their HIV status. HIV has only changed subsistence patterns for approximately half of the total respondents. When asked only of mobilizers, between a third to two thirds stated that where they went changed, depending on the variable at hand.

the sporadic use of *regulados*, the vast dependence on Western aid, and the subsequent formalization of laws concerning human rights, but without rural education concerning such laws. What is occurring on a variety of levels within the AIDS domain is a tangible example of the battle between what have been traditionally defined as ‘Western’ (rational-legal, bureaucratic, individualist, civic) and ‘African’ (communalist, traditional/charismatic, primordial, kinship-oriented) institutions. Given the background of Mozambique, and Africa in general, it is thus no surprise that events are unfolding in this manner. Yet aid workers and policy-makers are surprised when development remains slow, change remains difficult and ideologies clash.

As is discussed further in *Chapter 7*, HIV/AIDS based associations recognize to a certain extent the need for a full citizenship and are thus trying to fill in the gaps created by the disengagement of society in recent decades, as well as flexing their newfound ability to broaden space in the public realm by mobilizing around the idea of ‘exclusion.’ Volunteers have experienced firsthand the impact of HIV/AIDS (either by being infected or knowing someone who is), and thus try to redefine identity by mobilizing to create a sense of camaraderie. There is a sense of ‘us’ (those who have been excluded but are reclaiming our rights) versus ‘them’ (those who have resisted including us, who have ostracized us, who do not behave appropriately and help spread the disease and the stigma). Whereas in other countries, the ‘them’ has been the government, for the bulk of volunteers in Mozambique the ‘them’ is the community, and the status quo male with physical power. In mobilizing, they illustrate that their members are active, not passive, recipients who build on community structures to sustain their efforts. As we shall see in subsequent chapters where I continue to discuss this, however, associations can only go so far: *Chapter 6* illustrates how the informal realm for women has been created out of poverty and

includes large incentives for sexual trade, which furthers infection (applicable to rational institutionalism); and *Chapter 7* illustrates how the tactics of government and associations are built upon the foundations of kinship and reciprocity (applicable to Hyden's economy of affection), yet associations have in effect been captured by the system and are not independent.

Table 5-1. Significance in household/salary

		Staying at home, taking care of children, etc	Contributing to the salary for the family's sustainability	N	χ^2
Do you think the woman has more significance in the house or contributing to salary of the household?	non mobilizer	15 (16%)	81 (84%)	96	3.766* (.052)
	HIV mobilizer	12 (8%)	142 (92%)	154	

*p<.05

**p<.01

***p<.001

Table 5-2. Second partner

		no	yes	N	χ^2
If your partner says that (s)he wants a second partner and you object, does (s)he do it anyway?	non mobilizer	74 (85%)	13 (15%)	87	8.243**
	HIV mobilizer	137 (96%)	6 (4%)	143	

*p<.05

**p<.01

***p<.001

Table 5-3. Decisions about children

		Me	My partner	We decide together	N	χ^2
Who decides how many children to have?	non mobilizer	24 (28%)	14 (16%)	48 (56%)	86	12.153**
	HIV mobilizer	20 (14%)	13 (9%)	114 (78%)	147	

*p<.05

**p<.01

***p<.001

Table 5-4. The woman has more significance in the house (working, taking care of children, etc) or contributing to household salary

		Staying home	Contributing to salary	N	χ^2
HIV mobilizers	Women	4 (4%)	94 (96%)	98	5.897*
	men	8 (15%)	44 (85%)	52	
Non-mobilizers	women	6 (11%)	48 (89%)	54	
	men	9 (22%)	32 (78%)	41	

*p<.05

**p<.01

***p<.001

Table 5-5. It would bother you if the woman makes more money than the man

		no	yes	N
HIV mobilizers	women	88 (95%)	5 (5%)	93
	men	49 (98%)	1 (2%)	50
Non-mobilizers	women	45 (90%)	5 (10%)	50
	men	33 (92%)	3 (8%)	36

Table 5-6. You or your partner makes more choices about where the finances go

		Me	My partner	We make them equally	N
HIV mobilizers	women	44 (48%)	15 (16%)	33 (36%)	92
	men	17 (43%)	7 (18%)	16 (40%)	40
Non-mobilizers	women	24 (45%)	11 (21%)	18 (34%)	53
	men	19 (50%)	5 (13%)	14 (37%)	38

Table 5-7 Your partner says (s)he wants a second partner and you object, but (s)he does it anyway

		no	yes	N	χ^2
HIV mobilizers	Women	89 (98%)	2 (2%)	91	2.864*
	men	44 (92%)	4 (8%)	48	
Non-mobilizers	women	43 (84%)	8 (16%)	51	
	men	30 (86%)	5 (14%)	35	

*p<.10

**p<.05

***p<.01

Table 5-8. Decides how many children the woman has

		me	My partner	We decide together	N	χ^2
HIV mobilizers	Women	11 (12%)	13 (14%)	68 (74%)	92	8.27*
	men	9 (18%)	0	42 (82%)	51	
Non-mobilizers	women	9 (19%)	12 (26%)	26 (55%)	47	10.304**
	men	15 (39%)	1 (3%)	22 (58%)	38	

*p<.05

**p<.01

***p<.001

Table 5-9. Type of mobilizer and attitudes

		Strongly disagree	disagree	neutral	agree	Strongly agree	N
Lobolo is against human rights	HIV mobilizer	31% (47)	39% (60)	3% (5)	10% (15)	17% (26)	153
	Non mobilizer	31% (31)	24% (24)	0% (0)	6% (6)	38% (38)	99
Wife inheritance is against human rights	HIV mobilizer	14% (21)	20% (31)	1% (2)	35% (54)	29% (45)	153
	Non mobilizer	16% (16)	19% (19)	3% (3)	23% (23)	38% (37)	98
The man should have the final say in how many children to have	HIV mobilizer	25% (38)	35% (53)	3% (4)	25% (39)	12% (19)	153
	Non mobilizer	22% (22)	29% (28)	3% (3)	24% (24)	22% (22)	99
It is natural that the man of the house have more financial contribution than the woman	HIV mobilizer	16% (24)	17% (26)	2% (3)	30% (46)	34% (52)	151
	Non mobilizer	17% (17)	21% (21)	1% (1)	28% (27)	33% (32)	98
At times it is justified that the man hits the woman	HIV mobilizer	53% (81)	27% (41)	2% (3)	13% (20)	5% (8)	153
	Non mobilizer	54% (53)	26% (25)	1% (1)	14% (14)	5% (5)	98
A woman's place is in the home and not in (paid) work	HIV mobilizer	56% (86)	30% (46)	<1% 1	8% (12)	6% (9)	154
	Non mobilizer	55% (54)	28% (28)	1% (1)	6% (6)	10% (10)	99

CHAPTER 6 THE PREVALENCE OF POVERTY

Preferences, Poverty and Prostitution

The prevalence of poverty has been inherent throughout the previous chapters on the public realm and patriarchal practices, and specifics are discussed in the background chapter on Mozambique. A few clarifications, however, are relevant here in order to illustrate nuances concerning its relationship with different types of mobilization.¹ In extreme poverty, individuals usually either try to help mainly themselves, or they will try to help each other, thereby helping themselves as well, as seen in the previous chapter concerning reciprocity and kinship structures. This chapter focuses on both types of situations in regards to preferences and incentives, sexual identity and trade, and generalized trust within communities. The first concerns linkages between poverty and sexual exchange, and the second, between poverty and mobilization within self-help groups. It also presents data specifically pertaining to the civic public realm, and Mozambicans' general and HIV-related definitions concerning what is considered private, public and political.

Macro-indicators of Poverty

Just how impoverished is Mozambique? In order to situate the data within this chapter, some macro-indicators must be addressed. Mozambique's 2006 GDP was US\$6.4 billion with an annual growth rate of 7.9% and a per capita GDP of \$320 (see Figure 6-1 for a comparison of Mozambique to the rest of the world).² It was considered one of the poorest countries in the

¹ Here it should be noted that in Mozambique, different layers of poverty exist concerning both physical and mental poverty, the latter of which occurs when many know that AIDS is killing people, but they do not want to change their minds or their behavior about the disease (Duarte*, 37-year-old male journalist, Matram, 24 January 2007). This chapter focuses, however, on the former, which concerns physical poverty brought about and sustained by structural economic conditions.

² Agriculture (e.g. cotton, cashews, sugarcane, fruits) is 21% of the economy, while industry (e.g. food, aluminum, petroleum, etc) and services are 70%. Main import partners are South Africa, the Netherlands and Portugal, while

world when the civil war ended in 1992, and although it has experienced substantial economic growth (in the mid 1980s, the GDP was \$120; between 1994 and 2006 the average GDP growth was 8%) and has qualified for debt relief, much of the population still engages in small-scale agriculture (80%) and inflation fluctuates, in part due to the flooding in recent years. (US Department of State 2008b)

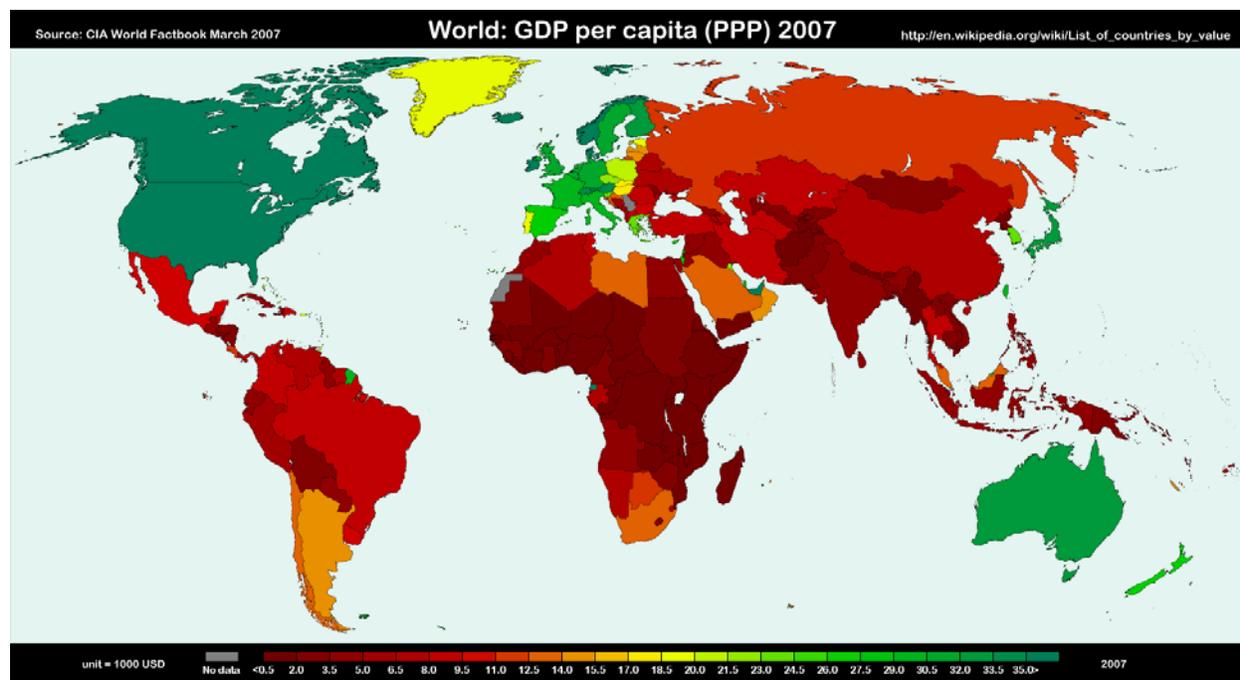


Figure 6-1. GDP per capita³

Mozambique is sixth from the bottom on the Human Development Index for 2007/2008.⁴

main export commodities (aluminum, cashews, prawns) are Belgium, South Africa and Zimbabwe. Many state owned businesses have been privatized since the 1990s. To offer a comparison, South Africa's GDP (2007) was US\$283 billion, with a growth rate of 5.1% and per capita GDP of \$5,900 (US Department of State 2008b; US Department of State 2008c).

³ Reprinted by permission from: CIA. 2007b. Map Gross Domestic Product CIA World Factbook. Available at <https://www.cia.gov/library/publications/the-world-factbook/index.html> or http://upload.wikimedia.org/wikipedia/en/b/b2/World_gdp_2007_b.png (accessed March 2008).

Within the country, poverty rates are highest in the central provinces of Inhambane (82.6%), Sofala (87.9%), and Tete (82.3%), and lowest in Maputo Cidade in the south (47.8%) and Cabo Delgado in the north (57.4%). (IMF 2000) The literacy rate for women is half the rate for men, and women make less on average than men in formal employment (.81 to 1).⁵

For all Mozambicans, there exists a 40% probability of not surviving past the age of 40 years old and only 3.2% of the population is older than 65.⁶ As discussed in *Chapter 2*, part of the reason for this is because of the severe lack of health infrastructure in a country where the health expenditure per capita is US\$42.⁷ Over half of all Mozambicans do not have access to an improved water source; three-quarters live on less than \$2 a day and 36% lives on less than \$1 a day.⁸ 66% of the population is considered to be undernourished.⁹

Preferences and Sex

A focus on preferences, a concept that is usually marginalized in the institutionalist literature, allows us to examine how individuals choose one course of action over another.¹⁰ As Jackman and Miller (2005) argue, the question of whether individuals are oriented toward the future concerns the circumstances of their setting: if life is ‘brutish’ and consists of poverty and

⁴ It is number 172 out of 179. Lower on the scale are Mali, Niger, Guinea-Bissau, Burkina Faso and Sierra Leone. It is also 149 out of 156 on the Gender Related Development Index, signifying low gender-related human development (UNDP 2008).

⁵ 25% of women and 54.8% of men are literate (age 15 and older). The youth literacy rate (ratio of female to male, age 15-24) is .61. From UNDP 2007 in reference to UNESCO 2007a. Earned income estimate from UNDP 2007.

⁶ 40% figure from 2004 (UNDP 2007 in reference to World Bank 2007). Percentage older than 65 is from UNDP 2007 in reference to UN 2007e.

⁷ South Africa is \$748, US is \$6,096 UNDP 2007 in reference to WHO 2007a.

⁸ 57% do not have water access, 74.1% less than \$2 (UNDP 2008).

⁹ UNDP 2007 in reference to FAO 2007.

¹⁰ See Wildavsky’s argument (1987) concerning how culture determines preferences as it incorporates both political culture and utility maximization. Also see Ellis and Thompson (1997).

low life expectancy, they will exist day-to-day, with short term vision.¹¹ On the one hand, the fact that some mobilize for HIV instead of simply freeriding on benefits (e.g. free ARVs in the country) seems to challenge rational choice theory's short term economic maximization argument. Or does it? Whether it comes in the form of a social support network, a stipend for soap, or money for transportation or a lunch, incentives are crucial components to voluntarism within these associations. Organizationally, Chabal and Daloz raise a key question for our examination of associations: important is "whether opposition groups in Africa have a programme of political reform capable of changing the existing political order or whether they merely want to gain power so as to employ it instrumentally according to the selfsame political logic." (1999: 26) To reform the devil or just simply replace her? In a poor country, what benefits are deemed most important when mobilizing, and can they be relegated to personal or community benefits, or are they some combination thereof?¹²

While actors may indeed try to optimize their situations, particularly when individuals are living a day to day survival existence under various constraints, their situations differ based on acquired information, the rules of their informal institutions and incentives/alternatives. Individuals do not rank all possible alternatives in each situation in which they engage, particularly when coercion and power are at hand. They may maximize their satisfaction, but

¹¹ But do culture and values drive conditions/outcomes or do conditions create values? A focus on political culture is more deterministic, change occurs only incrementally if at all, and it minimizes the possibilities for various types of behavior; in addition, trust is argued to lead to economic performance (Fukuyama 2004; Weber 1976; Almond and Verba 1989 [1963]; Inglehart (1977; 1997); Putnam (1994); Tocqueville 1899). An institutionalist approach, on the other hand, allows individuals to optimize based on known alternatives, and therefore incentives, as determined by political, social and economic conditions. "Observed behavioral variations across groups do not stem from distinctive values...but instead reflect the different menus available to different actors and groups" (Jackman and Miller 2005: 14). This keeps a focus on rules, as determined by informal institutions, which shape incentives and behavior. But the historic dichotomy of trying to determine whether conditions lead to values or vice versa is incomplete, because the focus must be on how conditions (e.g. democracy, new formal laws, societal norms) lead to behavior, which in turn then affects conditions, either positively, negatively, or both.

¹² This is in reference to H2: HIV mobilizers deem community benefits more important than individual economic or job related benefits.

only up to a certain point; one activity may be more satisfactory in the long run, but too risky in the short term, thus leading to satisficing (this was discussed in *Chapter 5*). Trying to define what is rational is challenging in the sense that the analyst usually defines preferences based on actions (s)he can quantify in the public realm (for example, because individuals accept bribes, they are relegated as ‘economically motivated;’ because an employee steals from the employer, (s)he is only exhibiting self-interest).

But what happens when someone has values that conflict with his or her condition? An individual may not want to engage in a particular type of behavior, but his or her economic or social dependency may leave little in the way of other choices. Too few realistically examine from where the preferences actually stem, because it is much easier to prescribe a policy based on what one sees after a few days in a country than to put in all the work necessary to examine the history and constraints, which vary widely across one particular region, and certainly an entire country, in order to adequately understand what is occurring. The problem here is that if one defines ‘rational’ solely as ‘avoiding a fatal disease’ (or ‘living with a chronic disease’ now with ARVs) it ignores all other possibilities for particular types of behavior. The rationality may not be to live as long as possible (particularly in impoverished regions that have a low life expectancy). Rather, it may be to avoid physical abuse, eat, hold a sense of power within a community, or live up to societal expectations about procreation. And therefore, determining the preferences is imperative to understanding what is necessary to change the negative situation at hand, or to prescribe appropriate policies. In short, policies fail because they do not include informal institutions, particularly in poor areas, into determinants of behavior. Thus, the attitudes of mobilizers versus those of non-mobilizers with regard to equality, incentives and trust would be instrumental in uncovering true preferences.

As we saw within some of the literature included in *Chapter 5* on patriarchy, in many cases, women look for men to support them; financial and security issues, as well as love, have been powerful determinants for marriage. In this sense, the identity cultivated with the need for a man upon which to depend has been in direct contrast to the identity cultivated by women who relish their freedom and create new identities separate from (or at least not dependent on) any men. What emerged in the post-war years in Mozambique was in some ways similar to the role that women played in struggles in other countries (e.g. Ethiopia or South Africa), but the end of the fighting meant that identities were bound to switch yet again as many refugees returned, the government focused on building up economic and political opportunities, and many women returned to traditional roles within the household.

By the 1990s, although it had never dissipated, prostitution was in full bloom, particularly with street children. Children abandoned during the war added to the economic difficulties of families, which in turn led to some parents overlooking or depending upon their child's sexual transactions. Sex work has been compounded by the influx of United Nations and Chinese workers, an increasing number of tourists, migration patterns, and transportation; truck drivers are often repeat customers to their 'girlfriends,' even if it's only once every few months:

As truckers begin to associate sex workers with a risk of STIs and HIV transmission, several studies note a trend toward casual sex with women they perceive as 'clean', not toward less casual sex as a whole. To make this distinction, truckers rely either on their own judgment, or sometimes on the services of middlemen... Although these women typically have sex with truckers in exchange for gifts or money, the truckers do not perceive them as sex workers, and believe that a personal relationship of sorts exists between them. They will be less likely to use a condom during sexual relations with such a woman as their perception of risks decreases. (USAID RHAP 2004)

Female sex workers have often earned up to ten times per month the wage of factory personnel.¹³ Young girls have picked up on this: a current trend exists whereby schoolgirls will skip class and venture to the beaches to pick up men. When asked how families react to such accounts, aid workers responded that parents often turn a blind eye to their daughter's activities because the extra money helps bring in food and basic necessities, thus creating a higher materialistic standard of living within the household, a necessity in an area such as Maputo that has a rapidly growing middle class and a lower class trying to keep up.¹⁴ In short, families come to depend on their daughter's income from sexual exchange.

The years of war, influence of foreign troops and overall urbanization combined changed traditional family structures to open up topics and images of sexuality in the country. In 2008, formal prostitution is one extreme on the end of a very complex, multi-layered continuum regarding typologies of sexual relationships.¹⁵ Western dress, materialism and new identities have cropped up in the last decade or so and in order to support newfound habits, sex work takes on evolved meanings for both women and girls. There are now various types of relationships designed to accomplish different goals, which are worth considering to some extent:

namorados (same age boyfriends, with whom there is a perceived relationship of trust); *pitos* (partners for sexual pleasure and with whom there is no economic exchange); *sengue* (older married men) and *amante* (lovers). The *sengue* and *amante* are both transactional relationships. All narratives are explicit that the primary motive for transactional sex is economic, and young women have no emotional attachment or expectations beyond exchange of sex for money and other economic benefits. Transactional relationships are conceived of as distinct from prostitution. Transactional exchange always takes place in

¹³ Minimum wage is approximately \$20 a month, from Sheldon (2002: 238) in reference to Liqueila 1996. The difference in income was approximately \$23/month and \$250/month. In a focus group with prostitutes in Beira, they indicated that on a good night they made up to 800 mets (approximately \$32) (Focus Group, 20 April 2007). All said that they felt they had no other way to make money.

¹⁴ From interviews conducted with various aid workers, Sept-Oct 2005.

¹⁵ For more on various types of transactional sex, see Davis 2002; Bodrick 2003.

the context of a relationship, whereas prostitution is a one-off business encounter with a client.

These young women do not conceive of themselves as passive or coerced victims of relationships with older men. Rather, they are active agents involved in a continuing process of defining their social and sexual identity and making choices about the risks they engage in. Transactional sex is conceptualised as a strategy by which they are able to reverse the existing balance of gender and power relations. Through the power of their sexuality, young women are able to extract financial resources from men in order to access the material goods and life-style that symbolise modernity and success. Young women refer to this strategy as '*to sengue*', derived from the Portuguese adaptation of a local term '*sengar*', meaning 'to milk the cow.' (Hawkins, Mussa and Abuxahama 2005: iv)

The women involved in these types of relationships generally want their independence and the social status that comes from financial freedom, thus changing traditional concepts of identity. And although they exhibit agency within their choices, the freedom only goes so far:

The young women are explicit about their lack of condom negotiation power with their *sengue* and *amante*, and attempts to negotiate condom use may threaten the relationship with the *sengue*. The risk of losing the immediate economic resource of the *sengue* and therefore social status is perceived to far outweigh the longer-term risk of contracting HIV and AIDS. (Hawkins et al 2005: v)

And furthermore,

The economic dependency of women on their sexual partners and husbands often means they have little bargaining power when it comes to negotiating condom use. Many live in fear of being abandoned or beaten if they resist their husbands' sexual demands... The stigma of infection is also a barrier to seeking care because gender-based social norms and sexual customs prevent women from learning about reproductive health. Often, sexual coercion and gender inequities are tolerated, and double standards make it acceptable for men to have multiple sexual partners. (Sarin 2002)

The implications for preferences from these types of relationships are discussed later in the *Analysis* section of this chapter and in *Chapter 8*.

Although it is somewhat beyond the scope of this research, other practices are also occurring that involve a more brutal form of sex trade and coercion:

Women and girls are trafficked from rural to urban areas of Mozambique, as well as to South Africa, for domestic servitude and commercial sexual exploitation in brothels; young men and boys are trafficked to South Africa for farm work and mining. (US Department of State 2008a)

While the extent of the human trafficking problem is generally unknown, networks are usually run by Mozambicans and South Africans, with Chinese and Nigerian groups also becoming involved in rings, some of which have expanded into Zambia and Zimbabwe.¹⁶ Although there are stories of ongoing investigations and rescues, little is occurring by the government in bringing the higher placed perpetrators to justice and educating the public.¹⁷ “Child prostitution continues to be legal except when parents are instrumental in the practice” and “although human trafficking is not as serious a problem in southern Africa as it is in other parts of the continent, there is no law outlawing human trafficking in Mozambique.”(Freedom House 2008) Families are often complicit in the trafficking, receiving some form of payment in return while others believe that they are leaving to find paid (non-sexual) employment in other regions. These types of situations are not uncommon in impoverished regions of the world.

Trust and Incentives

Poverty and HIV are also taking a toll on trust within communities, between men and women, between neighbors if one falls ill, and within families. It is often the case that when a family member falls ill, the rest of the family keeps it quiet, sometimes (if the patient is lucky) calling in a volunteer to give information on nutrition, diet, health and to take the patient to the hospital for testing. Sometimes the family listens to the volunteer; many times they don't. The

¹⁶ “In August 2007, the Council of Ministers approved and forwarded to the National Assembly for debate and passage a comprehensive law against human trafficking containing specific provisions on prosecution, protection, and prevention. The law was unanimously passed in April 2008. ...Many lower-ranking police and border control agents are believed to accept bribes from traffickers, severely hindering Mozambique's prosecution efforts” (United States Department of State 2008a).

¹⁷ “As result, most Mozambicans, including many law enforcement officials, reportedly still do not have a clear understanding of what constitutes trafficking. During the year, law enforcement officials publicized several trafficking cases and government-owned media outlets covered such stories. In the weeks following the March 2008 arrest of a Mozambican trafficker in South Africa, the press ran almost daily articles on updates to the case, the need for passage of the anti-trafficking law, and at least four newly discovered cases of trafficked Mozambican children. In June 2007, the Moamba District government partnered with an NGO to jointly host a series of anti-child trafficking-themed events in Ressano Garcia, including a march through the town, theater presentations, and speeches, to celebrate the Day of the African Child” (US Department of State 2008a).

fear of community stigma over the disease outweighs the benefit of having the patient live. Irrational? To the Westerner perhaps, but to a member of the community who has spent little time outside of his or her physical location, community is everything, and the thought of eradication and discrimination that would occur with admitting to having such a shameful disease is too much to bear. The informal adoption of orphans who have lost their parents to AIDS has also taken its toll on extended families in many countries, some of whom have taken in many extra children even though feeding extra mouths is excruciating in impoverished conditions. These are important issues to consider in terms of measuring how trust has changed because of HIV.

As discussed above, incentives must inherently play a crucial role in the mobilization of volunteers in an impoverished community. In what forms do these predominantly arrive: economic, cultural/social, communal, or some combination thereof? Do economic incentives cancel out the stigma inherent with this kind of work, or is the former not even on the table? Are associations utilizing donor monies for financial compensation, however small, or are there much greater other incentives that induce individuals to volunteer for an association that revolves around something that has been relegated to the private realm for so long? The rest of this chapter addresses the issues put forth thus far in this theoretical overview, and it also addresses particular issues related to civic skills and definitions of private, public and political as discussed in *Chapter 3*.

Data: Expectations, Trust, Self-Help and Mobilization

Expectations of *Xicalamidade*

Three decades of fighting interspersed with Frelimo's attempt at socialism produced a severely impoverished country highly dependent on aid and South African imports.

Mozambicans expect *xicalamidade*, or aid handouts, particularly in emergency situations such as

war; these come from either government or from donors (although many expect that donors will help government hand them out).¹⁸ Is this a carry over from socialism, is it an inevitable expectation given the millions of aid dollars that flood the country each year, or is it something more in the manner of citizens speaking up for themselves? Most of the Mozambican aid workers with whom I spoke in Maputo and Beira indicated that motivating individuals to take action and produce for themselves has been a challenge:

When people fail to take responsibilities for their own development, there's a kind of sense in which people say someone should come and do it for us. And we're trying to fight that mentality by saying you have to get involved, we believe in you so you have to get involved with your development. For instance, the projects we're trying to develop throughout the country, we always seek the participation of the communities: What is your contribution? In that way we begin to awaken, in the mind of the people, that there's potential in your hands. (Reverend Dinis Matsolo, Conselho Cristão, 13 February 2007)

In one area near Beira, the Food and Agricultural Organization (FAO) district coordinator had difficulties working in the community due to a negative, yet prevalent mentality:

[they think] 'if we do something, we have to receive something in return' and so people are becoming lazy. And they don't go to the field... And when you have organizations like FAO which doesn't have funds to give to people, we mainly provide technical assistance, then sometimes we have problems, so people say 'what do we have to gain from this? You don't give us money, you don't give us food? And what do we have to gain from working with you?' But we're giving them something more sustainable, skills for their lives. So it creates some dependency issues. (Interview with Hanise Sumbana, Maputo FAO 1 March 2007)

Trust

The influx of aid and investment into Maputo since 1994 has also created an individualistic economy that breeds a lack of loyalty. Sydney Bliss of USAID laments that if a team of Mozambican workers is put into place for a project, and then one is offered another job whereby she can make an extra \$20 a week, she will trade up without hesitation. (Interview, 2 April 2007)

¹⁸ Reverend Dinis Matsolo, of Conselho Cristão (a large Christian association), argues that taxes are the reason that citizens expect health care from the government, but his was the only response that mentioned this (Interview, 13 February 2007).

The low pay of government positions combined with the high cost of living in Maputo makes extravagant donor agency salaries all the more attractive. Most aid employees refuse to live outside of major cities (and only a handful can be found in Beira and other capitals), and thus Maputo receives the lion's share of funding. This economically driven individualism has ensured that "capitalism has eroded self-help amongst all but the very poor." (Interview Calisto Bila, former Monaso leader, 15 February 2007)

Trust is increasingly becoming an issue in two distinct ways: first, in diagnosing potential lovers as either sick or healthy based on their outward appearance.¹⁹ Second, in the increased burden of caring for orphans and vulnerable children (OVC); their increasing number has changed concepts of the community as family in that families are overstretched (Interview, Lucrecia Wamba Southern Africa, AIDS Training Program [SAT], 1 March 2007) and individuals and families are becoming more inwardly-focused.²⁰ Thus, activists within associations are crucial because they register children and acquire school uniforms and food for them.

Xihiva and cupedzana

In Infulene *bairro* (near Machava Hospital just outside of Maputo), like in many *bairros* throughout the country, women who work in the market often pull their resources together to help needy individuals.²¹ There exists an *associação do mercado* (market association) in which women discuss issues such as how to respect the husband and how to help others in the

¹⁹ AIDS is often called 'slim' because prior to ARVs, weight loss was a predominant side effect of the disease. This has led to stereotypes such that an apparently healthy person is incapable of being infected.

²⁰ SAT is a major NGO in the region that funnels money directly to associations and is widely considered to be successful in its programs.

²¹ This is a neighborhood 30 minutes from Maputo; in its hospital, Hospital Gerald a Machava, Sant'Egidio runs the HIV and ARV program. Sant'Egidio was the first to bring in free ARVs back in 2002 and is well known for its successful HIV programs in the hospitals. This *bairro* receives food and drugs, in part from Sant'Egidio and in part by government.

community; they each contribute money for a community member who has lost a family member or to help someone who is getting married. This is known as *aprenda* (help) in Portuguese and *xihiva* (pronounced she-hee-wa) in Shangana. This constitutes the foundational basis from which to build up more formal associations around various topical issues (not only HIV). For example, if an individual is sick, the women purchase fruits or other food and members take turns helping the patient. (Interview, Rosalia, a grandmother, Unknown date 2007) This type of work has increased since HIV came to communities like this, and *xihiva* now includes with the food, gifts of clothing and other necessities.²²

In rural areas throughout the central region of the country, many respondents state that community members help others because one day they themselves will need help. Two members of a local self-help group, who live an hour's walk from central Caia, state that their group meets twice a week on the weekends (Interview with Caia women, 24 April 2007) and that it has received three months of clothing and some books from the government for its members. They have also requested soap and water to take care of patients. The tradition of forming community groups such as this goes back several decades and often starts with churches. It is known as *cupedza* or at times, *cupedzana*, ('help' in Sena).²³

We are organized, call members in the community, say that someone is sick, we select three to four people to go one day and one brings fire, water, flour to visit, gives food and does *cupedza*. Now the things changed [with HIV] because sometimes we help more the [orphans] and now we have 45 children who are orphans. [But] we don't do *cupedza* more than the last years before HIV. The children live with the uncle, maybe grandfather but what happens is the father gives for his son [and can't give for the all children living there, so we help]. (Zeusef*, 38-year-old woman with three children, Caia, 24 April 2007)

²² This group would also offer assistance during childbirth, or when someone moves into the community and has little in the way of cooking amenities, but these are classified as regular forms of help and are not considered *xihiva*.

²³ It has also been called *chipedza* which signifies bringing something that the person needs, for example fish or water, although this name is less common than the others.

Often the *régulos* will organize *cupedza*, for example *Régulo* Sacatucua and Zimbau both organized ten individuals each to work in the community (for more on these *régulos*, see *Chapter 5*). In Gorongosa, a *cupedzana* group began at the end of the war and now consists of market women who contribute 10 mets each (US .40) at the end of each day for someone in need.

Poverty and Mobilization: Traditional Healers

As in most African countries, those in rural areas and/or who are impoverished rely on *curandeiros*, for health and mental agility. They are male or female, and community members frequent them for such problems as STDs, family issues, bad dreams, to take drugs to promote better business or to acquire wealth, and various health problems including HIV. (Interview Josefa Ernesto Grengwa, a 30-year-old *curandeiro* with two children) Ancestor discontent is often given as a reason for catching various illnesses, although whether or not an individual places HIV into this category depends on the region (some community members said that HIV is no longer being blamed on witchcraft).

Curandeiros call on their spirit ancestors to help diagnose the sick and “...if someone says the neighbor confuses me and I want to do something bad to them, I give medicine to that person to give to his neighbor when the neighbor is not in the house” [e.g. the person sneaks into the house and puts it in some food/drink]. (Interview Curandeiro Grengwa, 24 April 2007) If a patient coughs up blood, her spirits may tell her that it is tuberculosis (TB), and that the patient acquired it from engaging in sex with a girl who has had an abortion, or without performing *pitakufa*.

The *curandeiros* have only recently begun to work with the government because they are recognized as having access to areas in which no clinics exist; increasingly, CNCS and NGOs are trying to incorporate the *Associação da Medicina Tradicional de Moçambique* (AMETRAMO, the network of *curandeiros*) into the hospital HIV response, but the work is slow

and sporadic. *Curandeiro* Grengwa advises patients to seek help at hospital first to have an HIV test, then to return to her with the outcome. Many will try her first for a cure, and if it doesn't work they go to hospital afterward for ARVs. She contradicts herself, however, as she presents the HIV medicine called *Namperapera*; at one point she says that her medicine cures HIV, while at another she indicates that it doesn't always work.²⁴ But she says she has never lost anyone from HIV and no one has returned to tell her that her herbs did not work.²⁵ She clarifies a few minutes later by telling me that it only works if HIV is caught early enough. The medicine is also used for TB (and thus is mainly used for the side effects of both diseases).

Because so many rely on *curandeiros*, the gap in formal health care is perhaps not felt as strongly as it would be without the existence of traditional healers. This may in fact lend itself to a sense of complacency concerning health care (at least someone is around who can provide answers to common ailments!). This makes it all the more imperative to determine why some actually do mobilize to fill in these gaps.

Poverty and Mobilization: Incentives

Survey respondents were thus asked if they have salaried work somewhere, in order to determine whether mobilizers have a different economic standing than non mobilizers. Table 6-1 at the end of this chapter indicates that those who are volunteering with HIV associations are less likely than non-mobilizers to have salaried work somewhere ($\chi^2 = 11.97^{**}$), which means that mobilization is occurring in a manner different to much of the West, where civil society is often made up of those who can afford to engage in it in their leisure time. (Gordon 1996)

²⁴ It comes from a type of tree that can be ground up, and is light brown in color with the texture of thick sand.

²⁵ When asked why individuals become HIV positive, she responded "If they go to sleep with a woman who has a stomachache, chest pains, urge to [urinate]" they acquire HIV. Felipe and Alcides Goba later indicate that she would not necessarily know if the medicine does not work because patients will avoid returning to tell her, thus challenging her authority, as they are afraid of her power. Or, they have died and the family chooses not to tell her.

More importantly, however, an emphasis on two types of HIV mobilizers emerged from the focus groups and interviews: those who mobilize in the hopes of either acquiring or furthering a career and/or receiving some sort of stipend, even if it is not more than a few hundred *meticaís*; and those who mobilize mainly for social-psychological reasons, or for the comfort of sharing in an experience with others who are in the same boat, so to speak. Some, in fact, mobilize for benefits such as ‘occupation therapy,’ “because you have something to do rather than think about dying.” (Discussion with staff members of Kuyakana, an HIV association, 5 February 2007)

Many in both camps argue that it is ‘our right’ to receive health care, assistance with food and basic necessities, and the chance to live as ‘normal’ people. The mentality here is one associated with what it means to be a citizen of Mozambique, as driven by the human rights frame. A few even mobilize in an attempt to influence the government directly, by refusing to accept money from CNCS, by lobbying government for ARVs, and by pushing for the implementation of certain laws concerning women, the general population of those affected by HIV, and rights in general.

Irene Cossa’s story is not atypical of why individuals become involved with HIV associations. Her late husband was one of the association’s founders; he eventually died and she took over to fight for rights and against stigma. (Interview, Irene Cossa 18 December 2006)²⁶ Mobilization incentives flow in a variety of flavors, particularly in such an aid-driven country: the desire to acquire work (whether paid or as something to give relevance to one’s life); to acquire help with basic life necessities (such as child care, cooking); the acquisition of food,

²⁶ She currently serves as the Deputy Director of Kindlimuka, the association of people living with and affected by AIDS that has been strongest in Maputo. Although the fact that she was often out sick exemplifies one of the typical problems with mobilization around an issue of this sort, when in the office, she keeps many scheduled meetings and remains accommodating, even when problems arise.

books, clothing; the desire to feel connected with others, particularly after having spent up to many years trying to hide one's infection status and/or being ostracized by community, family and spouse. Sometimes it occurs out of necessity: in rural areas such as Gorongosa, if a woman has a problem in a relationship, she tends to go first to one of the human rights based associations before going to the *régulo*. (Discussion with Christy Schuetze, doctoral student, August 2007)

In each of the research sites, respondents indicated that it is better to fight collectively rather than individually in order to overcome difficulties such as those within the AIDS domain. And when asked why they feel that government must provide for them, responses center on the idea that it is the 'father of the country.' So while they may initially seek assistance for something within their own life, many people have chosen to stay on to work together to attempt to improve the lives of others (having encountered the type of group consciousness discussed in the previous chapter). Money for this of course comes from an array of gods: donors, international governments, CNCS, Ministries, and religious organizations.

Incentives also vary greatly by region; one overseas volunteer states that in Manica much of the mobilization stems from religious beliefs (Hortensia Guthigi, VSO [Volunteer Service Overseas] with Rensida, 6 March 2007) and in fact in Chimoio, the association members with whom she worked were predominantly HIV negative.²⁷ Yet the same association in Dondo (40 minutes outside of Beira), with volunteers who claim to mobilize for the same reasons, was allegedly experiencing corruption with material goods by the coordinators.²⁸ While many in

²⁷ Religious groups tend to build upon *cupedzana*, in both rural and urban areas, mainly because the idea that AIDS is outside of the church, which was prevalent in 2004-2005, has changed (Interview, Muammao Yassino, Director of Centro de Relações Públicas Religiosas (CERPRE), March 2007).

²⁸ This is discussed further in Chapter 7 and concerns selling the of 'HIV positive' cards to non-patients so as to receive free food that is then sold in the community.

each of the regions claimed to mobilize for the good of the community and because they felt it to be the right thing to do, incentives to turn up for focus groups and interviews played a key role in who turned up, particularly in Gorongosa, where one group refused to return for more interviews unless they received something other than simple snacks.

Keeping in mind H2 concerning benefits (*HIV mobilizers deem community benefits more important than individual economic or job related benefits*), survey respondents were asked to rate the importance of various reasons for mobilizing, as determined through the focus groups and interviews. Out of 151 HIV mobilizers, 60 said they hoped to be paid for their work at some point (40%), while 91 said they are happy to continue working without a salary (60%).

Table 6-2 (at the end of the chapter) indicates that most HIV mobilizers picked the following (close-ended) reasons as very important for why they organize: that it is exciting, to learn more about government politics/policies concerning HIV, the opportunity to work with others with similar ideals, their duty as a citizen, to be with people they enjoy, to make the community or country a better place in which to live, and to further the objectives of PLWHA. The bulk of respondents said that the possibility of receiving money or food as incentive for volunteering was not important.

HIV mobilizers were asked if, in the next few years, they would ‘choose to be paid’ or if they would be ‘happy to remain as volunteers’; these answers were then tested against reasons for mobilizing to determine significance. Table 6-3 at the end of the chapter indicates that those who want to be paid are more likely to view “doing their part” ($\chi^2 = 14.534^{***}$) as well as ‘didn’t want to say no’ ($\chi^2 = 20.060^{***}$) as unimportant. They are also more likely to say that: ‘furthering their work/career’ is sometimes or very important ($\chi^2 = 6.206^*$), ‘possibly wanting payment/career from this at some point’ is very important ($\chi^2 = 20.385^{***}$), and to say ‘may need

help from officials in personal/family problems' is important ($\chi^2 = 6.424^*$). Finally, they are more likely to say that the 'possibility of receiving money' ($\chi^2 = 16.385^{***}$) or 'possibility of receiving food' ($\chi^2 = 12.759^{**}$) for time spent volunteering is important (and these responses parallel each other almost perfectly). These parallel wanting to be paid in ways that are intuitive, as those that want to be paid are more likely to mobilize for incentives that we may consider as specifically *for individual gain*.²⁹

Next, 'wants to be paid/happy to continue as volunteer' was tested against region (urban/non-urban), and Table 6-5 at the end of the chapter indicates that those who want to be paid are more likely to be found in *urban* regions ($\chi^2 = 9.624^{**}$). 88% of rural volunteers are happy to continue to work as volunteers.

Finally, these variables were tested together to build scales and test means (see Table 6-6 and 6-7). Three of these scaled as 'individual incentives' to yield Chronbach's Alpha of .83; I then compared means between urban and non-urban mobilizers which yielded a difference of 1.04 ($p < .01$), indicating that urban mobilizers are more likely than non-urban to want specifically 'individual incentives.'³⁰ Of the alternative incentives, defined as 'community-based reasons for mobilizing', the difference in means is significant and indicates that non-urban mobilizers are more likely than urban to mobilize for 'community' incentives.³¹ The last section of this chapter provides the analysis of these results.

²⁹ These were tested to determine Cronbach's Alpha; the three of 'I may want to receive payment or further my career', 'to receive help with food,' and 'to receive payment' when 'to possibly get help from officials' yielded Cronbach's Alpha = .83, and a difference of 1.56 in means; $p < .001$. These three thus scale to measure 'individualistic' incentives based on type of HIV volunteer (wants to be paid/happy to continue working as volunteer) which is intuitive based on 'wants to be paid'. See Table 6-4.

³⁰ As indicated by 'possibly receiving payment or to further my career,' 'to receive money' and 'to receive food' urban HIV mobilizer mean=2.08 and non-urban=1.04, $t=3.22$.

³¹ As indicated by a scale with the variables 'I am the kind of person who does my part' and 'I didn't want to say no to someone who asked.' Cronbach's Alpha = .73, mean difference = .92, $p < .01$. Non-urban HIV mobilizers have a higher mean on 'community incentives.'

Reasons for Inactivity

Non-mobilizers were asked about reasons that they do *not* organize with an association; Table 6-8 at the end of the chapter illustrates that dominating “very important” reasons picked include: have ‘no time’ (51%), ‘need to put family first’ (44%), ‘didn’t think of it’ (45%) and ‘don’t know of an association in the area’ (47%).³² More have a hard time talking about HIV than do not (55%); fear of someone in the community finding out their status is somewhat/very important for 68%, and fear of someone in the family finding out is somewhat/very important for 55%.

Trust...in Who?

Most survey respondents view the relationships between the three entities of community, donors and government as positive, although most also said one must be careful today in dealing with people.³³ Respondents are mixed concerning level of trust in government since HIV began, but around half indicate that they trust the government less since HIV began.³⁴ Table 6-10 at the end of the chapter indicates non-mobilizers are more likely to have levels of trust in the community that have remained constant regardless of the onset of HIV ($\chi^2 = 6.458^*$).³⁵

³² By saying that it is ‘not important’ that it is ‘not important that I meet others living with HIV,’ they are actually saying that this would be an important reason, that they would be open to meeting others like them. Similarly, by saying that it is ‘not important’ that ‘I don’t feel the groups can help me’ they are potentially exercising a similar openness to joining.

³³ Between government and community 85% (214/252) view it as good/very good. Between government and donors, 93% (232/250) view it as good/very good. Between donors and communities, 89% (225/252) view it as good/very good. 93% (235/254) say one must be careful.

³⁴ Table 6-9 indicates that 52% of HIV mobilizers and 45% of non-mobilizers trust the government less since HIV began (19% of mobilizers trust more, 18% non-mobilizers trust more).

³⁵ Additionally, respondents were asked a series of questions concerning trust of community, government, family, religion and donors since HIV began. These were aggregated into a ‘trust’ scale (Cronbach’s Alpha=.74) to compare means between mobilizers and non-mobilizers (mobilizer mean=-.34 and non-mobilizer=-.17, with a t value of .468), and although significance is low (.64), the direction of the findings is consistent with expectations that mobilizers trust less, interpreted as because they have publicly mobilized around the disease, although generalizability is limited here (see Table 6-11).

Table 6-12 indicates that since *joining the association*, 45% of HIV mobilizers trust the government less (24% trust more) and 52% trust the community less (27% trust more). There is a slight increase in trust of 1) government and 2) community by HIV mobilizers *between the period of time that HIV began and since joining the association*, signifying that the associations seem to be having a very small but positive effect on trust of community and government. These findings are discussed further in the last section of this chapter.

Building a Civic Public?

How individuals themselves are pulling the issue of HIV out into the open and how they are defining the private, public and political within Mozambique offer some insight into the construction of a public realm. This section illustrates examples of this.

Several years ago Prime Minister Luisa Diogo released a press statement stating that the Mozambique government would only support prevention and mitigation (taking care of people in HBC and OVC programs) and that treatment would therefore only be secondary. This

made us realize we have to stand up, because we knew we were the voice of those who cannot stand up, who don't have a voice. So we called a big press conference, so we faced them and said it means our government doesn't have a commitment to fight against HIV because treatment, prevention, and mitigation are the activities that can go the same time. (Interview, Cesar Mufanequiço, Coordinator of Matram, 3 February 2007)

Since then with the publicity, particularly in Maputo, of the international AIDS domain in the southern region of the continent, ARV distribution has become a top priority. Although AIDS is usually relegated to the private realm in discussion, some associations are finding that they have a niche because while the average community member won't listen to just anyone talking about HIV in their *bairro*, "when someone from the group goes to talk to them, they are more likely to listen. ... People are complacent ... because they think they can live with or without the TARV." (Interview, os Faduco, HIV association leader, N.D. 2007) For some community members who do not volunteer with associations, AIDS is so private that they are

afraid to attend the hospital to receive medication because they don't want others to know why they are there. On the other hand, malaria is considered to be a public topic/disease because "I can tell someone without any problem" (Marça*, activist with Matram, 24 January 2007) and thus the activists try to make the issue of AIDS seem more like malaria. But this often entails a degree of stealth: Ester* 34, a female AIDS volunteer states that "when the activist goes, sometimes the neighbor asks why you are there and the activist must not say anything about HIV, they must only say [for example] we are from the church, or we are a friend of theirs."

In Beira, some view conflict to stem not from the relationship between communities and the government, but between community members (e.g. couples) themselves. (Interview Carmen Custumes, Grupo de Teatro Chamwarianga, 9 April 2007) Others grapple with the roles that government, donors and communities take on:

The roles are complex! Government role is to explain to the donors what kind of association we have and where the donors can finance organizations and understand what's going on. The donors must give the money for the project directly to the association, not the government. And they must see what happens with that money in the communities. ... The public is what the community must know and do. The political is we must wait for government to do what they promised. (Pedro*, a 22 male with a Beira HIV association, 12 April 2007)

The public sector is about what people must do and can do without asking others. The political is to keep the order in the community... The government must give declaration to the association to go into the community to give education... The donors should be the link between the association and the government. (João*, a 29-year-old male with a Beira HIV association, 12 April 2007)

In the rural areas, if an educator wants to work in the community on an HIV project (or any topic), (s)he must first speak with the *régulo* about the culture, and decide together about what information to offer. The *régulo* then passes the information through the chain to the *ntubu* to plan the public meeting with the community and explains what the activists want to do in the community (see *Chapter 5* for more about the *regulado* structure). Then the community advises the *regulado* what it is that they want or need, and the *régulo* advises the activists. In the first

week, the activists and *ntubus* work together to go house to house to meet the community members, and once all the houses have been covered, the public work can begin.³⁶ In general, the *régulo* is the only one with the authority to tell the community certain things, such as to stop performing *pitakufa*.³⁷

Two women over the age of 40 who live approximately an hour's walk from central Caia are a part of a ten member group of volunteers for HIV that was organized in 2002 by their community leader. They state that government gives when it is able and “here we work in the community because we know that tomorrow we need help.” (Zeusef*, the daughter of a *régulo*, 24 April 2007) Problems occur when a husband dies because the women have difficulty supporting themselves. When problems are severe and cannot be resolved privately between the two families (e.g. in the case of wife-beating), they go to the *régulo* (as discussed in the previous chapter). Ten years ago this was also occurring, but they say that parties take their problems with husbands, neighbors or others in the community to the *regulados* more often now because respect for the *regulado* structure has grown, due to an increase in organization.

When asked if she views HIV to be a political issue, Zeusef states “No, it's public, because all can discuss it.” What is political is defined as a topic that only certain individuals are able to discuss: “We're not discussing it like political things—we're giving information about where to go. And we tell them when the husband dies you never do the ceremony of *pitakufa* because you don't know [why the husband died] and we tell them you will kill us all off if you keep doing it.” (Zeusef, 24 April 2007)

³⁶ The activists must wear particular clothing, e.g. *capulanas* and sleeved shirts, otherwise permission is denied.

³⁷ One Kulima coordinator indicates that there tend not to be problems at this level concerning favoritism, even if the *régulo* is pro-Renamo, because if this is the case, then much of the rest of the *bairro* trusts Renamo as well. Communities are thus still very segregated along Renamo-Frelimo lines (Interview, Felipe, human rights and HIV association coordinator in Caia, 24 April 2007).

As briefly mentioned in the last chapter, space is cited as a recurring problem in trying to formulate any discussion of public topics, although some find a lack of it while others embrace the difference now as compared to the years just after the end of the war:

People are not mad about HIV, the problem is where to go to protest. Civil society is afraid of government, when we were talking [before] about helping others, not all come to help, people that help are friends and neighbors. We don't have a space to give ideas [e.g. public space]. (Miguel*, April 23 2007)

[W]hat is changed is 15 years ago, we didn't have the space to talk, when we listen to problems now, we have space... Where we go is to the *regulado* if they have a meeting, and we give ideas. When the administrator comes, he asks what we need and we stand up and talk. [This started] when the fighting finished in about 1996. (Mauricio*, human rights and HIV leader, April 23, 2007)

Mauricio also states that they speak out to the administrator when government does something wrong, such as promising running water or a well, and then doesn't supply it. HIV is discussed at neighborhood meetings "because we are so angry because more people are dying. And we ask government 'What are you doing to combat this illness?' And when we ask where it comes from, they don't answer. But we are so angry about this illness." (Mauricio, 23 April 2007)

In the surveys, respondents were asked in which domain they view HIV/AIDS: private, public and/or political (not mutually exclusive) to test H4 (*HIV mobilizers are more likely to define HIV as a public or political topic and non-mobilizers are more likely to define it as private.*) Table 6-13 at the end of this chapter indicates that most (86%) of both HIV mobilizers and non-mobilizers define HIV as a public topic; a higher percentage of non-mobilizers (67%) than mobilizers (48%) view HIV as a private topic. Table 6-14 indicates that HIV mobilizers are in fact less likely to view HIV as a private topic ($\chi^2=7.729^{**}$) and there is no significance in viewing it as public or political. These are not surprising, as it is expected that those who view it as a private issue wouldn't necessarily mobilize around it. More mobilizers view it as political

(57%) over private (48%), which parallels the fact that they are in fact mobilizing around it, but similar percentages of non-mobilizers and mobilizers view HIV as a *political* topic (61% versus 57%), which is somewhat surprising given that one group is not collectively combating it.

Table 6-15 (at the end of the chapter) indicates that non-urban mobilizers are more likely than urban to view it as a private topic ($\chi^2 = 8.914^{**}$), likely because it's a smaller community.³⁸ When asked to freelist topics in each of the three realms, however, answers yielded different results, indicating that respondents don't automatically associate the disease as having a political nature, unless specifically asked about it.³⁹

Cross Cutting Ties and Civic Activities: Just Another Primordial Realm, or Something Different?

In keeping H3 (*HIV mobilizers partake in more civic activities than non mobilizers*) in mind, HIV mobilizers were asked about their membership within the association and Table 6-16 indicates that most of the HIV mobilizers deem their associations to have members of varying ethnicities, economic situations and religious affiliations (all are >90%), with political affiliation

³⁸ Additionally, when disaggregated by location, three out of four respondents in Maputo state HIV is a political topic, but only one out of two say this in Beira, Caia and Gorongosa; the proximity to South Africa is most likely affecting this.

³⁹ When asked what are two topics respondents define as private, the bulk of responses (by number) were: HIV (165), sex (48), love life (38) and 'my finances' (36). When asked of public topics, responses were HIV (173), crime (49), poverty (39) and education (34). When asked of political topics, responses were employment/unemployment (80), education/schools/illiteracy (54), elections/party meetings (44), and crime (35). HIV was categorized by only 21 here. Then when asked "What, if any, aspects about HIV/AIDS do you view to be political?" 214 responded with some relevant answer: highest answers were ARV treatment (86), food (63), testing/counseling/information (25), build hospitals (22). When asked why it's political, most responses indicated that it is because it is difficult to acquire/need it and cannot get it (82) or that it is a government issue (77). So as to determine differences in where the respondent places HIV, these questions were asked along with the others concerning whether HIV is private, public, and/or political. *These numbers indicate that the way the question is asked is instrumental*, as illustrated by the various possibilities as leading to different outcomes. Here, more place HIV in private or public, and significantly less into political, thus most are not automatically freelisting HIV as a political topic. But when they are *specifically* asked whether it is or not, a higher percentage indicates that it is.

still varying but lower (71%).⁴⁰ Tables 6-18 and 6-19 indicate that in *all four categories*, non-mobilizers are *more likely* than HIV mobilizers to prefer talking to someone else who has their *same* affiliation (particularly with political affiliation), and less likely to feel comfortable discussing human rights ($\chi^2 = 4.891^{**}$).⁴¹

Table 6-20 indicates different types of civic activities, with a breakdown of responses to indicate to what extent each are occurring.⁴² In the last six months, HIV mobilizers are more likely to have written a letter ($\chi^2 = 7.75^{**}$), taken part in decisionmaking ($\chi^2 = 34.416^{***}$), planned a meeting ($\chi^2 = 25.007^{***}$), given a presentation or discussion ($\chi^2 = 46.461^{***}$), participated in a debate about some topic ($\chi^2 = 55.867^{***}$), and/or had a meeting about some political topic ($\chi^2 = 3.70^*$). These variables were then aggregated on a scale of 0-6 to indicate 'participation in civic activities' and the mean of mobilizers (2.62) compared with that of non mobilizers (.83); the means are statistically significant ($p < .001$) (see Table 6-21). When location is tested against these, it is the case that non-urban HIV mobilizers are more likely than urban to have taken part in each of these activities (with the exception of debates).⁴³

⁴⁰ Table 6-17 at the end of the chapter indicates that non-urban areas are more likely to have associations with members with the same ethnicities in them than the urban areas, not surprising for homogeneous smaller regions ($\chi^2 = 6.382^{**}$).

⁴¹ Gender ($\chi^2 = 2.859^*$); economic situation ($\chi^2 = 5.205$); political affiliation ($\chi^2 = 14.66^{***}$); ethnic affiliation ($\chi^2 = 6.28^{**}$). In these example significance = * $p < .10$; ** $p < .05$; *** $p < .01$. When asked the same about women's rights and government politics, results were inconclusive.

⁴² HIV Mobilizers were asked if they had partaken in a series of activities *within the context of the association* in the last six months, while non mobilizers were asked if they had partaken in each *at all* in the last six months.

⁴³ Table 6-22 indicates that non-urban mobilizers are more likely than urban mobilizers to have: written a letter (4.163*); taken part in making decisions in a meeting (and in fact more of them did this in the non urban areas than did not) (8.262**); contacted government officials about something pertaining to the association (as they would most likely have better access in rural areas) (7.676**); or had a meeting about a political topic (3.879*). They were less likely than urban mobilizers to have participated in a debate about some topic in the association (2.712* at .10 level). Out of 153 mobilizers, 30% (46) said they have learned how to persuade others/speak in public within their association and are using it elsewhere in their lives, while 25% (38) said they have learned how to listen to different opinions (8% or 12 said both).

Comparison with Human Rights Volunteers

Keeping H7 in mind (*HIV mobilizers and human rights mobilizers are similar to each other in their activities and attitudes*), in order to inquire if and how HIV mobilizers compare with *human rights mobilizers*, 74 of the latter also responded to surveys as a third ‘group’. 81% do not have salaried employment, similar to HIV mobilizers.⁴⁴ Human rights mobilizers are more likely to trust the community more *since HIV began*, indicating that HIV seems to be a factor in trust here ($\chi^2=13.926***$, see Table 6-23 at the end of this chapter). HIV mobilizers are more likely than human rights mobilizers to trust government less *since joining their respective associations*, which indicates that there is some suspicion within the HIV associations (see Table 6-24).⁴⁵ HIV mobilizers are actually more skeptical.

Human rights mobilizers are also less likely than HIV mobilizers (and thus non mobilizers) to say that HIV is a private topic ($\chi^2=4.74*$), while approximately the same indicate it is a public topic and only slightly more say its political (see Table 6-25).⁴⁶

When asked about types of member affiliations, human rights mobilizers parallel HIV mobilizers on all categories (stating that their associations have different types of members involved, e.g. ethnicity, etc.), except religious affiliation (human rights mobilizers are more likely to state that their association does not have members with different religious affiliations ($\chi^2=4.586*$, see Table 6-26). Human rights mobilizers also parallel HIV mobilizers in stating that it doesn’t matter with whom they speak about HIV. When asked about their civic activities,

⁴⁴ 60/74. There is no significance between mobilizer and wanting to be paid/happy to continue as a volunteer, indicating that the categories are similar with HIV mobilizers.

⁴⁵ But also, human rights mobilizers are more likely to trust the government the same as they did before joining the association (see Table 6-24).

⁴⁶ Of human rights mobilizers, 32% say it is private topic, 89% say it is a public topic, and 65% say it is a political topic.

the only significance is that human rights mobilizers are more likely to have: given a presentation ($\chi^2=10.691^{***}$); participated in a debate ($\chi^2=3.551^*$); attended a meeting about some political topic ($\chi^2= 24.685^{***}$) (see Table 6-27 at the end of the chapter). Human rights mobilizers are more likely than HIV mobilizers to feel comfortable discussing government politics ($\chi^2=16.639^{***}$) and human rights ($\chi^2=6.877^*$) (see Tables 6-28 and 6-29 at the end of the chapter).

These findings are discussed further in reference to HIV mobilizers and non-mobilizers in the final chapter.

Analysis: Linking Poverty, Preferences, Identity and Trust

Identities and Preferences

In returning to our first face of poverty discussed in this chapter, various strands of sexual relationships, what we see is twofold: first, activity represents the breaking away from ‘traditional’ female identities (the kind that require her to stay at home and take care of one man and the children). The women feel a sense of independence, and they do have it, to a certain degree. But this independence has a ceiling: some women are indeed able to ask and persuade lovers to use condoms, but when all is said and before it’s done, if the man doesn’t want to use one, it remains in the wrapper. So although they perceive themselves to be making the choices *most* of the time (which is a step in the right direction, albeit one that still involves dependence on not one man now but several), the one choice they still allow the men to make is the one that is spreading the disease.

Second, these are not the women who are volunteering with the associations; in fact, most of the volunteers (who represent the second face of poverty) would take issue with this type of lifestyle, as they view it as promoting HIV. The issue here is that poverty has created a situation whereby many (but of course not all) Mozambican women often have few options other than 1)

remain economically dependent on one man or 2) remain economically dependent on several men. The latter choice is certainly more tantalizing when one is avoiding ‘settling down’ or being saddled with the burden of having to take care of a husband and/or child (although many women who make this latter choice do have children). The point is simply that for many there is more ‘freedom’ in the latter choice, and she probably has much trendier clothing, a great cell phone, and meals in better restaurants to boot. The benefits greatly outweigh the risks, and what begins as necessity may or may not evolve into a preference (some may enjoy the lifestyle while others would prefer to have a job that doesn’t entail juggling boyfriends). Most HIV prevention programs overlook this, believing that the preference is to live as long as possible, which here equates to avoiding polygamy and remaining in poverty. It is not difficult to understand why this may not be the first choice, given that average life expectancy is 40 years in Mozambique. If she starts at age 15, she may have a few years before becoming infected, and now with ARVs, she is looking at only losing a few years if she contracts HIV. There exists a difference in preferences depending on whether one is oriented toward the future or day-to-day survival, and in this case, the incentives are simply too strong for the risk of contracting HIV to outweigh the benefits.

For married women, the preference may be completely different; she may not want to engage in unprotected sex with her husband because she is worried about where he has been. But the alternative is a beating, an accusation of infidelity, the withholding of some resource, and *rejection*, and therefore she continues the risk of unprotected intercourse. (It may also be the case that she does not believe that he could be infected, and therefore she chooses not to use condoms.) It seems to the outsider that she is behaving irrationally, because she is risking her life, when in reality, the risk is too great for her to be thrown out of the house for bringing up condoms. Her true preference, then (and whether her values actually conflict with her situation),

is difficult to establish, yet prevention programs usually insist on the idea that more sexual education is simply needed and then they will understand and change their behavior!⁴⁷ But current subsidies are still less than the cost for many individuals, and thus behavior does not change quickly.⁴⁸ So an impoverished married woman who thinks she has a low risk because she has a husband may know a little about HIV and may be interested in having more information, yet she doesn't go to get it because someone may see her or the husband may find out. These risks outweigh the benefit of acquiring information: in other words, the benefit (education) is not strong enough to risk a beating or castigation. Similarly, while condoms serve as a method of insurance, women often choose not to or are prevented from using them, thereby rendering the insurance obsolete.

The ironic aspect here is that many married women contribute to the household income by selling products at the market while the man may or may not contribute, so she may also deal with his authority even if she is contributing economically. The chains of oppression are often invisible in this sense, and it may or may not occur to her that she need not live as such, for the repercussions may be too great to leave, depending on her family and the region in which she lives (and of course, she may love him). What is necessary in development programs is an

⁴⁷ Focus groups with prostitutes in both Ethiopia and Mozambique indicate that they would choose another job if they felt they could, but most feel trapped because of their level of financial resources and skills (Fenio 2008; Focus Group with prostitutes in Beira 2007). Is it their preference to trade sex rather than do something else that earns the same amount? No, but it is their preference to eat and live for another day. Or if the woman is not a formal prostitute, but simply dependent on one or more men to survive, while it may be her preference to have several boyfriends, she might also choose against this in her 'ideal' situation.

⁴⁸ "A person who is informed about safe sex can raise his expected utility by eliminating the bad outcome (unsafe sex with an infected person), but at some cost, since safe sex is less pleasurable than unsafe and the information itself may be costly (in time and effort) to obtain. If AIDS is rare in the population from which a person draws his sexual partners, the greater utility, net of disease risk, of unsafe sex than of safe sex may exceed the value of information in enabling him to reduce disease risk; in fact that value may be very low" (Philipson and Posner 1993: 157). To this I would add that *perception* of risk is just as significant.

inquiry such as this into from where the preferences are stemming so as to achieve maximum policy impact.

Mobilizers within HIV associations--our second group of individuals in this discussion as it relates to poverty, identity, and preferences--indicate that two types of HIV mobilizers exist: those who are working to better their community and build off of indigenous self-help tactics to counter poverty, and those who are looking for paid work or career opportunities. These can, of course, sometimes overlap, particularly because most HIV mobilizers do not have salaried formal employment elsewhere, but those in urban areas are more financially motivated. HIV is framed as an issue pertaining to human rights, in that PLWHA should have the same rights and opportunities as the rest of the population. Most of the time, this falls under either PLWHA laws or ARVs, but is increasingly also becoming an issue that involves access to food, water, and clean living conditions. Transportation to and from meetings and for home based care is also considered to be a necessary right. For these reasons, human rights associations have taken on HIV as one of their causes, and in the rural areas these associations often overlap, with varying degrees of success.

Incentives to volunteer are perhaps counterintuitive to the Western definition of voluntarism, but are crucial in the African context. Volunteers do not consider any small stipends that they receive to be salaries, as most of the money goes to buying soap (to wash the patients), transportation (to visit the patients or take them to hospital), food or other necessities (for the patients and their families, particularly if there are children). These are crucial in situations of extreme poverty.

We saw that two out of three HIV mobilizers are happy to continue working as volunteers while the rest indicate that they wish to incur a regularized salary (more than any stipends).

Location is important here as most in the non-urban areas are happy to continue volunteering without salary, while those in urban areas would prefer to be paid. But when asked another way, most said that the incentives of possibly receiving money or food for their time were unimportant. While it may be the case that more HIV mobilizers want to be paid than admit to it, there are a variety of reasons that entice and retain volunteers even when payment of small subsidies is sporadic.⁴⁹

The most important reasons cited (e.g. exciting work, a way to learn and work with others, their duty as citizens, to further the objectives of PLWHA, etc.) illustrate a sense of moral obligation that builds on the kinship and reciprocity found in poor regions. It is ironic that this occurs at the same time as membership is breaking down primordial attachments and offering associations that have cross-cutting ties. Trust is a key issue here: in determining who is sick or healthy (and therefore a potential lover); in the care of OVCs as households fill up; in who to tell in the community if one is sick or has a sick family member. While half of the HIV mobilizers trust the government and community less since joining the association, half also trust government less since HIV began, so generalized diminishing trust of government cannot be blamed on the associations. Community trust has most likely changed however as a member bonds with other members (and becomes a part of the group consciousness) and feels closer to them than the larger community. (In general, however, since HIV began, HIV mobilizers trust everyone less than non-mobilizers; since joining the association they trust government less than human rights mobilizers, signifying that there is indeed suspicion within the HIV associations, which may stem from the generalized suspicion or from access to information from international sources such as South Africa, where the state-society relationship has been antagonistic

⁴⁹ This is also discussed in *Chapter 4, Methodology*, and I feel that the testing of these variables in more than one manner alleviated, or at least reduced, any problem with sincerity.

regarding HIV.) The foundation for the associations is trust: in situations of extreme poverty, activities such as *xihiva* and *cupedzana* incorporate an economy of affection because individuals know that they will need help later. Formalizing these groups into larger HIV based associations is a way to get ahead by pooling resources and creating a group consciousness. There is a sense of accomplishing something when one works with an HIV association, and many create an identity of relative importance because they have a ‘job’ to do—they are putting themselves on the line and defying community norms in order to educate their communities.

The data are at times fairly straightforward; those who say they would like to be paid are more likely to live in urban regions and mobilize for more individualized incentives (e.g. career advancement, food or money, etc.). For non-mobilizers, the most important reasons include having no time (more non-mobilizers have salaried employment), wanting to put family first, or not knowing of an association or having access to one in their area. They seem more open to meeting other PLWHA and receiving help from them than might be initially expected, although non-mobilizers also have a harder time talking about HIV from fear about someone discovering their status. While leaders say that it is difficult to condition Mozambicans to help themselves due to the history of socialism and aid in the country, and the influx of aid breeds individualism and low loyalty to salaried jobs in the AIDS domain, the fact that many are indeed mobilizing (and those who are not don’t seem to put emphasis on ideological reasons for avoiding doing so) is a positive sign. This is an area that associations and government can try to capitalize on by bringing in more volunteers.

Because most HIV mobilizers do not have salaried employment elsewhere, we can reject the null hypothesis of H8: (*HIV mobilizers are less likely than non-mobilizers to have salaried work elsewhere*). In examining H2 (*HIV mobilizers deem community benefits more important*

than individual economic or job related benefits), we would initially fail to reject the null hypothesis. But this is a tricky one, as it also depends on location. For urban areas, it would be appropriate to fail to reject the null hypothesis because many say they would wish to be paid (and are more likely to state that individual type incentives are important), whereas for rural areas it is appropriate to reject the null hypothesis of no relationship because rural HIV mobilizers are more likely to place greater weight on voluntarism. Thus, we might amend this hypothesis to test it further later on: “HIV mobilizers in urban areas deem individual economic or job related benefits as most important. HIV mobilizers in rural areas deem community benefits as most important” in which case we can reject the null hypothesis.

Civic-ness and the Politics of HIV

In most urban regions, due in part to the saturation of donors and programs, there exists confusion about the roles each entity should play. Brokers are often captured by the state and thus offer a weak link between associations and government, which increases confusion (this is discussed in the next chapter). Because infrastructure is so poor in Mozambique, most rely on *regulados* for mitigation, and *curandeiros* for health care. Neither of these has yet to be formally and fully incorporated into government, and thus a great deal of subjectivity and inaccurate medical information abounds. *Curandeiros* fill in the gap of the health infrastructure, but they also may be contributing to a sense of complacency concerning the lack of medical care, simply by their existence. Some *regulados* are beginning to help build a civic public in the sense that they take on domestic issues, hold community meetings and work off the rhetoric of human rights (although the latter is done very sporadically and not necessarily in a fully actualized sense of the term). Space, however, is still a problem in community discussions.

Further along in this construction are the HIV associations, which have members with different ethnicities, political affiliations, economic situations and religious affiliations, and thus

are not based on primordial attachments as many groups have been over the years in African counties. Non-mobilizers are more likely than HIV mobilizers to prefer talking to someone else who has their same type of affiliation, signifying a positive relationship between association membership and talking to others of differing backgrounds. HIV mobilizers are more likely to feel comfortable talking about human rights, to have taken part in a demonstration, to belong to another association and to have participated in a number of different types of civic activities.⁵⁰ Non-urban mobilizers are more likely than their urban counterparts to have written a letter, taken part in decision making, have a meeting about some political topic, or contact a government official about HIV (probably due to the access to *regulados*). Thus, out of the four possible groups, non-urban mobilizers are most likely to have participated in civic activities. This is positive news for the rural areas; by engaging in civic activities, volunteers are learning skills associated with citizenship. Additionally, the fact that members state that associations are teaching them how to listen to and persuade others opens up the channels for who is allowed to debate issues within the public realm, whether or not they are listening to others with differing backgrounds, and how power is dealt with. Thus, for H3 (*HIV mobilizers partake in more civic activities than non mobilizers*) it is appropriate to reject the null hypothesis because HIV mobilizers engage in civic activities and associations have different types of members.

Association leaders state that human rights and access to ARVs make HIV political, while members are mixed in their opinions, often changing based on the way the question is asked. HIV is not automatically associated as a political topic for survey respondents, unless it is specifically asked as such, as evidenced by their responses to various questions to get at the same concepts. They view ARVs and food, however, to be the most political aspects to the disease.

⁵⁰ Such activities are: letter writing, decisionmaking, planning meetings, giving presentation/discussion, participating in a debate, attending a meeting about some political topic.

Most view it as public (public topics as including crime, poverty and education), and it is intuitive that non-mobilizers are more likely to view it as private (since they are not publicly mobilizing around it). Non urban respondents in general are also more likely to view it as private (in the same realm with sex, love life and finances), which makes sense given that they live in small towns where gossip spreads quickly. And, indeed, more HIV mobilizers view it as a political topic than a private topic, while more non-mobilizers view it as a private topic rather than a political topic (political topics also include unemployment, education, elections and crime). But while HIV was overwhelmingly given as a general open-ended response when asked what constitutes private and public types of topics, only a few answered as such that it is a political topic. Maputo respondents are more likely to view it as a political topic than those in the central province, most likely because of proximity to South Africa and the bulk of aid agencies.

H4 (*HIV mobilizers are more likely to define HIV as a public or political topic and non-mobilizers will define it as private*) is therefore tricky because 86% of both mobilizers and non mobilizers define HIV as public, but the likelihood of defining it as political is not significant. Non-mobilizers are, however, more likely to define it as a private topic (and in fact three-quarters of them do). Thus, this hypothesis is more explanatory if it is disaggregated into subsections: H4a: HIV mobilizers are more likely than non mobilizers to define HIV as a public topic. (*Fail to reject* the null hypothesis.) H4b: HIV mobilizers are more likely than non mobilizers to define HIV as a political topic. (*Fail to reject* the null hypothesis.) H4c: Non mobilizers are more likely than HIV mobilizers to define HIV as a private topic. (*Reject* the null hypothesis, but take care with this, because more non-mobilizers still define HIV as public than they do as private.)

Finally, there are striking similarities in the responses between HIV mobilizers and human rights mobilizers. Human rights mobilizers are most 'progressive' concerning some types of discussions, civic activities and levels of trust, but HIV mobilizers are not far behind because these are generally the only categories of any significant difference. (We might think of these groups as along a continuum of rights based discourse and civic activities, with non-mobilizers at the left, human rights mobilizers at the right, and HIV mobilizers to the right of center. HIV mobilizers are thus 'catching up' to the human rights mobilizers in their tactics.) Therefore, regarding H7 (*HIV mobilizers and human rights mobilizers are similar to each other in their activities and attitudes*), we can reject the null hypothesis.

Conclusion

In short, one policy question here comes down to acceptance versus rejection in the sexual relationship: all the aspects involved in engaging in safe sex are tantamount to a risk of rejection by the lover for any number of reasons, all of which have been discussed here, while to engage in risky behavior ensures acceptance. This is a great enough incentive for individuals in impoverished countries who have little else in the way of commodities. This constitutes a strong portion of the reason that AIDS has taken hold in poor communities not only in Africa, but also in India, Brazil, and inner cities in the United States, particularly when the emphasis is on bearing children (with an average of five per woman in the case of Mozambique) to acquire adherents and power (UNDP 2007). Family life is thus quite political in the sense that women are relegated to certain gender roles that place them in a position of subordination, that they are often unable to pull themselves out of poverty without resorting to sexual relationships, and that these are only sporadically addressed by government.

In a situation of extreme poverty, two types of situations are occurring in the AIDS domain: first, group activities such as *xihiva* and *cupedzana* utilize social attachments like those

in the economy of affection to sustain members and help those who are sick. This serves as the basis for the more formalized HIV associations. This is a nod toward the reciprocity argument and illustrates a positive, tangible modern day example of activity that occurs for community members with an eye toward the return of future help if need be one day. At the same time, however, the prevalence of sex work, as evidenced by variations in forms of sexual trade, illustrates a market economy that is negative (because it spreads HIV) and very much based on individualized incentives and gain. The full implications of these are discussed in detail in the final chapter.

Table 6-1. Has paid work

Do you have paid work somewhere?	yes	no	Total	χ^2
HIV mobilizer	19 (12%)	134 (88%)	153	11.97**
Non mobilizer	30 (30%)	70 (70%)	100	

*p< .05

**p< .01

***p≤.001

Table 6-2. Reasons for mobilizing against HIV

Reasons for mobilizing against HIV	Not important	Sometimes important	Very important	N
I found it exciting	15 (10%)	15 (10%)	119 (80%)	149
I wanted to learn more about government politics/policies about HIV	11 (7%)	14 (9%)	124 (83%)	149
The opportunity to work with people who share my ideals	4 (3%)	19 (13%)	126 (84%)	149
The opportunity to meet important and influential people	15 (10%)	46 (30%)	90 (60%)	151
The opportunity to influence government politics/policy	77 (52%)	48 (32%)	23 (15.5%)	148
My duty as a citizen	8 (5%)	18 (12%)	121 (82%)	147
I am the type of person who does my part	52 (35%)	45 (30%)	52 (35%)	149
The opportunity to further my work/career	12 (8%)	30 (20%)	105 (71%)	147
The opportunity to meet people that respect	26 (17%)	39 (26%)	85 (57%)	150
Perhaps I would want to have payment for this work one day/make a career	67 (45%)	47 (31.5%)	35 (23%)	149
The opportunity to be with people whom I enjoy	12 (8%)	18 (12%)	119 (80%)	149
I didn't want to say no to someone who asked	51 (34%)	21 (14%)	78 (52%)	150
I might want to have help from officials in personal or family problems	49 (33%)	39 (26%)	62 (41%)	150
The opportunity to make the community or country a better place to live	3 (2%)	20 (13%)	127 (85%)	150
The opportunity to further the objectives of PLWHA	5 (3%)	13 (8%)	133 (88%)	151
The possibility of receiving money for my time here	88 (59%)	39 (26%)	23 (15%)	150
The possibility of receiving food for my time spent here	89 (59%)	36 (24%)	26 (17%)	151

Table 6-3. Financial incentive and reason for mobilization

		Not important	Sometimes important	Very important	N	χ^2
I am the type of person who does my part	Wants to be paid	30 (50%)	19 (32%)	11 (18%)	60	14.534***
	Happy to continue volunteering	22 (25%)	26 (29%)	41 (46%)	89	
The opportunity to further my work or career	Wants to be paid	4 (7%)	18 (31%)	37 (63%)	59	6.206*
	Happy to continue volunteering	8 (9%)	12 (14%)	68 (77%)	88	
I may want to have payment for this work one day/make a career	Wants to be paid	17 (28%)	18 (30%)	25 (42%)	60	20.385***
	Happy to continue volunteering	50 (56%)	29 (33%)	10 (11%)	89	
I didn't want to say no to someone who asked	Wants to be paid	33 (55%)	7 (12%)	20 (33%)	60	20.060***
	Happy to continue volunteering	18 (20%)	14 (16%)	58 (64%)	90	
I may want to have help from officials in personal or family problems	Wants to be paid	14 (23%)	14 (23%)	32 (53%)	60	6.424*
	Happy to continue volunteering	35 (39%)	25 (28%)	30 (33%)	90	
The possibility of receiving money for my time here	Wants to be paid	24 (40%)	20 (33%)	16 (27%)	60	16.385***
	Happy to continue volunteering	64 (71%)	19 (21%)	7 (8%)	90	
The possibility of receiving food for my time spent here	Wants to be paid	25 (42%)	19 (32%)	16 (27%)	60	12.759**
	Happy to continue volunteering	64 (70%)	17 (19%)	10 (11%)	91	

*p< .05 **p< .01 ***p≤.001

Table 6-4. Scale of ‘individual incentives’ (receive payment/possible career, food or money from my time with association)

Incentives ⁵¹	Cronbach's Alpha	Mean	t	N
Wants to be paid	.83	2.86	4.774*** (2 tailed sig=.000)	60
Happy to continue as volunteer		1.30		88
Difference=1.56				

*p< .05

**p< .01

***p≤.001

Table 6-5. Type of HIV mobilizer and salary/volunteer

		urban	rural	N	χ^2
Salary/Volunteer	Wants to be paid	57 (45%)	69 (55%)	126	9.624**
	Happy to continue as a volunteer	3 (12%)	22 (88%)	25	

*p< .05

**p< .01

***p≤.001

Table 6-6. Scale of ‘individual incentives’ (possibility of receiving payment or to further my career,’ ‘receive payment’ and ‘receive food’)

Incentives ⁵²	Cronbach's Alpha	Mean	t	N
Urban HIV mobilizers	.83	2.08	3.224** (2 tailed sig=.002)	128
Non-Urban HIV mob.		1.04		24
Difference=1.04				

*p< .05

**p< .01

***p≤.001

⁵¹ These three responses separately had a possible answer of 0 (not important), 1 (sometimes important), 2 (very important). These were recoded together into possible answers of 0-6 and the means were then tested. If one variable had missing data, the recoding was as missing data.

⁵² These three responses separately had a possible answer of 0 (not important), 1 (sometimes important), 2 (very important). These were recoded together into possible answers of 0-6 and the means were then tested. If one variable had missing data, the recoding was as missing data.

Table 6-7 Scale of 'community incentives' of 'I am the king of person who does my part' and 'didn't want to say no to someone who asked'

Incentives ⁵³	Cronbach's Alpha	Mean	t	N
Urban HIV mobilizers	.73	2.04	-3.364** (2 tailed sig=.002)	125
Non-Urban HIV mobilizers		2.96		27
		Difference=		
		-.92		

*p< .05

**p< .01

***p≤.001

⁵³ These two responses separately had a possible answer of 0 (not important), 1 (sometimes important), 2 (very important). These were recoded together into possible answers of 0-4 and the means were then tested. If one variable had missing data, the recoding was as missing data.

Table 6-8. Reasons for inactivity, number respondents

	Not important	Somewhat important	Very important	N
No time	26 (26%)	22 (22%)	51 (51%)	99
I need to put my family first before worrying about others	38 (39%)	17 (17%)	44 (44%)	99
The important things in my life are not resolved by joining a group for HIV	61 (61%)	24 (24%)	14 (14%)	99
I didn't think of it	34 (34%)	20 (20%)	45 (45%)	99
It is not important to me to meet others living with HIV	74 (77%)	10 (10%)	12 (13%)	96
I don't feel the group can help me	70 (73%)	11 (11%)	15 (16%)	96
I don't like the people working with HIV groups	74 (76%)	19 (19%)	5 (5%)	98
It is not my responsibility to educate others about HIV	57 (59%)	22 (23%)	17 (18%)	96
I am too sick	44 (45%)	23 (23%)	31 (32%)	98
I am too tired	52 (55%)	27 (28%)	16 (17%)	95
I have fear for others to know (stigma/discrimination)	37 (38%)	29 (30%)	31 (32%)	97
I have a hard time talking about HIV	43 (45%)	31 (33%)	21 (22%)	95
I don't know of a group in my area	32 (34%)	18 (19%)	44 (47%)	94
I am afraid that someone in the community would discover I have joined a group	32 (32%)	40 (40%)	27 (27%)	99
I am afraid that someone in my family would discover I have joined a group	44 (45%)	32 (33%)	22 (22%)	98

Table 6-9. Trust of government since HIV began

	less	same	more	N
HIV mobilizer	80 (52%)	45 (29%)	30 (19%)	155
Non mobilizer	45 (45%)	36 (36%)	18 (18%)	99

Table 6-10. Trust of community since HIV began I

	less	same	more	N	χ^2
HIV mobilizer	93 (60%)	29 (19%)	33 (21%)	155	6.458*
Non mobilizer	52 (53%)	32 (32%)	15 (15%)	99	

*p< .05

**p< .01

***p≤.001

Table 6-11. Scale of Trust of community, government, family, religion, donors since HIV

	Cronbach's Alpha	Mean	t
HIV mobilizer	.74	-.34	-.468 (2 tailed sig.=.640)
Non-mobilizer		-.17	
		Difference=.17	

Table 6-12. HIV mobilizers and trust since joining association

	Less	Same	more	N
Trust of government	67 (45%)	47 (31%)	36 (24%)	150
Trust of community	78 (52%)	35 (23%)	40 (27%)	150

Table 6-13. Public, private, political (across all regions)⁵⁴

Views HIV to be a...	Private topic	Public topic	Political topic
HIV mobilizers	48%	86%	57%
Non mobilizers	67%	86%	61%

Table 6-14. Type of mobilizer and attitude about 'private' topic

In your opinion, is HIV a private topic?	yes	no	N	χ^2
HIV mobilizers	63 (48%)	68 (52%)	131	7.729**
Non mobilizers	56 (67%)	27 (33%)	83	

*p< .05

**p< .01

***p<.001

⁵⁴ HIV mobilizers: private topic 63/131, public topic 120/139, political topic 78/137. Non mobilizers: private topic 56/83, public topic 72/84, political topic 51/83.

Table 6-15. Location of HIV mobilizer and perception as private topic

	Type mobilizer	urban	Non urban	N	χ^2
HIV is a private topic	No	82 (86%)	13 (14%)	95	8.914**
	yes	82 (69%)	37 (31%)	119	

*p< .05

**p< .01

***p≤.001

Table 6-16. Cross cutting ties

HIV mobilizers	yes	N
This associations has members of different ethnicities	137 (93%)	148
...different political affiliations	101 (71%)	142
...different economic situations	135 (91%)	149
...different religious affiliations	143 (98%)	146

Table 6-17. Ethnicity

HIV associations only/location		no	yes	total	χ^2
There are people with different ethnicities?	Urban	6 (5%)	116 (95%)	122	6.382*
	Rural	5 (19%)	21 (81%)	26	

*p< .05

**p< .01

***p≤.001

Table 6-18. Preference in discussions⁵⁵

When talking about HIV, I prefer to talk to someone of the same...(across all HIV associations)	Type	Same type	Doesn't matter	N	χ^2
Gender as me	HIV mobilizers	8 (5%)	145 (95%)	153	2.859*
	Non mobilizers	10 (11%)	80 (89%)	90	
Economic situation as me	HIV mobilizers	7 (5%)	146 (95%)	153	5.205**
	Non mobilizers	11 (13%)	76 (87%)	87	
Political affiliation as me	HIV mobilizers	15 (10%)	138 (90%)	153	14.66***
	Non mobilizers	25 (29%)	61 (71%)	86	
Ethnic affiliation as me	HIV mobilizers	4 (3%)	148 (97%)	152	6.28**
	Non mobilizers	9 (10%)	79 (90%)	88	

* p< .10

**p< .05

***p< .01

⁵⁵ When the N here is less than the total of 155 it generally indicates that the respondent indicated that (s)he doesn't discuss HIV.

Table 6-19. Comfort discussing human rights I

		Very uncomfortable or sometimes uncomfortable	Comfortable or very comfortable	N	χ^2
How comfortable do you feel discussing human rights?	HIV mobilizer	19 (12%)	134 (88%)	153	4.891**
	Non mobilizer	23 (23%)	77 (77%)	100	

*p< .05

**p< .01

***p≤.001

Table 6-20. Type of mobilizer and civic activities

In the last 6 months, have you...	Type of mobilizer	yes	no	N	χ^2
Written a letter	HIV mobilizer	34 (22%)	119 (78%)	153	7.75**
	Non mobilizer	8 (9%)	86 (81%)	94	
Taken part in decisionmaking in a meeting	HIV mobilizer	69 (45%)	83 (55%)	152	34.416***
	Non mobilizer	9 (10%)	85 (90%)	94	
Personally planned meetings	HIV mobilizer	70 (46%)	82 (54%)	152	25.007***
	Non mobilizer	14 (15%)	80 (85%)	94	
Given a presentation or discussion	HIV mobilizer	81 (54%)	69 (46%)	150	46.461***
	Non mobilizer	10 (11%)	84 (89%)	94	
Participated in a debate about some topic	HIV mobilizer	113 (75%)	37 (25%)	150	55.867***
	Non mobilizer	25 (27%)	69 (73%)	94	
Had a meeting about some political topic	HIV mobilizer	34 (23%)	116 (77%)	150	3.70* (.054)
	Non mobilizer	12 (13%)	82 (87%)	94	

*p< .05

**p< .01

***p≤.001

Table 6-21. Scale of activities in the last 6 months

	Cronbach's Alpha (of 6 activities)	Mean	t	N
HIV mobilizer	.74	2.62	9.3*** (2 tailed sig=.000)	153
Non-mobilizer		.83		94
Difference=1.79				

*p< .05

**p< .01

***p≤.001

Table 6-22. Location of HIV mobilizers and civic activities

		no	yes	N	χ^2
Have you written a letter in last 6 months within this association?	Urban	102 (81%)	24 (19%)	126	4.163*
	Non-urban	17 (63%)	10 (37%)	27	
Taken part in decision-making in a meeting?	Urban	75 (60%)	50 (40%)	125	8.262**
	Non-urban	8 (30%)	19 (70%)	27	
Participated in a debate about some topic in this association?	Urban	27 (22%)	96 (78%)	123	2.712 (.100)
	Non-urban	10 (37%)	17 (63%)	27	
Contacted government officials about something within this org?	Urban	100 (83%)	20 (17%)	120	7.676**
	Non-urban	16 (59%)	11 (41%)	27	
Had some meeting about some political topic	Urban	99 (80%)	24 (20%)	123	3.879*
	Non-urban	17 (63%)	10 (37%)	27	

*p< .05

**p< .01

***p≤.001

Table 6-23. Since HIV began, trust of the community

	less	same	more	N	χ^2
HIV mobilizer	93 (60%)	29 (19%)	33 (21%)	155	13.926***
Human rights mobilizer	32 (43%)	31 (42%)	11 (15%)	74	

*p< .05

**p< .01

***p≤.001

Table 6-24. Trust in government since joining association

	less	same	more	N	χ^2
HIV mobilizer	67 (45%)	47 (31%)	36 (24%)	150	5.225*
HR mobilizer	23 (31%)	34 (46%)	17 (23%)	74	

*P<.10

**P<.05

***P<.01

Table 6-25. HIV as private topic (HIV and human rights mobilizers)

	no	yes	N	χ^2
HIV mobilizer	68 (52%)	63 (48%)	131	4.747*
Human rights mobilizer	50 (68%)	24 (32%)	74	

*p< .05

**p< .01

***p≤.001

Table 6-26. Different religious affiliations in HIV and human rights associations

	no	yes	N	χ^2
HIV mobilizer	3 (2%)	143 (98%)	146	4.586*
Human rights mobilizer	6 (8%)	68 (92%)	74	

*p< .05

**p< .01

***p≤.001

Table 6-27. HIV and human rights mobilizer activity

	In last 6 months, has given presentation		Has participated in a debate		Has participated in meeting about political topic	
	No	Yes	No	yes	No	yes
HIV mobilizer	69	81	37	113	116	34
Human rights mobilizer	17	56	10	63	32	41
χ^2	10.691*** (.001)		3.551* (.10)		24.685 (.000)***	

*p<.10

**p<.05

***p<.01

Table 6-28. Level of comfort discussing government politics/policies

	Very uncomfortable	Sometimes uncomfortable	comfortable	Very comfortable	N	χ^2
HIV mobilizer	59 (41%)	40 (28%)	36 (25%)	8 (6%)	143	16.639*
Human rights mobilizer	11 (15%)	25 (34%)	32 (43%)	6 (8%)	74	

*p< .05

**p< .01

***p≤.001

Table 6-29. Level of comfort discussing human rights

	Very uncomfortable	Sometimes uncomfortable	comfortable	Very comfortable	N	χ^2
HIV mobilizer	6 (4%)	13 (8%)	44 (29%)	90 (59%)	153	6.887*
Human rights mobilizer	1 (1%)	1 (1%)	18 (25%)	53 (73%)	73	

*p<.10

**p<.05

***p<.01

CHAPTER 7 GAMES HIV/AIDS ACTORS PLAY

The CD4 count is a political reason, not a health reason.

—Margarida Rui Joao, social assistant for Hospital Dia at Europea Hospital, August 2007

This chapter focuses on associational behavior in regards to government as well as government behavior in regards to associations. Thus, it incorporates two theoretical entities concerning the AIDS domain: first, the use of theatre as a strategic tactic of resistance within the public realm; second, the prevalence of corruptive practices that block independence of associations. The first of these is relatively straightforward in its focus, at times, on education, and at other times on changing power structures within the community. The second, however, is more nuanced, as it lists as its co-partners tensions among government organizations and the *jogo de interesses* (game of interests) that is currently occurring with the scramble for resources.¹ The second part of the chapter also includes survey data relating to other forms of political behavior as it is important to examine potential links between these and associational behavior; and expectations and attitudes about government and corruption.

Theatre as Political Activity in the Public Sphere²

Often, one can determine the strength of the desire to rebel by values incorporated in changing rhetoric, folk songs, and methods of resistance, including the use of performance and theatre. Theatre offers a tactic of resistance to hegemony, be they centered in the communities, government, or international realm. Theatre became more accessible in the 18th Century in Europe because it moved from inside royal palaces to outside for others to see. In order to

¹ To clarify, this is what I refer to when I state that actors play strategic ‘games’ concerning having their interests met. It is not meant to trivialize the seriousness of the disease.

² Sections from this chapter are forthcoming in Fenio 2009.

understand the “publicity of representations” (Habermas 1989) citizens needed to discuss performances via rational communication, as much of it, like theatre today, was open to subjectivity, yet prevalent opinions based on historical knowledge and situational context trumped novice understanding.³ By the end of the 1800s, conflicts of interest that could no longer be settled in the private realm were pulled into the political realm, privatization ensured that state and society were no longer such separate entities, and society members realized the futility in defining relationships as solely horizontal since power ensured that some became patrons and others clients.⁴ The de-politicization of information in order to appeal to mass consumers relegated the public realm of debate to the sidelines as the media began to spoon-feed its clients. With the advent of mass consumerism, entertainment became more important than information as it presented “a substitute more palatable for consumption and more likely to give rise to an impersonal indulgence in stimulating relaxation than to a public use of reason.” (Habermas 1989: 170) This affected what the masses were willing to watch/listen to, and although experts discussed a specialized topic, it was often behind closed doors, inaccessible to the public.

This has occurred (and continues today) in Mozambique with the use of the Portuguese language, which most cannot speak much less read, and by focusing most country-wide development planning in Maputo. Citizens are certainly receptive to entertainment, but are not always critical in their acceptance of what is handed to them, particularly when it comes from

³ The current climate in Mozambique is not conducive for the Habermasian calling for three discussion criteria: a disregard for status; culture as commodity (requiring outside information to understand); and as inclusive with those who own property and are educated. Only the second is a possibility right now.

⁴ During this period the private realm became synonymous with leisure time rather than a mode of production and economic antagonisms turned into political conflict.

those who have greater economic, social or masculine power (and because internet is still sporadic in Africa, this doesn't balance out like it does in other regions).

In Mozambique, theatre from the early 1900s through the 1940s emphasized “a benevolent colonial state...and perpetuated the myth of the unsophisticated ‘native’.” (Ndege 2007: 41) Plays from the colonized perspective developed only slowly due to state censorship, although by the 1970s, several scripts dealt with subjugation and a backlash against colonial dictatorship and values. But Frelimo later censored plays to ensure its own agenda of socialism: “the plays were hardly critical of the ideological path of the one-party socialist state because the Frelimo government was simply not receptive to criticism of its policies.” (Ndege 2007: 42) Additionally, throughout colonialism in Africa, attempts to raise the consciousness of the oppressed beget political theatre (which was then often censored or used to exile the playwright/performers). Demands for social change grew, however, and officials found difficulty in attempting to censor acting troupes that ran secretive operations, setting up shop wherever it was safe and disappearing the following week. Because black theatre was often discouraged, it went underground in guerilla camps in countries such as Zimbabwe, Mozambique and Zambia. (Ndege 2007)

Theatre for Development and HIV/AIDS

Along with HBC and private discussions with family members, a central tactic for many HIV associations is theatre and dance, as these allow for a presentation and/or debate of ethical norms.⁵ Theatre is an effective way to reach communities that have little other access to media or information due to high illiteracy rates. It is enjoyable because it fosters group identity,

⁵ In Mozambique, 36 artists joined together in 2003 to participate in a traveling edutainment (education-entertainment) show, *Tudo Pela Vida* (All For Life), for an HIV/AIDS awareness campaign. They played 25 concerts and held workshops in Maputo, Inhambane and Gaza, targeting older children, widows, truck drivers, sex workers and migrant mine workers. Local artists in each of the visited areas were involved in the goal of continuing active campaigns after the road show departed. This was the first time in 30 years that artists mobilized in this capacity in the country (UN Office for the Coordination of Humanitarian Affairs 2004).

appeals to a sense of community, and challenges assumptions “by adding a ‘piece’ to a person’s cognitive ‘jigsaw puzzle’.” (Scholssman 2002: 118) At times, international development agencies promote theatre as a development tool, because it pinpoints and relays relevant topics, is relatively inexpensive and can be done on the spur of the moment in the streets.⁶

Theatre for Development (TFD), which has emerged in various forms in Africa, prioritizes education and entertainment (known as edutainment) and interaction, and incorporates new twists on how performance is conceptualized and implemented. AIDS plays, political because they highlight the problems that create oppression, concern the struggle for power between men and women, between agencies involved, and between policy topics, pull a historically private topic into the street for all to see and discuss and can be quite controversial.⁷ Augusto Boal’s (1979) Forum Theatre highlighted issues of interest to Latin American peasants and raised consciousness as to relative events around them; empowerment, self-liberation and ‘conscientization’ occurred in this form through role playing whereby participants could imagine a situation in which they were able to band together against their oppressors (e.g. landlords, medical workers, managers).⁸ Also used in African countries, Forum Theatre makes theatre democratic in a profound way: actors perform a scene illustrating a typical situation leading up to a conflict and when the crux of the dilemma occurs (e.g. the husband tries to throw an HIV

⁶ “Unlike the West, music and dance performances in Africa are not exceptional events to be enjoyed only within the carefully bounded periods of time set aside for recreation. Rather, music and dance in Africa is part of how people learn, how people socialize, and how people communicate spirit in the face of destiny.” (Bourgault 2003: 205)

⁷ Topics include prevention techniques, living with/helping an infected community member, role playing, interactive drama, and the portrayal of power structures which depict the relationships between men and women (specifically concerning sexuality, marriage, condoms, and sugar daddies), unsafe sexual practices, domestic violence, new laws, human rights and gender roles.

positive wife out of the house) the action ceases and audience members are invited to practice various scenarios in order to attempt to change the outcome of the plot.⁹

The performances offer women the chance to try on empowerment and rehearse difficult discussions, thus inspiring greater confidence to approach taboo topics.¹⁰ But the performances are not without problems: if done poorly, oppression is reproduced rather than mitigated, competition increases between groups, and medical information can become marginalized. (Schutzman and Cohen-Cruz 1994) Durden and Nduhura (2003) argue that AIDS performance has raised consciousness in South Africa and increased discussions, but younger women often back down when confronted by an older man; one performance may advocate condoms while another abstinence, thus creating confusion in resource starved populations; performance leaders must be well educated so as to adequately address informal community norms and avoid falling into cultural stereotypes, particularly concerning male-female relationships. ‘Dissociation’ can also occur, leading the audience member to shut off or disengage out of skepticism.¹¹

Thus, the performances, because they are rooted in power relations, have political effect:

while the political must have some correlation to matters of law of policy production, any number of acts, symbolic or otherwise, that contribute to those matters, whether or not

⁸ Boal’s Theatre of the Oppressed (1979) has been used in many situations regarding women’s rape, violence, and health; part of the goal is to take individual experience and strengthen it with collective resistance.

⁹ The first scene sets up the problem in a provocative manner (e.g. characters who depict less than favorable actions) so as to coerce audience participation. The facilitator invites audience members to act out potential solutions to the crisis, thus rewriting the script by replacing problematic behavior with its opposite. The facilitator must keep prevalent issues such as trust and intimacy at hand and ensure that younger women, who are often intimidated by older men, participate. At the end, there is a dialogue between the performers, facilitator and audience, the latter of which often includes health professionals.

¹⁰ The discussion at the end is significant--simply watching a performance is not effective by itself without discussing questions and solutions afterward (UNFPA 2002). Generally, government is only partially involved in funding in most countries. The bulk of funding for TFD AIDS dramas comes from the NGOs and international organizations (UNFPA and Oxfam are big advocates).

¹¹ The art of politics centers on dialogue and persuasion through rhetoric so as to make an individual relate to a public portrayal enough to act differently in the private sphere. *Dissociation* occurs when one is overly critical toward that which is being portrayed in the public sphere, and thus is not sympathetic to the situation at hand. This can promote critique but also disengagement and the most successful types highlight power relationships (Davis 2003: 152).

such was the intention of the actors themselves, may be construed as having political *effect*. Oftentimes when people are operating out of frustration or even pure antagonism to the operations of a particular system, and commit acts of resistance to that system, they are not necessarily thinking beyond their situation of pure frustration or rage, they are simply making themselves known and felt, as opposed to accepting a position of submission to injustice. ... Sometimes the effects of these artists' acts of resistance, violent in form and subversive in content, have unexpected outcomes not thought out by the actors themselves, whether they acted unconsciously or with some kind of conscious political agenda, strategy or plan. (Erickson 2003: 171)

Theatre, Advocacy and Other Tactics within Associations

Many associations that deal primarily with HIV (such as Rensida, MSF, Sant'Egidio, Kuyakana, Matram, Monaso, Kindlimuka) have been argued to be at the forefront of lobbying the state (Interview with Helder White, Monaso, January 2007) but in reality, these groups have varying tactics and strengths.¹² For example, MSF and Sant'Egidio are international organizations that implement ARV treatment at hospitals and thus are not grassroots based. Rensida and Monaso are HIV networks that oversee PLWHA and HIV based associations within the country, yet are weak and defined by many in the community to have been 'captured' by government interests. Finally, Kuyukana is unorganized and sporadic and Kindlimuka is strong but does not push government too hard; Mozambique's Movement for Access to Treatment (Matram) is at the forefront of independent political lobbying.¹³

Many of these associations conduct similar activities, so I choose to highlight only a few of the groups, rather than all that were involved with this research. Most aggregate around a common frame of human rights; many perform public street theatre, hold discussions in their 'office' (whether that consists of an actual office, a school, or under a tree), try to inform community members about their chosen topic through private house calls, conduct door to door

¹² I discuss these associations throughout this chapter, but for additional information, see *Appendix A*.

¹³ The research team tried to use Kuyukana as a primary association, but after several problems with scheduled interviews, focus groups, and surveys (e.g participants mixed up dates, failed to organize respondents, or made mistakes regarding what we had asked for) it was dropped.

campaigns, hold public meetings with the *régulo* and community, take patients to hospitals, talk to family members about stigma, and organize HBC activities. Some lobby government, or attempt to educate other associations about contacting government. (See *Chapter 4* and *Appendix A* for more about activities.) Within most, there are set rules (either formal/written or more informal) whereby one is kicked out for engaging in what would be considered reprehensible behavior, such as discrimination, telling inappropriate others about who is HIV+, lying and saying they are going to work in a community and then skipping it, or pretending to work in the community just to get the stipend at the end.¹⁴

Some of the groups define the roles of activist, HBC worker and advocate slightly differently, but all have the following included. An *activist* is someone who is involved in presentations, theatre, and/or meetings; works in schools; mobilizes community members; and/or helps children. An *advocate* teaches the government and community about the mitigation of HIV, negotiates with other organizations for treatment access, protests, and/or lobbies donors or government. A *HBC worker* gives information to families, focuses on health medications and food for the patient, visits the home to combat stigma and discrimination, and often engages in *chá positivo* (positive tea, or having a cup of tea and a discussion with a patient).¹⁵ Therefore, the roles fall under the categories of public and/or political (regarding community and/or government through theatre and public rallies) or private (through talking individually to a patient or family).

¹⁴ Information from focus group with Rudno Ni Upenhi, 16 April 2007. These rules are enforced, however, with varying levels of strength; often the perpetrator is given more than one chance to make amends. Several participants noted the difficulty in kicking out a volunteer; rather, the goal seems to be to reform him or her.

¹⁵ Discuss of *chá positivo* with Fernanda*, a 31-year-old woman, with one child, working with Matram, 25 January 2007.

Additionally, advocacy also involves a discussion of, or the attempt to change, ‘dominant discourse’ found within communities, particularly concerning male dominance and women’s inequality. This is usually done through the frame of human rights, and thus associations capitalize on the concept of ‘protecting citizens.’ Yet this can lead to other problems, as suggested by Englund (2006), whereby NGOs create new ‘subjects’ by using a rhetoric that is hegemonic in its elitism, continues to overlook the needs of the truly marginalized, and accepts whatever donor-driven definition is on the table.¹⁶ Theoretically, the prevalence of this type of problem most likely differs depending on the case at hand.

Also included in the human rights frame is the construction of identity that centers on ‘us’ (PLWHA) and ‘them’ (the bad guys—community, government, lovers--who marginalize us). ‘Them’—the outsiders—must be educated and informed, their moral code condemned, as the universal identity as citizens of this country trumps traditional identities as subordinates. Associations do indeed provide not only social support, but also a new world of acceptance and a cause for living, both of which are strengthened through the rhetoric utilized, the *troca de experiências* (trade of experiences) and the moral implication that comes with the mandate that members need not disclose their infection status, thus illustrating the acceptance of different types of individuals.

Maputo: Kindlimuka and the Rensida associations

Kindlimuka has a building located in central Maputo whereby activists come for training in seminars, debates, focus groups, and discussions about HIV related health issues.¹⁷ The core

¹⁶ In his examination of Malawi, he illustrates that while it has been argued elsewhere that a public sphere should enhance a liberal democracy because of the debates that occur within it, “the mere allowance of arguments and disputes to take place in public is less crucial to democracy than what those arguments are *about*” (Englund 2006: 6).

¹⁷ Adriano Matsinhe was the founder of *Kindlimuka* and one of the first to publicly state that he was HIV positive.

group of volunteers cooks each day in the kitchen, and can often be found gathered around the table discussing the latest gossip, health information, or watching one of the many Brazilian *telenovelas* (soap operas) on the association's television. At any given time there are several people in the waiting room, an ongoing seminar about community participation and stigma, or various foreign students, volunteers or journalists perusing the offices.

One of Kindlimuka's tactics is to conduct HIV prevention in schools: in one of 21 schools most of the children, between the ages of 13 and 18, will participate in two 45 minute sessions per week for a year. Education is based on South Africa's Soul City project (a soap opera about HIV and communication): "We will give out different statements and ask people to line up on either side of the room based on whether they agree or disagree. They then have to argue for their position. Children can then shift sides based on the arguments presented. We use statements like: 'People who don't have sex are stupid.'"(Education Action 18: N.D.) Peer educators are chosen from the most interested students and they are taught how to use drama to educate, given T-shirts and work with the Kindlimuka activists. At the end of the year, the children are told their educators are HIV positive, which brings the topic further into the open and addresses remaining prejudices and myths, as most are surprised to discover that their healthy looking friend is sick.¹⁸

One problem stems from Kindlimuka's quick organizational growth, but without adequate horizontal knowledge sharing: internal departments are not aware of what the others are doing, and a financial overview was non-existent in 2007. Each department (HBC, activists, theatre, income-generation, and community projects in Boane and various locations around Maputo) has

¹⁸ Kindlimuka is also involved in income generation; one section of the building is dedicated to a sewing area, in which approximately ten sewing machines are constantly in use, making such items as company uniforms and T-shirts highlighting HIV based slogans and bags with the association logo, which are then sold to generate income for necessities for the association and its members. There are also a number of men and women who make the well-known beaded pins with the universal AIDS red ribbon.

its own coordinator but there is little oversight.¹⁹ Each of the departments is an appendage of the organization, with no real centralized overseer.²⁰

Some in Rensida, the network of PLWHA associations, focus on linking community associations with local government through the use of theatre. When an association begins to put together a performance piece to show their community, they organize with other associations in the area to perform for each other in order to obtain feedback about the situation presented and the rhetoric used. Alice Muchine, a Rensida Advocacy Officer, organizes the groups together to present for each other and offers advice on how to tailor the requests made after the performance to invited government officials. One problem she consistently faces is how to change expectations of community members: “What’s happening now, some still conceptualize that they only have to beg from government and donors to be given something.” Her goal is to help individuals understand that they must contribute and work in order to get ahead, how they must change their passivity, and learn to fight for what they need. She sees it as less a problem with resources and more an issue of building up definitions of individual and community responsibilities and roles in changing their own situation. She argues that many are just coming to the association for money, while the real question is “What’s my obligation as a Mozambican citizen?” thus differentiating between things considered as rights and those that are obligations, the latter of which includes attending school and working within the community so as to build up Mozambique rather than expect others to do so under the guise of it serving as a ‘right to expect things.’

¹⁹ Not even the vice-coordinator had a breakdown of overall financial budgets from Kindlimuka’s many donors, or a comprehensive report on what projects are occurring.

²⁰ To its credit, in October of 2007 a volunteer from overseas had just begun to work on this issue with it, but my repeated attempts to procure additional information went unanswered.

One recent meeting centered on the tactics of performance and is discussed in depth here. Performance ‘scripts’ are summarized as block quotes below and then followed by discussion points concerning the government.²¹ The meeting begins with Muchine offering an overview of points that will be highlighted in an upcoming meeting in Gaza Province, including the politics of ARV treatment concerning the government. The goal is not to criticize, but to alert and inform government by telling it what PLWHA need, for example food in areas that have dry land incapable of sustaining production. This is the first of several rehearsals, and in a few weeks Rensida staff will visit the associations present to continue training. Through inviting government representatives (e.g. the *governador* and his wife) to serve as guests of honor while these performances occur, associations have found a creative way to ‘speak’ to their guests. Much of the performance or discussion afterward focuses on access to treatment, including food. This will be taken to Xai-Xai (another location up the coast) to teach other associations how to perform, with the objective to lobby government to show how it can support PLWHA and improve hospitals. Approximately 40 individuals (half of which are women) are present for this training which is held outside in the carport next to the Rensida office, just off a main street.²²

Tinena (an HIV association) performs in Shangaan, beginning with a song “My heart is doubtful, what can I do, join Rensida because if you have HIV it doesn’t mean you are not a people [person].” The group, through a mixture of song and lecture, talks about the suffering that occurs when no one comes to their aid, and falling down very low: “I bend my knee until I scratch myself.” A man steps to the front and delivers a message to the government: “We are here to tell the government we ask you for intervention about good nutrition and cooked food, and help with discrimination.” The performance ends with a

²¹ The depictions here are a mixture of my notes and notes from Hortensia Gathigi, an advocacy advisor from Uganda who was working with Rensida throughout the year. The meeting was held on 28 February 2007.

²² Thus far, these performances have been done in the North and Central regions; in the North they held a party to teach community members about nutrition whereas in the Central region it was a fashion show for HIV, using a strategy of ‘Mr. and Mrs Positive,’ who are healthy because they have access to treatment. Strategies depend on what is most relevant for the community. In the South the focus will center on cultural events to depict access to treatment (Interview, Hortensia Gathigi, Advocacy Advisor from Uganda, February 2007), with performances to take approximately 30-45 minutes.

song praising Rensida: “We are happy because there is a network. I used to walk with no eyes then, I couldn’t see the way because of AIDS. We call everybody that is still in the darkness to change their behavior and accept that AIDS exists.”

Muchine states that they are not asking the government for a minor favor: “This is an obligation because you have rights!” She argues that they must trust their personalities, to give feeling to their words and show that they are happy about presenting, to conceal feeling intimidated or complacent. Dr. Catarina, another Rensida coordinator, states that they must tell the government representatives that they need to do something about discrimination and orphans rights, that their community is *isolado* (isolated) from government and others and such isolation leads to death.

Another group, Hilulele, performs a piece about a man who must leave his family in Mozambique to work in South Africa. He leaves his wife and daughter, the latter of which is searching for a boyfriend to help support the family now that the husband is leaving. The mother and boyfriend meet one day, and a neighbor comes by and tells her to become sexually involved with the boyfriend.

A few years later the husband returns from South Africa and when he asks how the family has been, the wife tells him that they are well, but hungry. He gives her 50 meticaís [US\$2] for food for the next five months. As he leaves to return to South Africa, he meets the neighbor, who tells him that his wife has taken on Mugabe as a boyfriend [no relation to Zimbabwe]. At one point in the future, the wife starts to lose weight, and the husband questions her health, gives her some more money, but only stays for a day or so. As he leaves, he again meets the neighbor who tells him that someone else stays at his home while he is in South Africa, and thus he cannot return. He waits until the wife leaves to fetch water, then sneaks into the house to see if anyone else is around. When she returns, a confrontation occurs, whereby he tells her that her body is trying to tell him something, that it can speak and tell him something is transpiring. [Throughout this humorous segment, he continues to press his ear to her thigh area as though he is listening to that region of her body.] After the confrontation, the wife and neighbor meet, but the wife keeps trying to run away, saying “no, I can’t talk to you because my body can talk to my husband!” [During this part, the actress does a four-part motion whereby both hands slap her things, then move up to indicate ‘talking’ by opening and closing her fingers against her thumbs.]

Mugabe becomes ill and refuses to see the doctor, but eventually he and the wife find out they are both positive. The wife and a neighbor decide that the best way for the husband to find out is for the two of them to test together as well.

Wife: I’m not feeling very well, let’s make the test.

Husband: Are you pregnant?

Wife: I don't know, let's go make the test.

They go to test, but the husband is negative. He promises not to leave her, they are joined for their entire lives, and they immediately give the daughter condoms and advise her to test. [The point of this performance is to illustrate how a couple can lead a *nova vida* (new life)].

Axitipaluxene, the next association, focuses on a sick patient and the difficulties of being an activist, as many are not welcome and must tolerate insults from family and community members. They must also deal with the family tradition of sending a patient to the curandeiro.

Activist: Did you send her to the hospital?

Family member: No, but to a traditional healer.

Activist: I suggest you take her to the hospital.

Family member: I can't take her to the hospital because we trust the traditional healers.

The activist discusses the benefits of the hospital with the family, who eventually accepts it. The result comes back positive and she receives the 'HIV positive' card and information about good nutrition. The family embraces her and promises to help. She goes through a crisis whereby she wants to be alone, but they tell her she must continue living, and they attend a party with dancing. The performance ends with a song and dance depicting a 'tree' from which the positive can drink [referring to condoms and pills]. The actors and dancers get the crowd going in the end, as they shake a bottle with tablets and a condom box.

In the discussion that follows, Muchine tells them to illustrate to the government all of the difficulties in attending hospitals and acquiring drugs: "This may be the first and last chance of contact with the government, so you must take advantage of it." They must illustrate that they are often unwelcome in the hospitals due to the fact that many patients wait too long, hence health care workers say they cannot help. Others advise them to show what is missing in government support.

Another group performs a song, between a father and daughter, whereby the daughter sings of how her father tells her to live in the *curral* (chicken coop) because she is sick. The neighbors point at her, saying that she has AIDS.

Father: Quiet my daughter because where you got it, I was not with you.

Daughter: I only am disgusted because I have no place to go and, look, my clothes are [hanging] up on the *curral*.

The message here is that government should give her a place to stay as well as *alimentação equilibrada* (balanced nutrition). But here Muchine tells them that it is not government's job to build houses for PLWHA, and thus it is important to know the 'obligation' of the government and 'our obligations and rights,' because if the father sends the child away from home, it is not the government that is going to allocate.

Feedback of these political performances focuses on: length (some are too time consuming), acting skills (actors are too passive), mumbling rather than annunciation, lack of humor to stimulate interest, a sole focus on one aspect (e.g. discrimination and treatment access, rather than transmission), and ensuring that the message of active health care comes across (that the positive have choices and can choose to stop drinking and smoking to stay healthy). Dr. Catarina highlights that this is their opportunity to advocate and inform the government, to discuss discrimination and treatment, and this should be a central focus, along with going to the hospital when one is sick. "This is a unique opportunity to address the government" emphasizes Muchine. Someone else mentions that the government does big things for NGOs, but not necessarily for communities themselves. Muchine also discusses the importance of not pointing fingers at the sick as some officials do, saying that this or that person is infected, but instead trying to incorporate them into the associations.

Theoretically, the associations are to make the changes recommended in the upcoming weeks, and then Rensida will coordinate another rehearsal to see the improvements. A few weeks later at the subsequent meeting, however, very little had changed concerning the implementation of the recommended rhetoric to address government.

Other associations involve more community participation within the performance: Xindiro, another Rensida association, educates its community near Maputo about domestic violence and performs street theatre pieces on issues such as cholera, malaria and HIV. A typical production involves four performers and presents a situation whereby an authority figure such as a schoolteacher or official promising some type of good (a good grade, a document) in exchange for sex. The actors present the background to the situation, build up to the conflict, then stop the performance to bring in the audience by asking: “What do you think you can do in this situation?” This question is asked either during the performance or directly afterward (Interview Julio os Faduco, Xindiro president, N.D).²³

Yet not all associations focus on theatre tactics, as is illustrated below concerning the lobbying of government for resources. Additionally, human rights associations are also instrumental here, as they, like the AIDS groups, start from a basis of a rights framework and move outward from this; Coalizão, in Maputo, is one such association. The Mozambique government has been moving teachers who trade grades and school placements for sex, from urban to rural areas when they impregnate the girls; Coalizão thus focuses on trying to educate the teachers rather than lobbying to have them fired. In addition, throughout the country, a doctor must prescribe birth control pills, and in many areas, particularly those in rural locations, women must have permission from their husbands in order to access birth control pills. Coalizão advises girls to use them with condoms, and works to educate them as to their necessity. This is done by offering a public space to community members, particularly youths, to attend and engage in medically based information with trained organization staff. In Maputo, each time the research team attended meetings at Coalizão, there were usually over 20 students gathered in

²³ This association has a particularly difficult job in educating its semi-urban community members about health, particularly since the local well broke down in the middle of 2007, and the next closest was a 20 minute walk away.

various areas of the offices; some were outside, looking relaxed about a survey team entering the building, as if they have become accustomed to having researchers and donors around. Others were found in the 'living room' of the offices (there are several offices with a public space in the middle that is used as a teaching area).

Tactics of information dissemination include seminars in the office, community based discussions concerning women's rights, and weekly meetings so as to ensure that leaders are imparting correct information. Meetings occur in both schools and the main office so as to report and plan for the following week. Coalizão also has a small library of documents, programs and plans, as well as internet access, that community members can utilize, thus offering a space in which adolescents and youth can access and engage with the organizations, staff and other members (rather than remaining solely in the communities with little external contact). Students can request reports about information, attend meetings, and have engage in activities with other interested individuals if they so decide. Although the focus prioritizes human rights, there is an HIV component in approximately 30% of Coalizão's programs, (Interview, Tembe, Coalizão leader, U.D. 2007) and therefore the tactics of the human rights side of the organization carry over into the HIV side.²⁴

While gender issues are a focus, the rhetoric of women's rights is often a problem not only for this group, but many like it. Many groups blanket their statements with the idea that they focus on such rights, yet they are unable to specifically define what this means beyond the idea that men and women are equal, and activities often lack tangible alternatives for women in relationships of inequality, other than the normally touted, generic rhetoric. When pushed on

²⁴ When surveys were conducted with Colizão, they were classified as human rights organizers because I targeted those who focus primarily on human rights rather than primarily on HIV.

this issue, one Coalizão leader acknowledges that there is not a specific gender program per se, other than the ‘incorporation of girl’s rights’ in their work.²⁵

Beira: Kufunana²⁶

In the centrally located Beira office of Kufunana, bamboo mats are spread out across the floor so members can stretch out in front of the television, which is always on, showing a movie or *telenovela*. The office has videotapes, about 20 of which concern HIV related topics, a small library with pamphlets and NGO books on HIV, and two large tables for discussions and work. It is located in the Cultural Center, next to a small bar/restaurant and large theatre. It also has space for a consultant nurse, sent over by the Ministry of Health, who schedules appointments for community members requesting medical information. Kufunana uses theatre as a central tactic, as well as dance parties that incorporate popular musicians and performers and are interspersed with brief vignettes that impart HIV information and require various audience members to go up onto the stage to participate. One dance party unfolds as follows.

After a 15 minute *chapa* ride to the outskirts of Beira, and a 10 minute walk down a dark sandy road, a bustling bar in the *bairro* of *Nyangawa* appears. Inside, several young participants are wearing Che Guevara T-Shirts, and they have an air of entitlement about them, in much the same manner that I would imagine the older Marxist intellectuals of this country once did, as they sat in dark corners puffing on cigarettes and quietly debating the evils of capitalism. A young woman in an oversized *capulana* is the current star of the dance floor and various male

²⁵ “We explain sexuality and reproductive health and then we send them to SAAJ (there are 184 in total) to test and get more information. If they are HIV positive, SAAJ send them to Hospital Central (which has 80 people who are giving information to others) to get TARV, psychological treatment, etc” (Interview, Tembe, Peer educator, U.D. 2007). SAAJ is the Adolescent and Youth Friendly Services.

²⁶ Two other associations were also used in Beira for surveys, but activists with *Rudno Ni Upenhi* and *Kulupira* focus more on private discussions with patients and families, rather than bringing the topics into the public. Discussion topics include education about testing, how to care for someone who is infected, and stigma and discrimination in the community. They generally visit their patients either alone or in pairs. These groups differ from those that focus on street theatre and public events, although in reality, there is some overlap within all of them. In this section I focus on Kufunana for their publicly oriented activities.

audience members take turns dancing around her. Another young man in a baseball cap is so enthralled with the music that he doesn't even attempt to find a dancing partner, preferring to go it alone. The live music, a series of upbeat, colorful songs sporadically accompanied by a wailing, tinny female voice, is interspersed with an assortment of 1980s American rock; "Rock You Like A Hurricane" comes on, sporting an African irony in this location, considering that Beira missed the brunt of the most recent cyclone to hit the country two months ago.

A male dancer takes the stage wearing only a wig and loincloth and the audience reacts delightedly as he performs (on his feet as well as his head) in the mud of the performance pit. *Pai Leão* ('Lion Father') is the name of the band accompanying him, and my assistant and new friends say this is the best band in Sofala. The owner of the bar plays the *timbela* (marimba) for the audience, which is split into two rooms: one filled with tables at which to drink the abundantly flowing beer, and the other consisting of 30 or so chairs for audience members to watch the performers.

Between each group of performers, many of whom are from Kufunana, an MC plays games centering on HIV education with the audience. She calls various audience members up to the small stage to ask them about transmission modes and prevention techniques. Several times another couple runs around the audience, whooping and yelling at them to fire them up with excitement. Winners receive *camisinhas* (translated directly means 'little shirts', or condoms). One man loses out because he doesn't understand what's occurring; he is either too drunk or simply doesn't know how to answer the questions. Goba, my research assistant, steps up to save him, correctly answering all the questions to a round of polite applause.²⁷

In the months to follow, several Kufunana volunteers state that they tell communities to change the manner of *pitakufa* by having the man substitute his own wife for the ceremony rather

²⁷ From field notes on Kufunana Performance, 7 April 2007.

than using the widow, so as to contain possible infection. Theatre topics include: testing and condoms, community discrimination, and education about the Worker's Law.²⁸ After the performance, the actors discuss the important themes with workers and advise them to mobilize for change concerning, for example, discrimination. Some workers are also unaware of the importance of testing, so when they see performance based education programs, they learn to go to hospital to make the test. (Interview Carmen Custumes, 9 April 2007)²⁹

Custumes states that while more scripts include a focus on what government has promised and later ignored, it is still difficult to combine this with HIV; at times, government officials promise money/accommodation to a theatre group to travel to another region, but when the official discovers that the performance involves a negative perception of Frelimo (whether or not it has to do with HIV), the money is yanked as it is not in Frelimo's best interest. (Interview, 9 April 2007) Word spreads quickly to HIV associations because some of these groups work together and they hear how officials disengage:

What's happened is that we can do a political performance and invite the *governador* and his wife, and they see that the actors are talking badly about the government and they walk out. When they were invited a second time, they refused to come. (Interview Gilda Christina, actress, 18 April 2007)³⁰

This creates a situation of fear, whereby, "when theatre is used to talk to the government, it's about social things, not to press government..." in a form of education of government officials, rather than any kind of antagonism toward the state. (Interview João*, 29, 12 April 2007) Additionally, many HIV associations throughout Mozambique purport to take part in

²⁸ Often, when an employer finds out a worker is HIV positive, he tries to fire him, and if the worker's friends hear about this, they will protest against the company. Sometimes the worker is reinstated. Through a topic such as this, the association helps inform the workers, which in turn promotes collective action within a given company to organize to defend employee rights (and this group, as well as others in the rural areas, is often hired out by larger NGOs to dispense this type of information to appropriate communities).

²⁹ A leader of *Grupo de Teatro Chamwarianga*, a non-HIV based theatre group.

³⁰ Leader with *So Mulheres*, non-HIV focused theatre group.

protests or marches, but in reality, the parades and demonstrations can never be classified as protests, as they are done simply to raise awareness of HIV, are often led by Frelimo, there is no direct antagonism (except perhaps sporadically toward the communities), and there is no ‘bad guy’ of government involved.³¹ Furthermore, when asked what the desired outcome is, ‘raising awareness’ would be a prevalent answer, rather than one that seeks better health or economic infrastructure.³²

HIV and human rights in rural areas: Kulima

In Caia, Kulima mobilizes several groups consisting of youth for community education by focusing on performances that pinpoint common household situations of domestic violence, *pitakufa*, life with a stepmother (who often does not like the children from a first marriage), the ‘domestic economy’ (when the husband has money but does not give any to his wife), and women’s rights. Most respondents of these groups consider HIV and abortion as public topics warranting change. When asked what occurs if government is discussed in their presentations, one respondent states:

Yes, we talk about government policy and teachers. We don’t speak it directly, but indirectly. We talk about how the police act at night if they ask for ID and they take money [bribes]. We’re not using the names of any police, but we use their uniforms, talk and act

³¹ This is perhaps best generally illustrated in a 2007 march in Beira for Worker’s Day: many associations were involved, some of which held up signs defining their groups. Yet marches and demonstrations don’t protest against anything; Frelimo’s involvement is perhaps strategic so as to dissuade dissent. These events are more to heighten awareness and acquire another T-shirt rather than organize against an actual entity.

³² Beira held a march in May 2007 for Worker’s Day (a national holiday), in which several hundred groups took part in a parade through the city. Thousands of people came out to watch the members walk through holding banners promoting their associations. Included were 2M and Laurentina (two popular brands of beer), several hospitals, and HAI and CNCS, as well as a float with a man taking a real shower (for the water company). Also included was a group that seemed to have no formal cause, but wanted to join in the fun, having made a collage of used tires and tools and vogue-ing for those who stared incoherently at them. Frelimo supporters were in the front, and had sporadic contingencies throughout the line. They were directly followed by OMM and at one point, several of the OMM women walked through the lines to the other side so as to get a better view, with their flags held high, seeming not to notice the disruption they caused every time the others had to stop to let them pass. Renamo supporters were nowhere to be found, although PDD, a very small political party, had a few marching members. HAI held up slogans such as ‘Combating sexual abuse of the youth’ or ‘For HIV rights of workers,’ while CNCS had a car with decals on the sides. The rest of the AIDS associations did not partake (Field Notes 1 May 2007).

like police. Last year on Worker's Day [May 1] a policeman came and took us to the commander, and sat us down and said 'after today you don't show this play again. If you have something to say about the police, you must come and show us first and we will give you the order about whether you can show this.' And we gave them the answer that we never [will] come here to ask you, because our mission is to show the community what is happening and not to collaborate with you. And so the headmaster came and talked to the commander [to get us out]. So since then we haven't done it again, but not because of any reason other than now we are writing a play for school to show the headmaster of education here, about if a student has problems and goes to talk to the teacher and the teacher says the only solution is to sleep with him. The headmaster agrees with us and says this is good, to keep doing it. (Felecidade*, a teenage girl working with theatre group in Caia, 24 April 2007)

In Gorongosa, Kulima's partner associations participated in the last year in over nine public marches and issue awareness activities concerning human rights/women's rights, with approximately 350 community members. Some of the political topics discussed were the Family Law, domestic violence, sexual abuse and children's violence, and while the organizers understand the links between all of these issues, many in the communities still do not:

When we talk about human rights and HIV, they are not separated because we see them as the same...when we talk about this to members, they understand. But community members outside the group don't. (Interview Moeses, Kulima coordinator, 26 April 2007)

This section has illustrated specific association tactics of resistance within the public realm in regards to government and community; some associations do seemingly tend to focus more on education while others try to change power structures. The implications of such tactics are discussed further under the *Analysis* section and again in *Chapter 8*. Yet these are not the only tactics that occur by strategic actors in the AIDS domain; corruptive practices are also a salient issue concerning tensions among entities and the *jogo de interesses* that centers around the scramble for resources.

Corruption in the Health Sector

A Forma de Agradecer and Subornos

As illustrated in *Chapter 2*, corruption in the country is particularly high, and the health sector is not excluded from this. Certain practices are most prevalent: the selling of drugs or the services that have been designated as free to the public; medical staff that are involved in ‘wage enhancement’ to supplement low public sector incomes; doctors who transfer patients from public to private health facilities where they must pay; and pushing a patient to the top of the queue in return for a bribe. (Hanlon 2004; Spector et al. 2005; Tibana 2005; Mosse 2004; Mosse and Cortez 2006; Ferrinho et al. 2004; USAID 2005) The Ministry of Health has reported missing drugs in pharmacies throughout the country and although certain programs have been implemented in an attempt to contain graft of this sort, large amounts go missing only to reappear on the informal market at a later time.³³ There has also been evidence of the illegal transfer of drugs from the provincial to the district level, problems with budget delays, marginalization of certain districts concerning resources, lack in documentation of user fee revenues (and patients being charged more than they should be), and absenteeism of staff. (Lindelov 2004)

One of the biggest problems stems from a lack of laws concerning medical practices: doctors can work simultaneously in both public and private health facilities, thus leading to a practice whereby they refer patients in free clinics to their own so as to supplement their salaries. Some also utilize the supplies and equipment of public hospitals and clinics for their own patients. (USAID 2005) Although this signifies a conflict of interest, it is allowed because

³³ Particularly in hospital pharmacies (between 20-39%) and hospital wards (28-68%) (Spector 2005: 22). At times it is unclear as to whether the problems stem from insufficient reporting mechanisms which lead to fake disappearances, or if actual theft is occurring. Most likely, it is a combination of both.

government recognizes that public sector pay is low. In many of these cases, the widespread institutionalization of bribery for service is so prevalent that patients are likely to be the first to offer small payments for preferential treatment, such as avoiding long wait times and accessing quicker service. (USAID 2005)

A typical nurse's pay is anywhere between 1600 (US\$64) and 10,000 meticaís (\$400) per month, depending on the level of education; thus many look to supplement their income from a *forma de agradecer* (form of thanks) for services rendered. (Mosse and Cortez 2006) This is not viewed as a form of corruption as it comes after the service has been rendered, but in small communities, it is as good as giving it prior to seeing the nurse. It is, however, differentiated from a *suborno*, which is defined as “o pagamento (em dinheiro ou espécie) que é feito numa relação de corrupção” or a payment in either money or kind, that is made in relation to corruption, and can be as low as 10 meticaís, or about 40 American cents. (Mosse 2004; Mosse and Cortez 2006)

Maputo Central Hospital tried to reduce the number of hospital users in order to reduce long waiting times and, hence, bribery, by instilling a small tax for services. (The argument was that potential patients would think twice about seeing a doctor for a minor ailment if they were charged for the visit.) It failed to work, however, because other hospitals in the region did not offer the same services; the number of users actually increased between 2002 and 2004.³⁴ Another scheme concerns the robbery of medication to sell in the informal sector, which requires the involvement of several people and is usually well organized as there must be someone within the health sector as well as an outside individual to take the drugs to the market as well as sell them. (Mosse 2004; Mosse and Cortez 2006)

³⁴ The hospital had 176 complaints in 2005, mainly about poor care (Mosse and Cortez 2006).

Although AIDS drugs are free within many African countries, problems such as the aforementioned in the health sector cut into the AIDS sector because of the vast number of opportunistic infections surrounding HIV. Therefore, just because ARVs are free does not mean that corruption is unlikely; in fact, it is probably more likely due to the billions of dollars that pour in from around the world. Problems with corruption in the HIV/AIDS sector parallel those found in other health sectors and include fake community activity claims, charging patients to use clean needles, counterfeit medicine, embezzlement of funds for expensive drugs, and the patient selling his/her medicine because it is a valuable commodity. There is large incentive to embezzle HIV money because much of the aid comes with a stipulation to spend it as quickly as possible so as to receive the same amount or more in the following year:

The fact that the ‘performance’ of a grant or loan is assessed by how rapidly it is disbursed gives incentives to donor and recipient to allocate the money carelessly. For corrupt officials, rapidly expanding budgets offer greater scope to siphon off significant volumes without anyone noticing. (Tayler 2005: 107)

The field of drug development and procurement is also prone to corruption; the World Health Organization estimates that US\$32 billion worth of fake drugs currently abound.³⁵

Tensions, Marginalization and a Lack of Coordination

Approximately US\$5 million is filtered through CNCS by the Mozambique government, and US\$25 million comes through from outside sources (just through CNCS).³⁶ CNCS is aware that most AIDS organizations depend on their monies but believes the lack of capacity of these organizations to be problematic:

It’s not just absorption and capacity as such, but the capacity to run an organization. That’s a major concern we have. ... There are tensions yes [between CNCS, organizations, and donors], there’s a report that was produced last month based on the PLWHA organizations,

³⁵ For more regarding these issues, see Tayler (2005) who cites the WHO (2003).

³⁶ Each province has a NAC staff of 12-14, while Maputo City has 55. This does not include PEPFAR monies or others that are distributed without the government body.

in that report they blame the NAC—the problem is that they don't want to track what they are doing. And there are a lot of games there. Instead of doing something for the others who suffer, they just do for themselves within the organization. They claim to be benefiting more than that but when it comes to more concrete things, you realize that they are just helping themselves and this is what the NAC doesn't agree upon at all. (Interview Diogo Milagre, 19 December 2006)³⁷

Milagre, the Deputy Director of NAC argues that Rensida, for example, has specific issues that hinder it:

It's supposed to be the national network of PLWHA. But you'll see that their elections are not so transparent because the people here in Maputo don't want to lose their power, so they make everything in order to bring people who could legitimize them rather than bringing those who could add value to the process. So you end up having the same people who are there and some of them getting support from the donors, even vehicles, driving around without doing things... So that's a concern that we have. (Interview Diogo Milagre 19 December 2006)³⁸

Additionally, one pastor in Dondo accused the two coordinators of Kubitsirana (an HIV association) of selling 'HIV positive' cards to non-infected persons; these recipients acquire free food and then sell it within the community. While there was various discussion about events such as these, it is impossible to tell how pervasive it is at this point as it is difficult to prove.

While organizations such as Monaso and Rensida serve as pseudo 'brokers' between communities and government, for some, Rensida is seen as a *token* organization because it is government contracted, has strong ties with government and doesn't have a strong voice.³⁹ The

³⁷ The 'lack of capacity' argument is a common one and is valid for different reasons and at different times, although it is increasingly being used too generally and as an excuse to withhold funding. Often, it simply depends on the situation; there is certainly a lack of capacity if no one in a group that is trying to apply for funding knows how to write (or to write appropriate proposals), or they don't have access to a computer or pens. That is one type of capacity. It is quite another type if no one in the group knows how to adequately change behavior or instill necessary programs, but yet they decide to apply anyhow. Additionally, if the government is looking to fund one type of program, but the association focuses more on another type, an excuse to refuse funding might include the lack of capacity argument. Therefore, it has become a problematic concept in this sense that it can theoretically mean anything, and is therefore unhelpful in documenting real problems.

³⁸ He argues that other groups are more successful than Rensida, for example Kubitsirana in Manica, but this association is accused of corruption in its Dondo location.

³⁹ The networks of Monaso, Kindlimuka and Kuyukana are members of the CNCS board, meaning that they participate in decisionmaking in the national response, so as to represent their constituencies. CNCS pays for

activists are less advocacy-oriented and seem more concerned about raising awareness and conducting HBC.⁴⁰ In general, few seem to know how all the funding is being spent. Cesar Mufanequiço (the coordinator of Matram) argues that some individuals at the grassroots level believe that certain issues are “not for our level of understanding, because it’s not part of our rights” thus illustrating the need to more adequately focus on basic rights in the country’s everyday rhetoric. (Interview 3 February 2007)

Matram and Monaso have been at the forefront of a new law (that has been written but is awaiting Parliamentary discussion) to protect the general population (rather than only workers) regarding human rights and HIV. Matram pushes for activism directed toward politicians “to just say ‘ok guys, do this and that for us because we have elected you, we have put our vote on you, to just deliver’ so if you don’t deliver, it means that that’s nonsense.” (Interview Mufanequiço 18 Dec 2006) The influence of Cesar Mufanequiço in the international realm has caused a stir in the country, as United Nations representatives choose to speak with him (in part because he speaks English) rather than other Mozambique delegations, and they often tell in-country directorates and ministers that he and Matram must be included in policy formation. (Interview Mufanequiço, 3 February 2007)⁴¹ At a recent meeting of civil society representatives that were to present on HIV in Mozambique for the Canadian High Commissioner, Mufanequiço and Matram were not invited, but Mufanequiço attended out of protest and overshadowed the representatives present by talking about the lack of ARVs in the country. By the end of the

Rensida members to come in from outside areas to meet with them, although there is evidence that this has been sporadic.

⁴⁰ But Milagre states that along with CNCS, three of the major lobbyists for the Workers Law were Monaso, GASD (*Grupo de Activistas Anti-Sida e DTS*, an activists group from UEM) and Matram, and that the first two are the most involved in working to change legislation.

⁴¹ Mufanequiço, who has a background in sexual and reproductive health, attended school in South Africa and attributes his contact with outside countries to his international awareness. He has been president of Matram since its inception and has historically been marginalized from meetings for his outspokenness.

meeting, the international representatives went to him for information rather than the invited delegation, which was seen to serve only the interests of the government rather than their constituencies.⁴² The CNCS contingent saw one of the Kindlimuka coordinators (Irene Cossa) there as well and confronted her about her presence, viewing it to be antagonistic, and she quickly had to explain that she was there with Matram rather than Kindlimuka. Leaders can wear different hats, and some organizations have in a sense thus evolved into beggars because they must do as they are told in order to receive funding which limits their choices.⁴³

Although NAC and Misau have weak political mandates, their power is very real and thus the issue is how to make them accountable for their constituencies when the local associations don't have any real power and are subjugated to them. (Interview Ivo Correia, UNAIDS,

⁴² "I like to speak the truth. Before the meeting in Canada, there was a minister of Parliament, just came to the people going to Canada, I was an invited guest in the house of the Canadian High Commissioner and I was sitting next to the Deputy Health Minister and Executive Director of NAC... and the only thing the guy says [is that] since I came into this country I never heard anyone talk about access to treatment, and I was telling him, we have 230,000 people who need treatment, but only 3,000 had access to treatment. The head of NAC, the director, she just holds her head and says 'oh this guy' because people are not used to these kind of people. But, you know I was in Brazzaville, there was this civil society consultation, there was a Mozambican delegation, usually they don't take us because they know these guys, they know [how we are], but in Brazzaville, I went as a representative of southern Africa... So when I went there, with Matram, they were pushing me with documents, I say, no I don't need your documents, I know what's happening in my country, so I don't work with your documents. There's a representative of the Ministry of Health and civil society, they don't take us with civil society because we talk too much. They like people to be talk-ins, like you know I'll take you when you're just on my side... So during that time the Mozambican delegation was supposed to be presenting in the groups, and I was the only guy to speak directly without translations, and they were relaxing, and they then say Mozambique will be presenting, and after that they just came to me to tell me to present, and I said I didn't come as the Mozambican delegation here. So they say I'm not patriotic ...so we have to do good things to their people first. This thing must be done at home, not here. So people don't understand my own influence outside of Mozambique, so they think this guy is just you know... I was at UNGASS, the minister for the first time said ok guy, we must work together. To work with the director of the AIDS program... for the first time they understood we must work together, we are dealing with influential people..." (Interview Mufanequico 18 December 2006).

⁴³ Because Kindlimuka receives support from CNCS, when she attended this conference, CNCS asked her why. On the other, hand, because Matram doesn't receive funding, it is easier for them to speak out against it. Rensida too has problems concerning being 'captured'. Another coordinator for Matram argues that the government does not have appreciation for Matram: *não nos olha com bons olhos* ('doesn't look at us with good eyes'). Although it is able to acquire space little by little, it is usually a closed space and associations must always push for funding. The only way that Matram coordinators have historically been invited to certain events involving civil society organizations is through the higher delegations lobbying for them (Interview, Amos [a coordinator with Matram], 29 January 2007). By July 2008, however, Mufanequico indicated that government was including Matram in more meetings because it had finally recognized the organization's influence (Interview Mufanequico, July 2008).

December 2006) The roles of these organizations are often unclear, or defined differently among groups (there are also gaps in the way that programs are implemented).⁴⁴ Yet overall, CNCS believes that the job of the associations should be to inform communities about ARVs and nutrition.⁴⁵ CNCS asks international donors to fill in gaps, for example in areas where little is being done, thereby integrating the donors into the national strategic plan. For example, Cabo Delgado and Gaza (both in the north) are marginalized and thus it is trying to send individuals there to work. But overall the problem is a lack of collaboration, exacerbated by tensions between the three entities of civil society, the state and donors, particularly concerning roles in the AIDS domain:

Within the state level, there is friction between the NAC and Misau in some of the areas. And also because the NAC staff [members] are better paid. But also some of those organizations that were working in the area before the creation of the NAC they feel betrayed by the donors because there is a lot of support for coordination rather than the support that could go to satisfying individual organizations' needs and some of them think

⁴⁴ Matram and Monaso both talk about “access to treatment, they’re always talking about [how] government should make sure everyone gets it! I think that speech helps people see this is government’s role. ... They don’t have strong advocacy groups in Beira and Pemba. But [these organizations] normally go around the country, do trainings, at provincial or regional levels, and then those people cascade the information to district levels. There were two campaigns, Rensida, Monaso, Matram, worked together for treatment access, country wide, but Matram indicated to me two weeks ago that the cascading of information was not being done properly. Because they expected other organizations with national coverage (e.g. Monaso) to take care of that part, so they provided regional training visit...expecting that Monaso would provide the rest” (Lucrecia Wamba, SAT 1 March 2007). Coordination of HIV programs is an issue throughout the country (and indeed throughout Africa): Alberto*, a central human rights and HIV activist and leader in Caia, states “When we [do] human rights roles, we can’t say the association must belong to our network, human rights say the association should join with us to see the impact in the district in the communities. So some work in the district without our knowledge, this is difficult to control” so they should be a part of [a well known group] because it coordinates everyone on the same page.

⁴⁵ Milagre also argues that the problem with the AIDS domain is human capacity, which begins with the lack of physicians to distribute ARVs, and that the government has only slowly realized that middle level staff and those who can track side effects and determine necessary interventions (nutrition, water) are also important. Without these, “it’ll be a very expensive response and then you need the second and even third line treatment and that is ten times more expensive than the ARV treatment that we are delivering so far. So the expansion is good but then you need to create conditions to format, track and see what happens. Right now in Gaza province we have people giving up taking their medications [because of low access to nutrition/water] and once they feel some improvement they stop taking the drugs. We are not used to this treatment for life.”

that because the NAC is there, that it's taking away the pension that the donors could give to them. (Diogo Milagre, Deputy Director CNCS 19 Dec 2006)⁴⁶

A Monaso coordinator in Beira argues that specifically, CNCS and Misau are not clear about their roles, because they each want to be independent. While there is some indication that CNCS is improving, historically it thought it could coordinate everything alone without Monaso and Rensida.⁴⁷ He further argues that CNCS procedures are also difficult to follow because to purchase one item, one must have three price quotes, which is impossible in an area that has only one shop. The association must also be registered to receive funding from CNCS, and this is a long process and difficult for rural groups who don't have the means by which to travel into cities. In addition, many of the projects have not historically included an evaluation plan and CNCS is only now starting to change this: theoretically, all of the groups in Sofala are supposed to submit proposals to CNCS only after discussing them first with Monaso.⁴⁸

While key informants, aid workers and association leaders all discussed the problems with corruption in general as well as in the AIDS domain, survey respondents in the communities have had different perceptions, although most define corruption as having to pay for a job, paying or trading sex for a placement or to receive high marks in school.⁴⁹ Table 7-3 at the end of the chapter indicates that all survey respondents (HIV mobilizers and non-mobilizers, as well

⁴⁶ Other tension exists in the sense that some associations resent having to wait so long for funding from CNCS, and would prefer the donors to fund them directly; CNCS is often frustrated with issues concerning the associations; and donors are often frustrated with the general level of corruption in the country. Overall, however, most participants within this research had positive views of donors. This is discussed later in this chapter.

⁴⁷ For example, it would only have one person for Monitoring and Evaluation in an area with 100 projects, overseeing 5-6 districts in one week, and thus things were always rushed.

⁴⁸ Interview Prince Mulondo, Monitoring and Evaluation, Monaso, VSO from Uganda, 20 April 2007.

⁴⁹ Table 7-1 at the end of this chapter indicates that HIV mobilizers, when asked about their own practices, are more likely than non-mobilizers to wait their turn, even if it takes more time to get what they want, rather than pay a small bribe to acquire it more quickly ($\chi^2 = 7.673^{**}$). Table 7-2 indicates that wait times are a recurring problem for 57% of all (HIV mobilizers and non-mobilizers). 64% claim they have not usually encountered a lack of medications. HIV mobilizers are more likely than non-mobilizers to experience long wait times ($\chi^2 = 6.896^*$), a lack of medicine ($\chi^2 = 7.668^{**}$) and lack of respect ($\chi^2 = 7.906^{**}$).

as human rights mobilizers) perceive health workers to be less corrupt than school teachers or administrators, but the majority still views corruption to exist in both sectors. The bulk of non urban respondents view the health care system to have low corruption, while urban respondents seem to view more.

The Jogo de Interesses

While Matram's relationship with CNCS has historically been very rocky due to its reputation for 'talking too much,' Matram has a good working relationship with Misau, as the latter recognizes that it has been at the forefront of pushing for treatment access. (Interview Cesar Mufanequiço, 18 Dec 2006) Mufanequiço argues that most of the associations are too dependent on government because they compete to receive NAC funding (Matram does not accept government funding).⁵⁰ For him, a central question concerns where the money is going: "I want to sometimes understand where the government money goes when it says it goes to treatment, because the government gets a lot of money for treatment. And this year we'll focus, we'll need to understand why we still don't have ARVs here in Mozambique" to cover all of the 300,000 people that need them. (Interview 3 February 2007)⁵¹

None of the individuals who participated in this research stated that they had heard of any government official coming forth about his or her (own or family's) HIV positive status. HIV is "the face of poor people in this country, it means we don't have parliamentarians, musicians [seen as] affected." (Interview Mufanequiço 3 February 2007) Instead, the AIDS domain is seen as big business, a way to capitalize and take advantage of the millions coming in, and a potential

⁵⁰ For example, CNCS pays the rent on the Kindlimuka building, which has been touted a problem since Kindlimuka relies on this. Additionally, some donors do not listen to community members, preferring instead to try and change an infrastructure that is already there (e.g. one donor tried to make Matram a network of associations rather than letting it continue to include individuals).

⁵¹ Others working in the AIDS domain agree that "money's not a problem, but it doesn't go to the right people to do their work: PLWHA and those who take care of them" (Interview Carlos Mussa, one of the Kindlimuka leaders, 6 February 2007).

avenue for a career, even if one has little experience. The “contact between the materially wealthy culture and the materially poor culture” has created situations where many feel entitled to resources, which stems from the idea of ‘eating where one is tethered’; a big grant equates to a jackpot, that someone is getting rich, for example with a new house in Sommerschild II.

(Interview Sydney Bliss, USAID, 2 April 2007)⁵²

Organizações fantasmas (‘ghost’ NGOs, also known as ‘briefcase’ NGOs) are often blamed by community members for the dysfunction of Monaso and corruption with CNCS. Ernesto Chamo, of the Ministry of Women and Social Action, argues that ghost NGOs seem to have someone in NAC involved, because they need to know someone higher up in order to receive money. (Interview 9 December 2006) This type of ‘group’ asks for and receives money from CNCS, “but no one is dealing with the needs of the organizations. They fake reports, pretend that they’re doing what they proposed, and take the money for themselves. One organization was caught in Beira by the police (initially discovered by CNCS) because they were not managing the funds correctly.” (Interview with C. Bila 15 February 2007) Yet there are no estimates as to how prevalent these groups are because they remain underground.

In Maputo, many define the AIDS domain as one that involves a *jogo de interesses* (game of interests), which signifies that everyone involved in the struggle for funding for HIV/AIDS wants to acquire benefits for themselves or their organization, often at the cost of a successful country response: *cada um puxa para seu lado* (each pushes for their own side). Many associations “have people always proposing themselves to the leaders and trying to come up with small groups very informal[ly], but rather than helping to improve and adding value to the process, they’re stopping it.” (Interview Diogo Milagre 19 December 2006) Some argue that

⁵² Regarding tethering, the goat is the symbol of corruption throughout Maputo. Sommerschild neighborhoods in Maputo are those which are expensive and where donors and embassy workers reside.

individuals simply see the AIDS domain as offering various job opportunities, and thus they mobilize to become involved. Problematic, however, is that not all live the way they tell others to live regarding sexual norms and behavior. (Interview Prince Mulondo, Monaso Beira, 20 April 2007)

This self-interest is found on the ground with grassroots responses as well as higher up with donors and elites, and in fact, the situation is often cyclical. International donor organizations will each conduct their own focus groups in the same community, on the same issues, for example, rather than sharing information and resources. Political interference occurs when associations don't receive support from the local government (particularly at the district level), but when they start to receive funding from outside sources, the local government demands to see monthly reports:

Sometimes they won't be involved, and at times you see community leaders coming forward and they say, 'I want to become a beneficiary too, I think I deserve the food you give to that family!' These are challenges at the community level, where you're forced to say: 'no we're not working with you because you have a different agenda.' This is sometimes conflictive with what our partners want to do and plan to do. (Lucrecia Wamba, SAT 1 March 2007)

Most of the donors refuse to pay salaries for Mozambican aid workers (particularly those at the lower levels), arguing that it is government's job, which poses problems specifically in food insecurity: if a non-paid or low-paid worker is supposed to give food to the sick, but (s)he themselves do not have food, it creates a situation where one is put in a position to steal to survive, which is then defined as 'corruption' and potentially blocks the disbursement of future money.⁵³

⁵³ Corruption with food distribution has been documented as one of the greatest problems with HIV resources, particularly in rural areas and the central region of the country (Interview Prince Mulondo, Monaso Beira, 20 April 2007).

These types of situations are only exacerbated in an extremely impoverished country whereby the relationship between the government body and the associations is “all about groups getting funding, period,” (Interview Helder White, Monaso, 18 December 2007) rather than holding anyone accountable. Fear plays an extraordinarily large role in this situation; the assassination of Carlos Cardoso is often brought up as an example of what happens when a community member voices opposition to the government: “people will not come out [against the government response] because there’s this fear we can’t just speak against the power” because of the historical legacy of repercussions. (Interviews Mufanequiço 18 Dec 2006; 3 Feb 2007)⁵⁴ In Beira, individuals are often very fearful of discussing politics in public because many of the more rural areas have both Frelimo and Renamo supporters and are often at odds with each other’s political beliefs. One leader of the PDD goes so far as to state that many don’t “press government because Frelimo would kill the people who protest. When people protest, Frelimo sends [henchmen.] So we are afraid to die, which is why people don’t protest.”⁵⁵ But while elites and leaders cite fear as a reality on the ground, Table 7-4 at the end of this chapter indicates that when HIV mobilizers and non-mobilizers at the grassroots level were asked how dangerous it is to vocalize opposition of the government, they were almost evenly split on perceptions concerning this.⁵⁶

Others argue that filtering the money through the government coordinating body would not be as effective as sending it straight from the donors to the associations themselves (João

⁵⁴ This is not always the case for why some don’t speak out against the government however; some have the perception that government is helping (Mauricio* coordinator for Mudanca*). This stems from access to ARVs, and because most of the regions in which this research was conducted have hospitals that distribute them.

⁵⁵ He tells a story about how several PDD members were put in jail and the political party contacted the governor to have them released (which they were). There are about 100,000 PDD members in Sofala. They talk sporadically about women’s equality, yet when asked why no one have come to be interviewed, they say they are unable because they are all out working on the farms while the men are here (Interview with PDD members and the PDD leader in this particular community, approximately 15 minutes outside of Beira, 19 April 2007).

⁵⁶ 48% respond not at all/sometimes while 52% respond many times/always is.

Macuta, 4 April, president of Kulupira in Beira), in part because volunteers and association leaders will stand up to the donors more than they do with the state and they will be more critical. (Interview Mufanequiço 3 February 2007)⁵⁷ Another HIV association president in Beira argues:

Government has a political plan for the whole country, and it is connected to the political party. With the situation where the donor gives money to the government, which then gives it to an organization, the government can use it to give money to those they want to give it to (e.g. for political reasons), [meaning that] if the government gets money for HIV, they can use it for other things, e.g. like cyclone restructuring but then they will also put the money in their pockets. (Interview with João Macuta, Kulupira, 4 April 2007)

Often touted problems by virtually all of the associations at hand are that: CNCS takes too long to answer proposals, it doesn't actually visit communities to hear what they need, individuals are afraid to speak out against the government for fear of losing funding, the time between approval and financial disbursement is too long, it distributes the second half of funding too late (after six months) and by then the project has disintegrated or run out of money, as the proposal goes through government channels officials change it in a confusing manner (e.g. one tell them to change one aspect, another says to change a second aspect, and by the last person, the project has been pulled in too many directions).⁵⁸ The problem with this is that a delay in funds makes the broker organization (which can also be smaller donors or NGOs that work with the associations directly) look problematic in that delays will be blamed on the brokers rather than the true source. (Interview Lucrecia Wamba, 1 March 2007)

⁵⁷ Some have also indicated a desire for the government to act as a broker by showing donors which groups are most successful and then allowing the donor to give the money straight to the association (Interview Joao Macuta, 4 April 2007). Not all agree, however, and some argue that giving money straight to the associations will lead to an even greater lack of coordination (Interview with M. Yassino, CERPRE leader, March 2007).

⁵⁸ Reverend Matola, from the Lutheran church in Beira, sent a proposal to CNCS and "they said the project wasn't clear, and that we had to go back and redo these certain points. So we did and resubmitted it, and then they said, now do these [other] points. So we did and resubmitted it, and then they said now do these [other] points. And now we're tired. So we don't go to CNCS anymore" because other organizations are better with money or feedback (Interview 18 April 2007). Also, Lucrecia Wamba, SAT 1 March 2007; Margarida Rui Joao, social assistant for Hospital Dia of Europea Hospital in Beira, August 2007; João Macuta, Kulupira leader, 4 April 2007.

In Beira, specific weaknesses in CNCS stem from the fact that it only has two cars in Sofala to use for site visits. It is also trying to serve as a financial coordinator as well as project implementer, which creates confusion. Dalte Soberang, a Program Officer for Alliance (a health and development organization), states that governors have differing political objectives: the governor is the president of the commission to approve CNCS projects in the province, but he often has his own political agenda (being appointed by Frelimo).⁵⁹ He also argues that some associations are known to lean toward one political party or the other and that it is somewhat more difficult for Renamo supporters to have projects approved.⁶⁰ In some districts, Renamo has a strong influence, and in these the project will be funded very slowly, rather than all at once. Yet if individuals protest, the funding becomes impossible or gets cut. (Interview Dalte Soberang, 11 April 2007)

These issues contribute to an overall difficulty for democracy:

Democracy and advocacy? Somehow if you look at the issues of democracy in our country, you'll see that it's not so effective—it's effective for those who don't know our contest, if you look at our political parties here, most of them don't have funding. Even their membership, most are poor people who can't contribute money, and again we're talking about a party in power who has all the resources, been here for awhile, have been using, you can't separate which are funds or which are from the state..., so I was one of Frelimo Youth Leaders, so I understand what's deep inside, so you can't understand because if there's an ad campaign, you find out they're using vehicles, resources, so those who don't have resources can't even make posters, and aren't known. So that's difficult for them. So democracy, I don't think that there is a democracy in our way. (Interview Mufanequiço, 3 February 2007)

The government doesn't want the population to decide. Monaso is the population (well, supposed to be the coordinator of it). Therefore, the government bypasses Monaso, which

⁵⁹ Alliance is similar to SAT in Maputo and is funded by UNICEF and the Ford Foundation to teach NGOs how to write proposals and develop activities. It provides technical capacity and some funding for theatre or food/transport, but does not fund salaries or rent. Funding from Alliance to associations goes straight to them in a process that takes approximately 6 weeks. Throughout the process it gives feedback about the proposal and twice a month it visits the association in order to supervise (Interview, Beira, 11 April 2007).

⁶⁰ For example, if an association leader went to a meeting for Renamo or Frelimo, the association would have problems, as the community would know if the leader engaged in a meeting.

in turn doesn't say anything about it because the people [are essentially lackeys], and goes to civil society, which has no active voice to go against it. [This is done with a goal of ensuring that they do not] have an active voice, to keep quiet.⁶¹

Government therefore plays a large role in the *jogo de interesses*. An email circulated among many of the higher HIV NGOs and donor organizations illustrates corruption in the NAC, calling the organization a *piada* (joke): A project covering four districts had an official at the last hour decide that the report must be endorsed by all administrators and in turn, in the first district of Zavala, the administrator instructed the director of health to give an opinion. But in order to do so, they said that the grantee must pay 4,500 mets (US\$180) of fuel costs for a site visit, so for four sites this works out to 18,000 mets (US\$720) that is not a part of the original project proposal. The email ends with “*Alertamos os concorrentes a projectos com o CNCS que tem que providenciar rubricas bem gordas para estes tipos de eventos...Tata a todos e ate a proxima piada vindo do CNCS.*” (We alert the competitors to projects with CNCS that have to provide big fat lines/changes for these types of events. [Unknown] to all and until the next joke coming from CNCS.)⁶²

Cobertura and Costa Quente

In Gorongosa, community members indicated that the government should be responsible for giving houses, and the donors should be responsible for giving both assistance with health and money to the country. Most in the regions feel that government is responsible for health facilities, while donors should provide for HIV assistance. In both Caia and Gorongosa, the biggest complaint is that proposals take a year or more to receive funding, or even feedback for that matter, by which time several things can occur: the original individuals involved have

⁶¹ Interview João*, 15 February 2007, who works with several human rights and HIV associations, consults on the side, and has worked with Monaso and wished to remain anonymous here.

⁶² Originally sent out on February 13, 2007 from a major NGO, Subject: “ultima piada com CNCS” received by author on March 1, 2007 by an organizer in another NGO.

moved on to something else or died, prices have increased, and/or the association decides to prioritize a different issue.⁶³ If the proposal is approved, it is often a decreased amount and for a shorter duration than requested. One vice president of an association chapter, Marco*, states that CNCS instructs them to keep a small amount, for example, 5000 meticaís (US\$200), for ‘price increases,’ in a separate account which the group will receive back if it is unused, if they receive funding for their next project. Yet they never see the money again. He states that CNCS instructs them against saying anything to other government officials; in the beginning

CNCS was working well enough with us...our district was developing, everyone working together, but now CNCS has cut the relationship off, it’s very bad... [a leader] came who was working with CNCS, and when [others] come and want to see what kind of activities [we do] Moussa [from Beira CNCS] says that if you have any questions, [you should] come to us with anything. The donors came and found Moussa and another guy here—they [CNCS] told this association not to answer anything if asked, that the donors should talk to Moussa. This happened two times, first with the *governador* here, then [President] Guebuza came here to know what’s happening in the district with HIV.

He goes on to discuss *cobertura* (which can mean various things in regards to corruptive practices, with a direct translation of ‘covering’), whereby he is unable to talk to higher government officials, only to the go-between CNCS representative, because their association is partially dependent on CNCS for funding, and must put on a good show (or ‘cover’), otherwise they will be marginalized. He indicates that the CNCS map of funding in Beira is deliberately inaccurate and that they do not receive the money it says they do: “When I go to CNCS, I am vice-president of [well known association] here, we see they say they give this money, but I have the knowledge because of my position and it’s not real.” He also tells of ghost NGOs:

When we were preparing for 1 December [World AIDS Day], when we go to CNCS in Beira we find that one association gets a budget, but they aren’t coming in. There are 33 AIDS groups here, and this is one that Monaso doesn’t recognize... And it’s one member that has an association in Dondo, with two projects. This [guy is] a *costa quente* or hot

⁶³ In this non urban area, the association that asked for anonymity here had been waiting for nine months just to receive any answer.

back. This man says he has one project here, and one in Dondo—this was five months ago and the project is now here in Caia. This man doesn't go through Monaso or the government—people respect him and kneel down when they see him. ...I don't know his name, only by face. The project is with *machambas* and youth in school. He got this because he knows someone there.⁶⁴

Association members in Caia frequently discuss paying for jobs, for example in the construction of the bridge an hour's walk from town, and that corruption and *subornos* exist within the AIDS domain, but that it is difficult to assess how many are involved.⁶⁵ One way to twist the health system to one's interest is to bribe an official to change a written CD4; some receive food when their counts are low, and once they go back up, food aid ceases, so individuals will bribe the official to keep the stated count low. (Interview with Felipe, Caia, April 2007) Felipe also states that some in a Maputo neighborhood are able to buy cards stating that they are HIV positive in order to acquire food.⁶⁶ First one must talk to a hospital worker working with GATV (free testing site) to bribe him or her to receive a card that confirms that one is positive, then one takes the card to the *chefe do quarterão* to receive food.

Political Behavior, Attitudes, and Ability to Influence Government

Because this chapter focuses on association and government behavior in regards to one another, this automatically includes other forms of political behavior and attitudes concerning government, and perception as to the likelihood of influencing government. Several survey

⁶⁴ *Costa quente* (hot back) indicates someone who can make demands because he knows people in high places, and it comes from the idea that when he passes, the people behind him clap and leave him alone. Another example is a *chapa* driver who is waved through a roadblock because his boss knows higher ups.

⁶⁵ "Suborno [corruption/favoritism]...can happen, but in the institutions of government, they can't say anything because the person can lose their job... for example, building the bridge in Caia, if someone wants the job they request it and pay to get it. ...the [HIV] project that is approved, they get some money for it, but the owner of the project doesn't say, doesn't talk about it" [this is in regards to paying the CNCS worker to approve the HIV project]. (Interview with a pastor who was arrested post-war for having a walkie-talkie because government thought he was a part of Renamo, Caia 23 April 2007). Several other interviewees also stated that corruption exists in CNCS; while some say that money disappears at the national level, rather than specific bribes for approval at the local level (Interview with João, Kulupira, 4 April 2007), others state the opposite.

⁶⁶ Reference to the neighborhood of Luis Cabral.

questions address this in reference to H6 (*HIV mobilizers are more likely to engage in overtly political behavior than non mobilizers*), and H5 (*HIV mobilizers are more likely than nonmobilizers to: (a) have different expectations of government and donors; and/or (b) hold positive views of government*). This involves the idea that volunteers are choosing to utilize voice (instead of exiting) in regards to the state-society relationship; it is hypothesized that they are thus more likely to interact with government officials, engage in political behavior, and/or feel they can influence government.

Other Political Activity

Table 7-5 at the end of this chapter indicates that HIV mobilizers are more likely than non-mobilizers to have contacted a government official for something having to do specifically with HIV/AIDS ($\chi^2 = 14.865^{***}$), and that they are also more likely to have taken part in a march or demonstration, although only about half had done so ($\chi^2 = 44.838^{***}$, see Table 7-24). Table 7-6 indicates that HIV mobilizers are more likely than non-mobilizers to have incorporated HIV as a factor into voting ($\chi^2 = 8.387^{**}$).⁶⁷ Although type of mobilizer and political work in support of a political candidate was not significant, Table 7-7 indicates that location is: non-urban HIV mobilizers are more likely than urban mobilizers to have worked in their community to get

⁶⁷ Generally, type of mobilizer and voting activity in elections is not significantly linked. About two out of three of all HIV mobilizers and non-mobilizers voted in the national elections in 1999, and four out of five did in 2004 [1999 elections: 88 did not vote, 164 did (total 252). 2004 elections: 46 did not vote, 206 did (total 252)]. In the municipal elections in 1998, more did not vote than did: 138 did not vote, 114 did, N=252. In the municipal elections, two out of three mobilizers voted and half the non mobilizers voted (mobilizers: 49 did not vote, 103 did; non-mobilizers: 50 did not vote, 49 did, N=251). When asked about strength of political affiliation, most identify not at all or not much with one of the political parties [HIV mobilizers say not at all (57), not much (60), some (15), a lot (19) (N= 151). Non-mobilizers say not at all (42), not much (30), some (14), a lot (11), N=97.

In relation to this, some Kindlimuka staff members tell communities that when members of Parliament go into the communities to ask individuals for their vote, they must talk about AIDS. Rather than trading the vote for AIDS services, however, in a direct exchange, it is more indirect: “if he doesn’t talk about AIDS, then the generation will not be voting, because AIDS is in this community, so when he returns, he should say vote for myself, but take care because of AIDS. Because if he doesn’t, when he returns, there will be no one to vote for him, they’ll all be dead” (Interview Carlos Mussa, 6 February 2007, Kindlimuka). In Beira too, HIV is not generally used as a direct exchange for votes (Interviews with community activists/leader in Beira, 10 April 2007).

others to support a candidate or political party ($\chi^2 = 3.220^*$), most likely due to the fact that they are in smaller communities.

There is no significance between type of mobilizer and level of interest in public topics pertaining to local communities (approximately three out of four are somewhat or very interested) or interest in political topics (two out of three state they are not at all or not very interested).⁶⁸ But Table 7-8 indicates that type of mobilizer and how *often* they discuss politics is related: HIV mobilizers are more likely than non-mobilizers to discuss national or local politics more than one or two times a week ($\chi^2 = 4.944^*$). HIV mobilizers are also more likely than non mobilizers to discuss national or local *public* topics with others more than one or two times a week ($\chi^2 = 4.728^*$).⁶⁹ Compared with HIV mobilizers (and thus non-mobilizers as well), *human rights mobilizers* are more likely to be interested in public topics ($\chi^2 = 11.718^{**}$), to discuss national or local public topics more frequently ($\chi^2 = 6.766^*$), to be interested in politics ($\chi^2 = 7.88^{**}$) to follow what's happening with government and public topics ($\chi^2 = 10.477^{***}$) and regularly discuss politics (32.064^{***}) (see Tables 7-10 through 7-14). When tested with HIV mobilizers and human rights mobilizers, the four variables of 'interest in public topics,' interest in political topics,' 'discussion of public topics,' and 'discussion of political topics' yield a Cronbach's Alpha of .74 (signifying they measure the same thing); a scale was created to

⁶⁸ Public topics: 4% (10) not interested, 22% (52) not very interested, 36% (86) somewhat interested, 38% (91) very interested, N= 239. Level of interest in public and political topics and how often they discuss them were tested together and yielded an Alpha of .69, signifying that they measure the same concept. When the means of HIV mobilizers and non –mobilizers were tested, however, there was only .48 difference; this was not significant, and generalizability is limited, but the direction is consistent with findings (HIV mobilizers are slightly higher, so may have a slightly higher immersion in public and political topics) (see Table 7-9).

⁶⁹ Type of mobilizer and level of involvement with following what occurs with government and public topics was divided in half between those who never or only sometimes follow, and those who follow more frequently: HIV mobilizers 7 never, 70 at times, 37 many times, 31 always 145 total; non-mobilizers: 4 never, 34 at times, 26 many times, 30 always, 94 total.

compare means, and human rights mobilizers have a significantly higher mean than HIV mobilizers, indicating a heightened interest/discussion of public/political topics.⁷⁰

Attitudes and Perceptions

Table 7-16 at the end of this chapter indicates that non-mobilizers are more likely than HIV mobilizers to state that government discusses HIV only when it is in its own interest rather than the community's interest ($\chi^2 = 8.040^{**}$); *non-urban* HIV mobilizers are less likely than urban to state that it discusses HIV when it's in its own interest ($\chi^2 = 3.681^*$). For this category, non-urban HIV mobilizers thus hold the most positive view of government out of the four groups.

In general, virtually all of the HIV mobilizer and non-mobilizer survey respondents said that the government is responsible for providing schools and clinics.⁷¹ Table 7-17 at the end of this chapter indicates that most view government to be doing a (at times/very) good job in combating HIV (79%) and providing TARV (74%) and women's rights (77%).⁷² Tables 7-18 and 7-19 indicate that non-mobilizers are more likely than HIV mobilizers to hold negative opinions about both government provision of health infrastructure ($\chi^2 = 3.339^*$) and HIV education ($\chi^2 = 6.625^{**}$); non urban respondents are more likely to have negative views of

⁷⁰ Mean difference is 1.27, $t = -3.62$, $p < .001$ (see Table 7-15).

⁷¹ 243 HIV mobilizers and 239 non-mobilizers said government (N=255). When asked if people, government or donors must have responsibility for individuals, responses were pretty evenly distributed between government and individuals themselves: 126 said individuals themselves, while 117 said government (N= 255). Respondents were also asked if they feel it is their right to receive something (e.g. form of help) from government (66% of mobilizers and 58% of non mobilizers said yes) and/or donors (25% of mobilizers and 23% of non mobilizers said yes).

⁷² Most (79%) respondents also view government to be doing very badly in providing water and food (192/244). In addition, when asked how government is doing in providing work and economic development, most respondents said at times badly/very badly (14 mobilizers and 4 non mobilizers said good or very good. N=151 HIV mobilizers, 98 non-mobilizers).

government provision of health infrastructure ($\chi^2 = 10.409^{***}$), ARVs ($\chi^2 = 4.433^*$), and women's rights ($\chi^2 = 4.755^*$).⁷³

Tables 7-20 and 7-21 indicate that non mobilizers are more likely than HIV mobilizers to feel that they have some/a lot of influence on the decisions of local government ($\chi^2 = 4.763^*$); urban HIV mobilizers are more likely than non-urban to feel that they have none/very little influence on decisions ($\chi^2 = 2.721^*$).⁷⁴ Analyses of these data occur in the last section of this chapter.

Questions about Causality

The data presented in these three chapters bring up the question of causality: is mobilization the independent variable, as I hypothesize, or might it rather serve as the dependent?⁷⁵ To answer this, I asked a series of questions concerning prior activities. First, *do HIV mobilizers belong to other associations?* Table 7-23 at the end of this chapter indicates that non-mobilizers are less likely to belong to an organization; mobilizers are more likely to have another associational involvement ($\chi^2 = 3.835^*$) other than the HIV association; 1 in 5 non mobilizers, 1 in 3 HIV mobilizers, and 1 in 3 human rights mobilizers have another association. This indicates that both HIV and human rights mobilizers are more likely to be 'general mobilizers' (rather than just specifically for HIV) than are non-mobilizers. In other words, 32% of HIV mobilizers and 31% of human rights mobilizers belong to another associational group,

⁷³ When human rights mobilizers were asked about government provision of such things as infrastructure, ARVs, water/food, etc, the responses more or less paralleled those of HIV mobilizers, with the exception of 'combatting HIV.' The percentages were similar enough, however, that most were not significant.

⁷⁴ In comparison with human rights mobilizers, these are more likely to state that they can influence government ($\chi^2 = 20.662^{***}$) (see Table 7-22).

⁷⁵ The dependent variables would thus look as follows:

1. views/expectations → mobilization
2. political behavior → mobilization; civic tendencies → mobilization
3. equal relations at home → mobilization

while 21% of non-mobilizers belong to any group.⁷⁶ Yet this signifies that the majority of mobilizers are still *new mobilizers*; most individuals are volunteering in a space that is new for them.

Second, *do individual views/expectations lead to mobilization?* In all likelihood, the answer is probably yes for many respondents. But how much of this actually propels them to mobilize? First they were asked about how strongly they identify with one of the political parties: 74% of non mobilizers and 77% of HIV mobilizers say nothing/not much, so these are relatively equal.⁷⁷ As aforementioned, non-mobilizers and HIV mobilizers also seem to be about equal on how often they follow what is occurring in government and public affairs. Trust in government, as discussed in *Chapter 6*, illustrates that there exists a slight increase for HIV mobilizers since joining the association, illustrating the positive effects the groups are having. These indicate that views prior to joining the association don't seem to differ all that much between HIV mobilizers and non-mobilizers.

Third, respondents were asked about their political and civic behavior before and since *joining the association* (for HIV mobilizers and human rights mobilizers) and before and since *discovering their HIV status* (for non-mobilizers).⁷⁸ Table 7-24 at the end of this chapter indicates that prior to joining the association/discovering status, 18% of mobilizers and 14% of non-mobilizers had taken part in a protest, march or demonstration on some local or national topic; after joining/discovering 49% of mobilizers and 8% of non mobilizers did. HIV

⁷⁶ Here it should also be pointed out that if the respondent said that (s)he was involved with a self-help group or something else less formal than an actual association, it was counted as an associational group. This question was problematic, however, as some respondents indicated elsewhere that they were a part of e.g. *xihiva*, but stated that they were not a part of another association. In cases as such, their responses to this question were changed so that they were counted as belonging to another group.

⁷⁷ Non mobilizers=74% (72/97) and HIV mobilizers=77% (117/151). 26% (25/97) of non mobilizers and 22.5% (34/151) of HIV mobilizers say some/very.

⁷⁸ I recognize that these are different starting points, but didn't see a way around this methodologically.

mobilizers are more likely to have taken part in this afterwards ($\chi^2=44.838^{***}$), and the similar starting points seems to indicate a positive effect from the associations.⁷⁹

30% of HIV mobilizers had joined with the community to solve a problem prior to joining (21% of non-mobilizers had done so before discovering their HIV status). But prior to learning their HIV status, non mobilizers (28%) were more likely than HIV mobilizers (16%) to have volunteered for a government official to help with some community problem ($\chi^2=4.082^*$), which counteracts the possibility that non-mobilizers are less motivated to act politically in this capacity.⁸⁰ At some point in their lives, about the same percentage (less than 30%) of HIV mobilizers and non-mobilizers had done some type of work in their community to get others to support a candidate or political party; this is similar enough to indicate that one group doesn't seem to be have been more politically inclined than the other.⁸¹ When asked if they had attended a meeting of a local government official/council 'before' joining/discovering their status, very few non-mobilizers and HIV mobilizers had and these drop to even less for 'after.'⁸² Table 7-25 at the end of the chapter indicates that prior to joining an HIV association/discovering they have HIV, 30% of mobilizers and 21% of non-mobilizers had joined in a debate within the community about some topic not related to HIV. 42% of human rights mobilizers had done so, and this is significant compared with HIV mobilizers ($\chi^2=3.173^*$), indicating that human rights mobilizers are more likely to have joined in a debate.

⁷⁹ For human rights mobilizers, 15% had taken part prior, and 30% had taken part after. HIV mobilizers are still more likely to have taken part afterwards ($\chi^2=7.380^{**}$), signifying that the HIV association has a positive effect on number of marches in which the individual takes part.

⁸⁰ After joining the association (or discovering their HIV status), these drop to 17% and 15% respectively. For the most part, human rights mobilizer responses parallel HIV mobilizer responses here.

⁸¹ HIV mobilizers=42/155; non mobilizers=23/98.

⁸² Human rights mobilizer 'yes' responses, however, increase from 19-27% and these are both significant, indicating that human rights mobilizers are more likely than the other two groups to have attended such a meeting, both before and after joining the association.

Although respondents weren't asked if they had participated in the various types of civic activities (letter writing, holding presentations, etc) *prior* to joining the association, the large number of non-mobilizers who responded that they had not indicates that most have only done so with their HIV or human rights associations. Respondents were asked if they feel comfortable discussing human rights, women's rights and politics since joining the association, and Table 7-26 indicates that the bulk of responses by HIV mobilizers are that most feel comfortable discussing the first two, with responses split for 'politics.' This, combined with the data on *levels* of comfort discussing these issues (in *Chapter 6*), indicates that it is the associations that are having the effect on such discussions. Additionally, volunteers were asked if there were things they were learning in the associations that they didn't know prior to joining and that are being used in other aspects of their lives, to which most responded that there were (also discussed in *Chapter 6*).

All of these, along with the aforementioned significant relationships discussed in other chapters seem to indicate that prior civic /political activity does not lead to mobilization concerning HIV mobilizers and non-mobilizers (although it may for human rights volunteers and this requires more research). In other words, it seems that it is the associations that are the catalyst for more civic and political behavior.

Finally, respondents were also asked if their domestic relationship had changed for the better, worse, or remained the same since joining the association (or finding out they have HIV). Table 7-27 indicates that most of the HIV volunteers said that it had changed for the better or remained the same ($\chi^2=8.727^*$), signifying a positive effect of the associations on relationships.

Analysis

Associations have different types of tactics: some focus more on private based tactics such as door to door visits, one-on-one discussions, and home based care. Others focus on community

education through information dissemination in schools, with street theatre, and marches for public awareness. Rensida and Monaso meet with government boards to lobby for resources, and Matram focuses on pushing government for TARV, other resources, and greater government involvement. These are not mutually exclusive categories as many associations involve themselves in a combination of tactics. By far the most common public-political tactics are workshops and theatre that focus on evolving power. It is argued that

to describe something as politically efficacious in critical or positive terms necessarily refers to systems of laws and policies to be made or unmade, or, within civil society, ethical norms to be debated. It remains the case that those who use or theorize performance as resistance in relation to Foucault's micropolitical reduction still contribute substantively—whether it is their intention or not—to the opening up of political space to formerly excluded constituencies and silenced voices. But this is only the first step toward dialogical participation in the development of more just political institutions and the enculturation of more just social norms. (Erickson 2003: 183-184)

Thus, the very fact of using theatre to depict plausible representations of interaction and conflict represents a dialogical component and utilizes rhetoric and persuasion. These are political acts in their resistance to hegemony, be it found with companies that do not follow worker's laws, men who do not allow women to attend school, husbands who refuse to listen to their wives, community members who refuse to accept others, or women who point fingers at those who bolt against traditional norms. As Boal notes, "[o]ppression exists in the relationship between two persons, when dialogue becomes monolog."⁸³ Little has been done however to pinpoint and understand the hegemon, which can be various entities—the state, communities, even donors—at various times. This hegemon may indeed block two person dialogue, creating a situation where the playing field is unequal and thus creating the need for alternative endings whereby traditional forms of power are theoretically, if only for a short time, eradicated. What

⁸³ From Feldhendler 1994: 89 citing Boal 1991.

is 'rational' here involves changing from concurrent to safe sex; theatre in the street, in the office, or in an actual building opens up space and serves as a step on the way to the feminist ideal of equality (or at least more equality) in the public African sphere.

So while the Rensida associations are pushed by Rensida leaders to incorporate the addressing of government in their performances for such things as better infrastructure, food, TARV, stigma eradication and rights, in reality this occurs only sporadically and is often a missed opportunity to effect tangible change. Some associations, such as Kufunana, use more participatory edutainment tactics to attempt to change power structures within communities concerning equality and rights and incorporate salient political issues pertaining to the Worker's Law and traditional practices.

Yet in most instances, a fear of speaking out against the government still exists throughout the regions because the associations are partially or entirely dependent on funding from CNCS. This is exacerbated by the history of the country concerning repercussions, unrest and political inequality. While corruptive practices are cited by leaders and the upper echelons of aid workers as a crucial problem, those further down the ladder view it to be less of a problem (although respondents are about equally split on how dangerous it is to vocalize opposition to the government, 92% of all said that they didn't encounter corruption at their health facility). This may realistically be a product of sampling, in that Beira and Maputo constitute the oldest TARV access points (and thus have the most experience in dispensing health care), while Caia and Gorongosa both have equipped hospitals. Additionally, health workers are viewed by those on the ground as less corrupt than school teachers/administrators, which may be due to this. Interestingly, no one said that they had heard of individuals trying to buy ARVs before their CD4

count hits 250, which is somewhat surprising, but may signify that corruptive practices are still evolving. In all likelihood, it just depends on the location.

Aid workers, elites and association leaders continuously cited problems with coordination, tension and unclear roles among the communities and government bodies, all of which must be checked because they contribute to overlap and competition for resources.⁸⁴ Association members are less likely to cite a fear of speaking out against government, but leaders view this to be a crucial problem across the board. The supposed broker organizations, Monaso and Rensida, are often defined as captured by government, an argument only compounded by the argument that initial Monaso employees who spoke out negatively against the government (back when associations began to tackle AIDS) were quickly fired and replaced by less antagonistic workers. (Interview Ivo Correia, October 2007)

The *jogo de interesses* is a salient example that sums up problems concerning aid dependency in any AIDS domain, as it signifies the scramble for resources that is occurring not only in Mozambique, but in many countries around the world. Many view the AIDS domain as potential employment or as a way to sequester medical supplies for a profit, and not all follow the rules of balance set forth: ghost NGOs, bribery and *cobertura* prevail, and for good reason in an impoverished country that relies on external support. Experiences with corruption no doubt play into fear of speaking out, and thus how PLWHA are treated in health facilities may realistically make a difference in how they view government and donors. Although ARVs are free, only about 20% of those in need of them have access to them, which plays to the severe gaps in infrastructure (particularly concerning transportation, food, water, health facilities, and sanitation).

⁸⁴ As a whole, donors are not generally considered to be problematic, other than in the sense that community members often say that many do not listen to community needs, or show up once, never to be seen again.

One question that consistently arises is whether funds should be disbursed from aid organizations through the government to the HIV associations, or whether they should go directly to the associations. Most association members would prefer the latter, although almost all respondents state that government has to provide help with such aspects as schools and clinics. This would certainly have implications for autonomy and sovereignty of government, however, and potentially dredge up a new host of issues.

Non-mobilizers are more likely to state that government talks about HIV only in its own interest and hold negative opinions about its provision of health infrastructure and HIV education, which means that either mobilizers are acquiring their positive views of government from the associations, or they had them prior to joining. (Non-urban mobilizers are most positive, most likely due to access to *regulados* and other community members, yet the negative views of non-urban respondents concerning government provision of various items parallel the idea that those who live in rural areas are often marginalized and have more difficulty accessing resources.)

Concerning H6, it is apparent that *some* types of classically defined ‘political’ behavior occur more with mobilizers (e.g. partaking in marches, contacting government officials concerning HIV, holding a meeting about a political topic, using HIV as an issue when voting, feeling comfortable talking about human rights), but not all (because ‘voting in elections’ and ‘contacting a government official [in general]’ are not significant). Additionally, HIV mobilizers are more likely than non-mobilizers to discuss politics and public topics, but human rights mobilizers are the most likely to discuss these, as well as others, which calls the relationship between HIV mobilizers and human rights mobilizers into question and signifies that there is a continuum of sorts here (this is a concept further elaborated upon in *Chapter 8*).

Thus, we can reject the null hypothesis that there is no relationship between mobilization for HIV and likelihood of engaging in other types of political behavior. For H5: (a) it is appropriate to *fail to reject* the null hypothesis because there is no significance between the type of mobilizer and expectations. But (b) is tricky, because mobilizers at times seem skeptical of government, there is only a slight difference in the relationship between type of mobilizer and level of trust in government since HIV began (as illustrated in *Chapter 6*), and non-mobilizers are more likely to feel that they can influence government yet are more likely to state that government is doing poorly in providing certain types of HIV related things. Therefore, it is appropriate to tentatively *reject the null hypothesis* because there is a relationship here between mobilizer and positive views, but future research is necessary to disaggregate this further. In general, the data presented here and in other chapters seems to indicate that it is the associations that are cultivating attitudes and definitions and are certainly heightening some types of civic and political activity and more equal relationships at home, thus indicating that the arrow of causality runs from mobilization to the various dependent variables (rather than vice versa).

Conclusion

This chapter has illustrated two aspects regarding tactics within the AIDS domain. First, there exists tangible evidence that there is deception and corruption in the way that funding occurs, both of which block substantial gains that might otherwise be made in the struggle to stem the epidemic, particularly in the fact that elites are more aware of it than those on the ground (or perhaps are less fearful to speak about it). The fact that millions of dollars flow into Mozambique, are channeled through government bodies, and have thus cultivated an overall economy that is strongly dependent on aid make it difficult to break free of this and establish independent associations that can hold government, and donors, accountable. But at the same time, the three entities of government, donors and associations all need each other—they depend

on each other—to actually *develop* the country, and thus they are less autonomous from each other than in the past.

Because of the funding issues, the associations are corporatist in their structure, which can be controversial in a country that has a historical reputation for corruption and secrecy. This is only furthered by the fact that the two types of mobilizers exist, as illustrated in *Chapter 6*: those who are organizing for personal gain and their career, and those who organize in the spirit of kinship and reciprocity. But the simple fact remains: this second group does exist, and they are pushing the agenda of PLWHA to the forefront within communities, and to a limited extent, government. Despite the odds stacked against them, they are making progress in cultivating civil society associations that center on human rights as their framing. Although they do so in different degrees (as is discussed in-depth in the next chapter) most of the tactics discussed here fall under the realm of lobbying to bring what has traditionally been a very private topic into the public and political realms so as to transform the disease.

Through this, these volunteers and their associations recognize that both in general and in the AIDS domain, the legal norms conflict with informal (but which were once formalized) African institutions, particularly concerning patriarchy and patron-clientelistic politics of favoritism and corruption. They constantly battle against the African institution whereby access to resources comes not as a right, but from one's ethnicity, role in society, or who one knows that wields influence. In any attempt, however minute it may be, to chip away at these institutions, the overall goal of the associations, and thus their members (whether or not they are fully aware of it as a political issue) is a *more equitable distribution of resources*, which centers on their ability to define themselves as *citizens*.⁸⁵ Thus the use of theatre, a common mode of

⁸⁵ This is something also discussed in the context of non-HIV associations by Welch 1995.

information transmission within African societies, when fused with targeted community messages concerning citizens' rights and laws, women's equality, information pertaining to a public citizenry, can be and is a potent concoction that clearly serves as a vehicle for a new 'modern' identity because of its advocacy of rights and protection, which by its nature opposes the corruptive state practices of patron-clientelism and patrimonialism. Although the associations have serious challenges in accessing funding and holding CNCS accountable in a rational-legal sense that blocks favoritism, and they are quite often caught up in the game of interests whether they choose to be or not, the fact that they are even able to discuss these issues is a step in the right direction. The opposition of inequality and favoritism within associational life is occurring incrementally and slowly, but the fact that it is occurring at all is an important indicator and is discussed further in the next chapter.

Table 7-1. Paying bribes

If you must apply for something, and must wait for two months, do you prefer paying a small bribe/favor to get it quicker for your family, or waiting your turn even if it takes more time to get what you want?	paying	waiting	N	χ^2
HIV mobilizer	24 (15%)	131 (85%)	155	7.673**
Non mobilizer	30 (30%)	70 (70%)	100	

*p< .05

**p< .01

***p≤.001

Table 7-2. Type of mobilizer and experiences with health care

Have experienced...		never	Once or twice	Some times	Many times	N	χ^2
Long wait times	HIV mobilizers	31 (20%)	29 (19%)	43 (28%)	51 (33%)	154	6.896*
	Non mobilizers	26 (26%)	23 (23%)	32 (32%)	18 (18%)	99	
Lack of medicines	HIV mobilizers	58 (28%)	33 (22%)	44 (29%)	17 (11%)	152	7.668**
	Non mobilizers	45 (46%)	24 (24%)	27 (28%)	2 (2%)	98	(.053)
Lack of doctors	HIV mobilizers	77 (50%)	34 (22%)	30 (20%)	12 (8%)	153	N/S
	Non mobilizers	54 (54%)	25 (25%)	14 (14%)	6 (6%)	99	
Lack of respect	HIV mobilizers	48 (31%)	21 (14%)	32 (21%)	54 (35%)	155	7.906**
	Non mobilizers	18 (19%)	12 (12%)	17 (18%)	50 (52%)	97	

*p< .10

**p< .05

***p≤.01

Table 7-3. Perceptions of corruption in schools and health system

HIV mobilizers and non mobilizers	None or very few	some	More than some	many	N
How many people in schools or administration of schools do you think are involved in corruption? ⁸⁶	45 (18%)	123 (50%)	39 (16%)	41 (17%)	248
How many health workers do you think are involved in corruption?	55 (30%)	85 (46%)	29 (16%)	17 (9%)	186
Urban	26 (47%)	28 (51%)	0 (0%)	1 (2%)	55
Non urban					

Table 7-4. Perceptions of danger in vocalizing opposition

	Not at all	sometimes	Many times	always is	N
How dangerous is it to vocalize opposition to government in Mozambique? ⁸⁷	86 (34%)	36 (14%)	41 (16%)	89 (35%)	252

Table 7-5. Other activities

Have you contacted a government official for something having to do with HIV in last year? ⁸⁸	Yes	no	N	χ^2
HIV mobilizers	25 (19%)	110 (81%)	135	14.865***
Nonmobilizers	2 (2%)	95 (98%)	97	

*p< .05

**p< .01

***p≤.001

⁸⁶ HIV mobilizer 24 none or very few, 81 some, 22 more than some, 26 many, total 153.

⁸⁷ HIV mobilizers parallel this trend: 34% (52) say not at all, 15% (23) sometimes, 16% (25) many times, 35% (55) always, N=155.

⁸⁸ Have you contacted a government official in the direct context of this organization (e.g. about HIV)? (Or have you contacted some official about HIV? for non mobilizers) Some of the HIV mobilizer surveys were asked incorrectly: Have you contacted some leader in this HIV association for something? Because a follow up question was “who?” these were thrown out and coded as missing data if the respondent answered yes and then indicated someone in the HIV association, and kept as no if the respondent answered no. Thus, anyone who answered ‘yes’ had contacted some government official.

Table 7-6. HIV as a factor in voting

Was HIV a factor in who you last voted for?	yes	no	N	χ^2
HIV mobilizers	102 (79%)	27 (21%)	129	8.387**
Non mobilizers	59 (61%)	37 (38%)	96	

*p< .05

**p< .01

***p≤.001

Table 7-7. Political work in support of a candidate

Location of HIV mobilizer/ Has worked in community to mobilize people to support a candidate or political party	N	χ^2
	249	3.220*

*p<.10

**p<.05

***p<.01

Table 7-8. Discussions of topics

		More than 1-2 times a week	Never or less than once a week	N	χ^2
Type mobilizer /How often do you discuss national or local <i>politics</i> with others?	HIV mobilizer	50 (20%)	101 (40%)	250	4.944*
	Non mobilizer	20 (8%)	79 (31%)		
Type mobilizer/How often do you discuss national or local <i>public topics</i> with others?	HIV mobilizer	85 (34%)	67 (29%)	250	4.728*
	Non mobilizer	41 (16%)	57 (22%)		

*p< .05

**p< .01

***p≤.001

Table 7-9. Scale of interest and discussion of public and political topics

	Cronbach's Alpha	Mean	t	N
HIV mobilizers	.69	5.81	-1.45 (2 tailed sig=.148)	153
Non-mobilizers		5.33		99
Difference=.48				

Table 7-10. Level of interest in public topics of community

	Not interested	Not very interested	Somewhat interested	Very interested	N	χ^2
HIV mobilizer	4 (3%)	34 (23%)	51 (35%)	57 (39%)	146	11.718**
Human Rights mobilizer	2 (3%)	4 (5%)	28 (38%)	40 (54%)	74	

*p< .05

**p< .01

***p≤.001

Table 7-11. Discussion of national/local public topics with others

	Every day	1-2 times a week	Less than once a week	never	N	χ^2
HIV mobilizer	23 (15%)	62 (41%)	54 (36%)	13 (9%)	152	6.766*
Human Rights mobilizer	20 (27%)	30 (41%)	22 (30%)	2 (3%)	74	

*P<.10

**P<.05

***P<.01

Table 7-12. Level of interest in politics

	Not interested	Not very interested	Somewhat interested	Very interested	N	χ^2
HIV mobilizer	39 (27%)	62 (43%)	29 (20%)	13 (9%)	143	7.88*
Human Rights mobilizer	15 (20%)	23 (31%)	25 (34%)	11 (15%)	74	

*p< .05

**p< .01

***p≤.001

Table 7-13. Follows occurrences in government and public topics

	No/not much	Sometimes/all the time	N	χ^2
HIV mobilizer	77 (53%)	68 (47%)	145	10.477***
Human Rights mobilizer	20 (29%)	48 (71%)	68	

*p< .05

**p< .01

***p≤.001

Table 7-14. Association regularly discusses politics

	No	Yes	N	χ^2
HIV mobilizer	130 (86%)	21 (14%)	151	32.064***
Human Rights mobilizer	36 (51%)	35 (49%)	71	

*p< .05

**p< .01

***p≤.001

Table 7-15. Scale of interest and discussion of public and political topics

	Cronbach's Alpha	Mean	t	N
HIV mobilizers	.74	5.83	-3.62*** (2 tailed sig=.000)	153
Human rights mobilizers		7.10		74

Difference=1.27

*p< .05

**p< .01

***p≤.001

Table 7-16. Attitude about government interest in HIV

Government only talks about HIV when it is in its best interest or in the interest of the community?	Only when its in the government interest	When it is in the interest of the community	N	χ^2
HIV mobilizers	40 (27%)	110 (73%)	150	8.040**
Non mobilizers	42 (44%)	53 (56%)	95	
Urban	37 (30%)	87 (70%)	124	3.681* (.055)
Non urban	3 (12%)	23 (88%)	26	

*p< .05

**p< .01

***p≤.001

Table 7-17. Perceptions of government allocation of resources

Mobilizers and non mobilizers	very badly	At times badly	At times good	Very good	N
How is government doing on combating HIV? ⁸⁹	21 (8%)	31 (12%)	97 (39%)	100 (40%)	249
How is government doing on providing TARV? ⁹⁰	30 (13%)	33 (14%)	96 (40%)	79 (33%)	238
How is government doing in providing water and food? ⁹¹	138 (57%)	54 (22%)	41 (17%)	11 (5%)	244
In providing women's rights? ⁹²	30 (12%)	26 (11%)	96 (39%)	92 (38%)	244

⁸⁹ HIV mobilizer 12 very bad, 18 at times bad, 61 at times good, 61 very good, total 152.

⁹⁰ HIV mobilizer 16 very bad, 22 sometimes bad, 54 sometimes good, 52 very good, total 144.

⁹¹ HIV mobilizer 87 very bad, 31 sometimes bad, 27 sometimes good, 6 very good, total 151.

⁹² HIV mobilizer 19 very bad, 16 sometimes bad, 57 sometimes good, 55 very good, total 147.

Table 7-18. Type of mobilizer and attitudes

		Very badly/ sometimes badly	Sometimes good/very good	N	χ^2
How is the government doing in providing health infrastructure?	HIV mobilizers	41 (27%)	110 (73%)	151	3.339*
	Non mobilizers	46 (49%)	58 (51%)	94	
How is government doing in providing HIV education?	HIV mobilizers	16 (11%)	135 (89%)	151	6.625***
	Non mobilizers	21 (23%)	71 (77%)	92	

*p<.10

**p<.05

***p<.01

Table 7-19. Location and attitudes

		Sometimes/ Very bad	Sometimes/ Very good	N	χ^2
How is govt doing in providing health infrastructure?	Urban	48 (26%)	138 (74%)	186	10.409***
	nonurban	28 (48%)	30 (52%)	58	
In providing TARV	Urban	41 (23%)	139 (77%)	180	4.433*
	Non urban	21 (37%)	36 (63%)	57	
In providing women's rights	Urban	36 (20%)	147 (80%)	183	4.755*
	nonurban	20 (33%)	40 (67%)	60	

*p<.05

**p<.01

***p<.001

Table 7-20. Influence I

		None or Very little	Some or a lot	N	χ^2
How much influence do you think that someone like you is able to have on the decisions of local government?					
HIV mobilizer		96 (64%)	53 (36%)	149	4.763*
Non mobilizer		50 (50%)	49 (49%)	99	

*p<.05

**p<.01

***p<.001

Table 7-21. Influence II

		None or very little	some or a lot	N	χ^2
How much influence do you think that someone like you is able to have on the decision of local government?	Urban	116 (62%)	71 (38%)	187	2.721*
	Non urban	30 (50%)	30 (50%)	60	

*p<.10

**p<.05

***p<.01

Table 7-22. Amount of influence you feel you can have on decisions of local government

	None	Very little	Some	A lot	N	χ^2
HIV mobilizers	35 (23%)	61 (41%)	41 (28%)	12 (8%)	149	20.662***
Human rights mobilizers	6 (8%)	19 (26%)	34 (46%)	15 (20%)	74	

*p<.05

**p<.01

***p<.001

Table 7-23. Other associational involvement⁹³

Do you currently belong to (another/any) organization?	no	At least one non-specifically related HIV organization	N	χ^2
HIV mobilizer	105 (68%)	50 (32%)	155	3.835*
Non mobilizer	79 (79%)	21 (21%)	100	

*p<.05

**p<.01

***p<.001

⁹³ HIV mobilizers were asked if they belong to any other association and non mobilizers were asked if they belong to any association at all.

Table 7-24. Other political activity, before and after

Activity	Type of Mobilizer	Yes, has done	χ^2
Has contacted government official in the last 12 months about something not having to do with this association (or for anything at all for non mobilizers) ⁹⁴	a. Non mobilizers	18%	a and b: N/S
	b. HIV mobilizers	23%	
	c. Human rights mobilizers	43%	b and c: 9.753**
Before joining the association (for mobilizers)/finding out you have HIV (for non mobilizers), had taken part in a protest, march or demonstration on some national or local issue? ⁹⁵	a. Non mobilizers	14%	
	b. HIV mobilizers	18%	
	c. Human rights mobilizers	15%	
After joining the association (for mobilizers)/finding out you have HIV (for non mobilizers), had taken part in a protest, march or demonstration on some national or local issue? ⁹⁶	a. Non mobilizers	8%	a and b: 44.838***
	b. HIV mobilizers	49%	
	c. Human rights mobilizers	30%	b and c: 7.380**
Has done work in community to get others to support candidate/political party ⁹⁷	a. Non mobilizers	23%	
	b. HIV mobilizers	27%	
	c. Human rights mobilizers	comparable to b	

⁹⁴ Yes=17/96 non mobilizers; 35/152 HIV mobilizers; 32/74 human rights mobilizers. No=79/96 non mobilizers; 117/152 HIV mobilizers; 42/74 human rights mobilizers.

⁹⁵ Yes = 13/93 non mobilizers; 27/148 HIV mobilizers; 11/73 human rights mobilizers. No=80/93 non mobilizers; 121/148 mobilizers; 62/73 human rights mobilizers.

⁹⁶ Yes=8/97 non mobilizers; 74/150 HIV mobilizers; 22/73 human rights mobilizers. No= 89/97 non mobilizers; 76/150 HIV mobilizers; 51/73 human rights mobilizers.

⁹⁷ Non mobilizers=23/98.

Table 7-24. Continued

Before joining the association, had volunteered for an official of local government/ consulted with community leader on problems such as schools, water, transport, etc? ⁹⁸	a. Non mobilizers	28%	a and b: 4.082*
	b. HIV mobilizers	17%	
	c. Human rights mobilizers	comparable to b	
After joining the association, had volunteered for an official of local government/ consulted with community leader... ⁹⁹	a. Non mobilizers	17%	
	b. HIV mobilizers	15%	
	c. Human rights mobilizers	comparable to b	
Before joining, had attended some meeting of a local govt official/council ¹⁰⁰	a. Non mobilizers	12%	b and c: 5.784*
	b. HIV mobilizers	8%	
	c. Human rights mobilizers	19%	
After joining, had attended some meeting of a local govt official/council ¹⁰¹	a. Non mobilizers	6%	b and c: 10.625***
	b. HIV mobilizers	9%	
	c. Human rights mobilizers	27%	

*p< .05

**p< .01

***p<.001

⁹⁸ Non mobilizers=yes-26/93 (no-67); HIV mobilizers=yes-25/147 (no-122).

⁹⁹ Non mobilizers-16.93.

¹⁰⁰ Non mobilizers=11/94; HIV mobilizers=12/146; human rights mobilizers=14/72.

¹⁰¹ Non mobilizers=6/94; HIV mobilizers=14/144; human rights mobilizers 19/71.

Table 7-25. Prior activity in community to deal with problem

	Type	yes	no	N
Before joining this association (for non mobilizers: discovering you have HIV), did you join with others in your community to try to deal with/debate some community topic or problem that did not have to do with HIV?	HIV mobilizers	46 (30%)	109 (70%)	155
	Nonmobilizers	21 (21%)	79 (79%)	100
	Human rights mobilizers ¹⁰²	30 (42%)	42 (58%)	72

Table 7-26. HIV mobilizers and level of comfort with different topics

	Very comfortable discussing human rights since joining association	Very comfortable discussing women's rights since joining association	Very comfortable discussing government politics/policies since joining association
HIV mobilizers	136/151 (90%)	146/153 (95%)	63/151 (42%)

Table 7-27. Relationship with primary sexual partner

		For the worse	Stayed the same	For the better	N	χ^2
Since you joined this HIV association (or found out you have HIV for non mobilizers), has your relationship changed with your primary sexual partner for the better worse or stayed the same?	non mobilizer	9 (10%)	30 (33%)	52 (57%)	91	8.727** (.013)
	HIV mobilizer	3 (2%)	36 (26%)	98 (72%)	137	

*p< .05

**p< .01

***p≤.001

¹⁰² χ^2 (HIV mobilizers and human rights mobilizers)=3.173 (.075)* with the latter more likely to have taken part prior to joining the association.

CHAPTER 8 MOVING FROM SUBJECTS TO CITIZENS IN AN ECONOMY OF INFECTION?¹

This chapter offers two sections: the first proposes that we understand the spread of HIV within a political economy framework with buyers and sellers, the commodity of sex, variations in relationships, and a lack of both incentives for behavior change and any kind of third party regulation. Rather than focus on education, it straddles both reciprocity and individualistic market exchange, thus shifting the focus to the role of individuals and their access to resources. Admittedly, because it focuses on the negativities of African informal institutions, it is a pessimistic lens by which to view HIV, but one that may theoretically offer more possibilities when it comes to the design of appropriate development policies.

The second section offers the positive implications to the informal institutions and illustrates that these can serve as a tool to stem the negative impact of HIV by capitalizing on community self-help techniques (such as *xihiva*), mobilization for the benefit of communities, and positive attitudes and expectations. This chapter thus proposes that we utilize a general framework, as defined as an *economy of infection* which includes both the negative and positive sides, in order to more adequately situate the AIDS domain and propel us toward better policy conceptualization.

Part I The Negative: A Political Economy Approach

The Incapacity to Exit

Exit allows a participant to extract themselves from having to make a choice between defecting on someone else or being a sucker when the other participants defect.

—Elinor Ostrom, *Understanding Institutional Diversity*²

¹ Portions of this section have been published in relation to Mozambique and Ethiopia (Fenio 2008b) and I also discuss the *economy of infection* elsewhere in relation to the southern African region (Fenio 2004).

² Discussing how the capacity to exit affects rates of cooperation in social dilemma games repeated amongst two players.

In proposing a new lens by which to gauge the spread of HIV, we can transfer some of the theoretical literature of previous chapters concerning disengagement and engagement to the household micro-level. In Africa, many women do not have the options of voice or exit, therefore, the default is loyalty, defined here as remaining in a (male dominated) relationship. Male domination that occurs in the private realm travels back and forth into the public realm; if a woman has little say in changing the primary male partner's sexual behavior, this links to her limited activity in the public and/or political realm, as it creates a psychological and/or physical barrier of her ability to contest or stand up for her rights against the status quo.

Combining the rules of Hyden's economy of *affection* (relations who know each other, who invest in each other as a way to get by, and who capitalize on social norms as exchange mechanisms) with informal sexual contracts equates to a new rationale of risk taking. Some African women engage in sexual relations due to the (often unstated) promise of receiving gifts, e.g. material items, social status, assistance with the rent or groceries and a high number of children and multiple relationships constitute a societal norm defining the power and wealth of a man. These are not necessarily inefficient processes, since one man may support several women, but they constitute negative factors in the AIDS domain because the woman's economic dependency (and/or her decision to remain in the relationship) helps spread HIV due to difficulty in negotiation. As illustrated in *Chapters 5 and 6*, many have few opportunities to advance without the assistance of men, so they cultivate relationships of sexual exchange. These sustain a market that is often maneuvered with imperfect information about a partner's disease status. HIV infection can therefore serve as either a transaction cost (incurred in the sexual act itself) or as a case of information asymmetry (because of the lack of definitive information about the

partner's status) and thus creates a market failure.³ It is here that Hyden's informal economy of *affection* concerning personalistic ties as a means of getting by, transforms into what I pose as HIV's economy of *infection*.

Additional variables to further the market failure include low testing incentive, slow trickle down of formal institutions concerning laws about women's rights, the historical emphasis on adherents and high illiteracy and poverty, so much of the distributed information has little substantial effect for behavior change. The workforce is the highest infected group and thus this informal sexual market hinders the efficiency of the economies of African countries and their global trade partners. Additional problems center to a lesser extent around ARVs and myopic vision, and to a greater extent, preferences. First, ARVs are free yet one needs a CD4 count of less than 200-250 to qualify for them. Second, myopic donor programs and short term consultants cater to the demands of higher international bureaucrats insisting on quick, tangible results that don't mesh with real time events. This means that short term plans of action are the norm, yet a three year project is not enough time to achieve substantial results due to the gap in time between infection and incapacitation, the incremental change of societal norms, and the economic hardship of Mozambicans at greatest risk. Included with this is incomplete decentralization in an impoverished dependent society, which breeds the *jogo de interesses*.

Finally, preferences are crucial, as they can appear to be at the root of the problem, as we saw in *Chapter 6*, when in fact they are constrained by poverty, patriarchal institutions, and the *jogo de interesses*. In focusing on preferences and what lies beneath them, rather than simply trying to change them, we would determine that behavior is quite rational in the context of trying

³ There is only one book that I am aware of that has looked at HIV through the lens of rational choice. See Philipson and Posner (1993) who focus solely on the West, however, and thus their arguments are at times problematic because they assume that parties enter the sexual agreement voluntarily. They discuss preferences, arguing that they must be changed so as to make risky sex less desirable or 'uncool.' It also illustrates that HIV can be defined as an external cost as well if a third party is involved.

to survive, yet blocks a positive collective outcome. Therefore, what is rational for the short term (indulging in sexual relations because one is fearful of violent repercussions from men, or in order to get ahead) does not carry over into long term growth of economy and society (because of potential infection/death).

An emphasis on short term rationality illustrates that power is perhaps the most important variable at play. In the neoclassical framework, rational choices lead to an efficient market and concern the relationship among preferences, beliefs, opportunities and actions: generally, behavior that furthers preferences is rational.⁴ So engaging in sex out of fear of repercussions from traditional institutions of male power would certainly be rational, as would engaging as a means of financial gain. But these choices make the economy of infection inefficient for they lead to death. It is here that poverty induces and sustains myopic vision. The *possibility* of contracting a disease that *may* kill me in five or ten years time is irrelevant because if I *do* engage in sexual relations now, I may still die, but at least it won't happen for awhile, and there's always the chance I'll avoid infection. For men the rationality stems from the immediate gains of social status and power concerning multiple women and children. Remember that in Mozambique there is only about a one in two chance of living past the age of 40.

So then, as brought up in previous chapters, the question becomes: Where do preferences come from and how are they defined in patriarchal societies? In our case, short term vision trumps long term vision: while this may seem evident, it is usually overlooked in most

⁴ “Those actions are rational when they can be shown...to be the best actions possible to satisfy the agent's preferences given his or her beliefs, that the beliefs are rational given the evidence available, and finally, that the amount and quality of the evidence available can be justified in terms of cost/benefit ratios” (Caporaso and Levine 1992: 130 [in discussion of Elster 1987]). And furthermore, “preferences describe the goal states of the individual with respect to the environment. Goals must be weakly ordered, affectively, for consistent preferences to exist. Second, beliefs are important too. The choosing individual must have some information about alternative goals—for example, how obtainable they are, relations between different actions and outcomes, and costs, in terms of direct expenditures of resources and forgone opportunities. Third, there are resources that define opportunities and constraints. Fourth, there are the actions themselves that are usually taken as objects of explanation” (129).

HIV/AIDS programs because of this issue of ‘satisfying preferences,’ although it is not usually defined as such. Some research has begun to address this oversight but it appears that policy-makers all have two things in common when it comes to HIV: arguing that the way to change behavior is through sexual education, and defining the overall preference as the desire for a long life no matter what.⁵ The problem with this is that living until the age of 90 is not as important as eating this week to someone who lives in a country where longevity is short; in other words it is defined as pertaining to long-term strategies and therefore there is nowhere to fit in behavior that stems from daily survival tactics, prioritizing short-term activities, or the desire for social status in a world with low life expectancy.

To make this even more complicated, one key problem in determining preferences is that researchers often have nothing to work off of except for behavior, ‘public transcripts,’ or that which we as researchers are allowed to see. Policymakers see risky behavior. Not all see why, which comes from the informal institution of women’s role as family oriented; a part of a social network that is much more important than individual rights to choose an alternative lifestyle; and, in its extreme in unequal societies, for procreating and catering to the dominant male. Perhaps if more policymakers had cultural expertise of the region in which they work, they would better understand this, their programs would focus less on the standard blueprint of education about sexuality (which is often morality based, so it is doubly inappropriate in some situations) and more on cultivating an identity of citizenship and rights in a changing democratic atmosphere that is witnessing new types of state-society accountability and formalized women’s rights.

⁵ Some research that illustrates various examples concerning prevalent types of overlooked issues includes Campbell’s “Letting Them Die: Why HIV/AIDS Programmes Fail” (2003); Epstein’s “The Invisible Cure: Africa the West and the Fight Against AIDS” (2007); Steinberg’s “Sizwe’s Test: A Young Man’s Journey Through Africa’s AIDS Epidemic” (2008).

Uncertainty and Risk Perception

This brings up questions about uncertainty and risk since certain innovations, such as condoms, reduce transaction costs by spreading risk and/or reducing information costs.⁶ Incentives are linked to risk; as risk falls, education or other subsidies must increase because otherwise it costs more to have safe sex with a deemed ‘low risk’ person. As was noted in *Chapter 6*, subsidies and costs are not balanced out well right now, so behavior doesn’t change, and preferences are *constrained* and essentially formed by ignoring the *long term* reality of the danger in favor of shorter term benefits, engaging in risk without utilizing the insurance (e.g. condoms), and making the transaction at face value (e.g. by assessing the disease status of the partner by whether (s)he looks healthy [is fat or thin]).⁷

Within a market setting, individuals engage in voluntary exchange. Agents decide for themselves, on the basis of their own interest, whether to participate in transactions in which they will give up their goods in return for others. For agents to engage in exchange, they must believe they will be better off: otherwise, they will refuse. The capacity to say ‘no deal’ and to ‘exit’ is an inherent property of the market. (Caporaso and Levine 1992)

This last line is crucial, as it has been illustrated that some women cannot simply say no and walk out, nor do many have the skills to negotiate the topic. When, as is the case in Mozambique, international organizations, laws and the constitution formalize citizen’s rights but do not spend much to train and educate community members about such changes (and enforcing such changes), when they do not prioritize these in a tangible manner (such as training programs

⁶ Uncertainty is “a condition wherein one cannot ascertain the probability of an event and therefore cannot arrive at a way of insuring against such an occurrence,” while risk “implies the ability to make an actuarial determination of the likelihood of an event and hence ensure against such an outcome” (North 1990:12).

⁷ Prevalent myths often lead to sexual relations: the effects from engaging in sexual relations today can be eradicated by finding a virgin tomorrow, convincing oneself that today’s partner has not been with anyone else, the idea that avoiding condom use means that one does not engage in relations with others. Utility interdependence also has its role in building preferences, as the female is dependent on the male; if he cannot maximize his utility through sexual intercourse, then she cannot receive gifts or avoid physical and emotional abuse. Also included here is the widespread problem of condoms: although many women have been educated as to their positive features, it often occurs that the male refuses to wear them and accuses her of adultery. Therefore, she backs down and the condom remains unused.

or accessible employment), then little on the ground actually changes. Combine this with programs that do not offer all available reproductive options with solid medical information, and ignorance prevails and rates continue to rise.⁸

Traditional Practices, Costs, and the Continuum of Sexual Exchange

By now the point should be clear that the culture of sexual risk-taking is rational. This individual behavior is creating inefficiency (death) within society, which brings up collective action, property rights, and transaction costs. First, as previous chapters have illustrated, HIV based associations serve in new public and political realms and are still in the early stages of effecting major changes. High opportunity costs exist concerning testing and educating due to social stigma, so the AIDS domain inherently involves freeriding for collective benefits like workers rights and ARVs. Yet we have seen that some do mobilize. And they do so on behalf of the entire community, which has created a sense of global, communal citizenship rather than one based on an individual sense.

Second, widow cleansing has increased the spread of HIV. (Buckley 1997; Nyakudya 1998) In regards to property rights, this along with female genital mutilation (FGM), high rates of rape (or ‘sexual terrorism’), polygamy and *lobolo* signify that women’s bodies are not theirs alone. The high instance of rape in countries such as South Africa and the DRC and the sexual trafficking that occurs illustrate yet another layer to the example of women as non-citizens, as their bodies are not deemed theirs.⁹ The aforementioned formal laws about equality don’t matter

⁸ The example of reproduction here is instrumental. Health centers in Mozambique have told discordant couples that they must use a condom to avoid the other becoming infected and the couple agrees, but then two months later the woman arrives back and she’s pregnant. The preference here is to have children; an appropriate HIV program here would be one that addresses the number of children a couple has, or offers rapid one shot HIV drugs immediately after intercourse so as to try and block HIV transmission, or the possibility of adoption, rather than advising them to use a condom.

⁹ Rape illustrates an example of women as lower than others, theoretically becoming non-citizens because of the way that men toss them out. Jackson, author and filmmaker of *The Greatest Silence: Rape in the Congo* (2008)

if too few know about them or there is a lack of enforcement! A woman is the wife/girlfriend/recipient of a gift, therefore, her body is the man's domain, if only for a short time. This and other traditions are sustained by the community social system and are a part of firmly embedded mentalities of both men and women (thus rendering the definition of preferences difficult to ascertain) as sanctions occur if these practices are not followed. Third, costs directly affect information exchange as well as how many individuals partake in transactions, (Coase 1937) so market exchange is not free. When the transaction costs in the AIDS domain skyrocket (castigation, illness, death) the institutions themselves must change.

The economy of infection thus parallels both Hyden's kinship structures *and* North's two types of less anonymous trade. It also spreads because of high migration, a growing male middle class able to support new women, and the desire of women to cultivate new 'modern' identities, outside of the close-knit *bairro*. This spread into other communities should affect trust patterns in the micro sense, yet in many cases it does not: around the world, women tend to give the man more leeway and avoid condoms if he has visited her before. (The Economist 1998, Carlin 2003) Furthermore, in the United States, while condom use went up in the 1990s, there is some evidence that high-risk groups are shunning them even though HIV/AIDS education has become mainstreamed, potentially offering a harbinger for developing countries as to what happens with HIV campaign 'saturation.' Thus, an increase in trust actually increases the transaction cost rather than decreasing it like it usually does in other types of markets.¹⁰ In some cases, the economy of infection spawns new hybrids that lead to North's second and third types of trade which, although they are still personalized (for example a truck driver who visits a woman four

documentary calls the war tactic of rape 'sexual terrorism' and argues that there exist "women who can no longer reason because of rape."

¹⁰ See Guha-Khasnobis, Kanbur, and Ostrom (2006) for another example of trust as increasing the transaction cost.

times a year), also include more impersonal dealings (because they do not have daily contact with each other) and therefore varying degrees of anonymity exist between buyers and sellers.

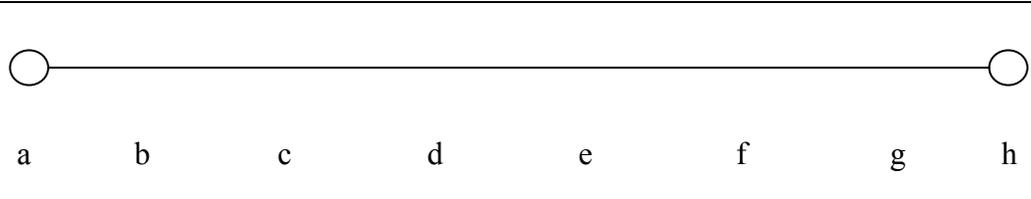
	
a	Relationship of love between two partners; both have ability to make individual and partnered choices. Usually defined as monogamous; possibility of non-monogamy here but depends on nature of relationship. Not defined as prostitute.
b	Predominantly one relationship, less equal than 'a,' possibly some dependence/coercion/ fear/intimidation, exchange non-negotiated, not defined as prostitute.
c	One or more relationships, less equal than a or b, dependence/coercion/fear/intimidation on some level, exchange negotiated or non-negotiated, not defined as prostitute.
d	Tends to have more than one partner (or one partner with a lot): e.g. one for love, one for exchange of material goods, etc. d/c/f or possibly identifies self differently (e.g. modern), exchange negotiated or non-negotiated, not defined as prostitute.
e	Multiple partners, may have one for love, but partnerships serve some tangible purpose, d/c/f or identifies self differently, exchange becoming negotiated, not defined as prostitute.
f	'e' + dabbles in anonymous sexual trade (e.g. once a week to make quota), exchange more negotiated, while might not define self as prostitute the once a week activity is defined as such.
g	Anonymous sexual transactions; transactional sex, formal prostitution; multiple partners, exchange is negotiated. Likely to define self as CSW/prostitute or someone who visits CSWs/ prostitutes.
h	Anonymous without choice. Rape, human trafficking.

Figure 8-1. Continuum of part I of HIV's 'economy of infection'

The points of sexual exchange are perhaps best conceptualized along a continuum, represented in *Figure 8-1*.

As illustrated in *Chapter 5*, some of the research in Mozambique classifies women as empowered, rather than victimized, but only to a certain extent in their ability to choose several men to fill the roles of lover, sugar daddy, childcare provider, etc, as many are still unable to

fully negotiate condom use. Therefore, included in the economy of infection are the various types of exchanges and varying degrees of anonymity which, although they are more personalized, can at times potentially lead to formal prostitution. Sexual trafficking and anonymous rape are placed on this continuum because, although the women are not benefitting from these, the traffickers, patrons, rapists and sometimes even the families are and signify that women's bodies are not their own.

Certainly, other than point 'h', these are extremely permeable boundaries that are potentially crossed numerous times throughout an individual's life and/or do not adequately explain every single relationship. The point in constructing this is to unpack the concept of formal 'prostitution,' and to illustrate *prostitution*, *transactional sex*, the *economy of infection*, and a *relationship of equality and love* in respect to each other. Transactional sex lies more toward the middle and right hand side of this (North's somewhat or more anonymous types of exchange) since it is more economic and potentially less personalistic because goods are often negotiated. The economy of infection runs the gamut of it, but shies away from 'g' and 'h' because they represent pure economic exchange.¹¹ The placing of formal polygamous unions (e.g. as found in Islamic culture) represents a difficulty, as it depends on the nature of equality in the union. The irony is that throughout history, sexual dominance of middle to upper class men over lower class women has marked women's class oppression, but we see today that it is these very same women (who would define themselves as more empowered than their ancestors) who

¹¹ This continuum is not entirely different from some research conducted concerning ancient civilizations; whereas Lerner defines something as polygamy, it is best thought of in this context as concurrent relationships, which have been actualized in different times throughout a number of societies. The "increasing importance of keeping private property within the family spurred the development of concubinage as an institution for the preservation of patriarchal property relations" and additional women simultaneously served as sexual partners for the husband and servants for the wife (Lerner 1987: 91). In ancient civilizations, women could be placed on a ladder of sorts: the *exceptional woman*, e.g. a priestess, who is a virgin and holds a status closer to a man; the *wife*, who held property and legal rights through her sexual relationship with the man; the *slave-concubine*, who had some upward mobility; and the *slave*, who was a sheer commodity.

are trying to overcome their oppression by engaging in relationships with middle to upper class men. And thus the cycle continues.

So while self-enforcement may still work at times when the relationships are among members of a small community (left side of continuum), if one partner ventures out of this group, or if it is a larger group, a growing degree of anonymity creeps in at each point on the continuum until any potential for self-enforcement disappears, as there is little incentive to avoid shirking or to reveal a positive infection status, since this would render the transaction null and void. What is theoretically necessary to address the market failure and create efficiency in this framework is either the self-enforcement as found in a small community (assuming it places moral weight against philandering partners, which of course there is no guarantee that it does given some of the theoretical research offered here); or some form of third party enforcement, the latter of which may or may not occur when a woman takes a domestic issue which may indirectly revolve around HIV to the *regulado*, courts, police, or an association for help. But if the *régulo* doesn't vote in favor of the aggrieved, if the policeman sides with his friend over the real victim, if the status quo is upheld, the equivalent of a government failure occurs in that the third party does not do his or her job in the manner necessary to fix the initial problem and create efficiency. Therefore, any potential to turn the subjected into an actual citizen by means of utilizing the third party to create a more efficient market is lost because one has learned one's 'lesson' concerning trying to contest the status quo.

Overall, the relationship between liberalism in general and the AIDS domain is cause for concern as the former prioritizes individualism and self-interest over the community, with varying results. The economic crisis of 2008 is an extreme example of this that illustrates how free markets can and do cultivate unrestrained behavior simply because the repercussions are

few, making the risks relatively low. The 2008 bailouts and government interventions parallel the ARVs and donors in our case. Third parties are theoretically necessary (although they may not always work) when trust escalates past the point of efficiency and creates a disaster—either one revolving around the economy or health. In both cases there is little sense of accountability for one’s own behavior, and/or predatory behavior at hand on the part of one party. At least a bare modicum of self-control is necessary in these markets. Would self-control and less predatory behavior occur were the government or donor to simply say no the next time a crisis occurs, leaving the culprits and victims to fend for themselves? Harsh, yes, but it has been posed in some research and is certainly grounds for further debate as to whether this would be more effective in the long term instead of bailing out the actors and leaving them with no repercussions and little sense or memory of what in fact they did ‘wrong’.

In summary, this proposal to look at these issues through the lens of the *economy of infection* involves an informal arena where men and women trade sexual acts through a network of marriages and relationships, in order to further acquire things like power, adherents, material goods and lifestyle, or to avoid violence and deprivation. This stems from a society that is based on ‘rights in people’ that revolves around reciprocity and kinship which together make Western-style development (rational-legal ‘modernization’ if you will) difficult because it sustains patrimonialism. On the grand scale, the state is unable to capture the masses who have decided instead to engage in their own exchanges and trade, thus avoiding the state and formal market that creates a social class able to compete with international production. Combine this with poverty, patriarchal communities, a lack of infrastructure and salaried jobs, and exclusion and subjugation of women continues. Individuals will find other ways to subsist: one prevalent channel currently spreads a fatal disease. Thus I propose we view it in economic terms, whereby

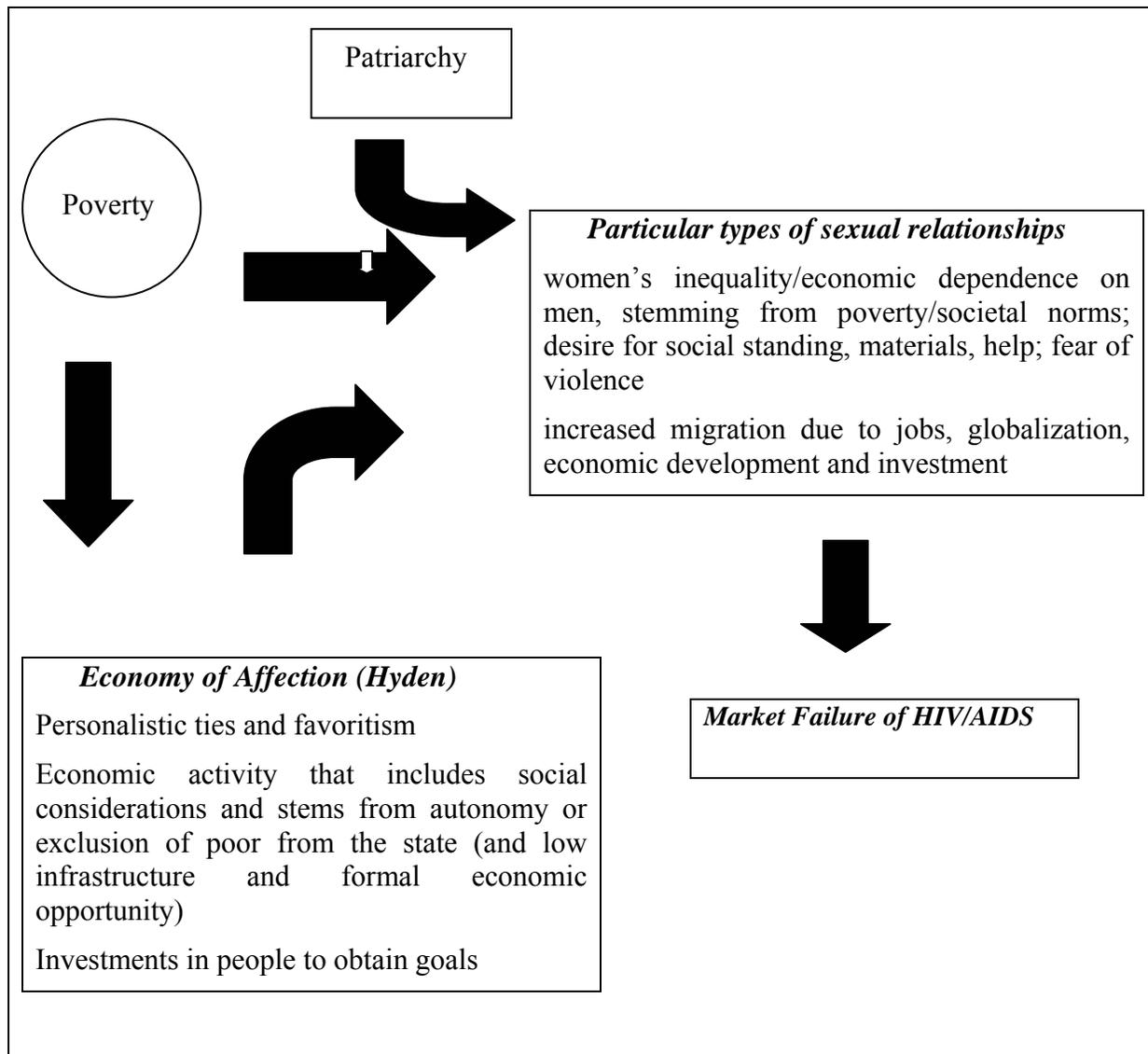


Figure 8-2. The market of HIV/AIDS

HIV/AIDS (the information asymmetry or transaction cost) has caused an inefficient outcome (market failure) that has thereby forced both parties in the equation (supply and demand) to die sooner (bear higher costs) for power, materials, social standing (the goods). The government, *curandeiros*, *regulados* and the international community have attempted to intervene as third parties, yet this process is currently incomplete. It is also inadequate because their regulation is usually based on a *sexual* education, which overlooks gender inequalities, a lack of employment, poverty levels and aid dependency, and corruptive practices. It therefore sustains the informal

community institutions and keeps the cyclical negativities within the AIDS domain going.

Figure 8-2 illustrates the nature of this.

Part II The Positive: Non-Mobilizers as Subjects, Mobilizers as Citizens

Theoretical Implications

One might be tempted to frame the AIDS domain as a case exemplar of a ‘politics of the belly’ because it is by the relationship to the state that actors are able “to get rich and dominate the social scene,” (Bayart 1993: 87) although this depends on one’s definition of riches. Certainly this is the case for some of our actors involved, as *Chapters 6* and *7* illustrated that there is a contingent (mainly urban) that pursues its own economic, individual interests in the *jogo de interesses*. Yet if this were the only case, it wouldn’t explain why individuals mobilize when resources are unlikely, as is the case in very rural areas, or why some mobilize even if they have full time jobs, as I recently discovered when several research assistants found work outside of the AIDS arena yet continued to volunteer within it. It has been demonstrated that a significant number mobilize in pursuit of the common good, a more balanced society, communal citizenship and rights. Associational mobilization within the communities (particularly rural) builds on reciprocity because it consists of utilizing neighborhood social networks to help sick patients. The AIDS domain is thus a syncretic domain and consists of a *process* that blends unsalaried yet beneficial self-help groups at the grassroots level (*xihiva* and *cupedzana*) with rights based rhetoric that comes from contact with other democracies, particularly South Africa, in an increasingly globalizing domain. The use of theatre allows for the transmission of international human rights norms that challenge traditional institutions by means of such African tactics as dance, story-telling and legal information, and culturally relevant depictions. Here I argue that the various types of mobilization within the AIDS domain fall within the private and public realms as discussed in *Chapter 3*, but that much of it is also political.

We might frame this as a way to begin to look at the pathway between subjects and citizens. The *private* includes individuals who do not mobilize and those who do not even discuss sexual health/HIV. As recalled from *Chapter 3*, this encompasses subjects who focus on daily needs: many are unable to mobilize collectively and are subjugated to dominant patriarchal institutions, which is political in itself as it is directly opposing an ability to overtly contest institutions. (Regarding actual activity, however, the ‘private’ refers to door to door visits, HBC, and one-on-one discussions with activists.) It begins to be pulled into the public realm with those who are just beginning to view HIV as a community concern, as opposed to solely a private one, or those who are willing to call an activist to the house to care for a sick family member, thus opening the discussion to someone outside of the traditional kinship group.

The *public* includes those who firmly place HIV as a public issue in need of activists, educators, health care, and theatre. Here, however, it may still emphasized to be a health issue by some (although usually not all) participants, and not necessarily something that requires a continuous contestation of government or communities per se. For example, it would include theatre that focuses on educating community about health and, at times, laws although this may be sporadic. Some of it is political because it tries to change power structures and norms in the community, but many involved with it may not necessarily define it as such. The emphasis is on rights-based discourse and the awareness of something that is more universal than what occurs in the informal institution. Such things as civic education, presentation of laws, and participation occur here. Groups, however, may use the ‘human rights’ terms and rhetoric without truly comprehending all it entails.

The next realm focuses not only on participation but also increasingly contests government or community or some aspect thereof. Here we see theatre that uses a rights based discourse

concerning HIV, or women's equality or lack of access to both needs and wants. Information concerns ARV access, but not necessarily antagonistically toward government. Many here would not view their work as political.

Finally, we see an arena that houses such bodies as Matram, because it refuses money from the state so as not to impinge on its lobbying for access and contestation of government. This realm also includes those who make the link between citizenship, human rights, women's rights and HIV and frame HIV as a well understood human rights issue. Others may lobby in this realm for ARVs from government and/or donors. Most are antagonistic in some capacity; participation and contestation occur here and are linked with identity as citizens who are ready to fight for rights in all realms and situations. This realm situates as important access to resources and changes in status quo institutions. Human rights focused associations such as Muleide, Colizão, WLSA and Kulima are also here.

Acting within these realms is a fluid process that evolves, in great part due to the confusion that inevitably arises by claiming, as feminists do, that the 'personal is political' while at the same time as trying to establish who or what is political in relation to someone or something else! Mainstream definitions of 'what is political' would categorize the last realm (contestation of government) as such, thus overlooking the argument that the other realms here can be political too since some activity occurs because of an *inability* to openly contest, which renders it as just as political as the ability to do so. Or, just as importantly, the contestation occurs against the informal institutions rather than the formal.

As has been illustrated, the AIDS domain in Mozambique has become a part of a broader domain that focuses on rights based mobilization and citizenship. This has created a dance of sorts between a variety of actors, some of which work well together as partners while others

choose or are forced to spin off in a different direction. Trust is also an issue, and the data illustrate that HIV mobilizers tend to trust various entities less. What is important here is that much academic literature does not classify activity that does not directly confront the state as political (particularly that, as discussed in *Chapter 3*, which argues that gender relations are not political). While some volunteers too would not classify their mobilization as related to the political situation of the country, the fact that their work is framed, or choreographed as a not-entirely-cohesive production under ‘human rights’, contests *community* power structures, and claims an identity as citizens, makes it more political than they imagine (or admit)!

But the success of this is that framing it as such allows for contestation that avoids direct antagonism; this is potentially less effective than South Africa’s associations which practice direct antagonism of government and community, but it is perhaps pointedly necessary in a newly democratic, yet highly impoverished country with a history of rights-violations, repression, patriarchal structures and a weak state and civil society. These associations, in focusing on changing community structures, actually align themselves with the new national laws concerning citizen rights and thus promote formal institutions over the informal that have long represented the status quo. So the historical act of having exited from a relationship with the state is now experiencing an about face and helps to stem the spread of HIV. (Although as has been illustrated, competition and tensions certainly continue between the associations and the government and therefore it is a tentative and fluid bonding to mobilize together against traditional structures that challenge AIDS prevention.) The data indicate, however, that human rights mobilizers are more likely than HIV mobilizers to engage in some political activities such as attending meetings and feeling comfortable concerning political topics, signifying that they are still more ‘advanced’ in the use of more mainstream-defined political activity.

Associations exhibit varying degrees of having been captured by the state in their financial dependence on CNCS. Matram is the only association to completely avoid some form of co-optation, while Kindlimuka is caught in between as it only receives a little help from government. Rensida and Monaso (the alledged brokers) have been captured to a certain extent, but are still technically NGO lobby associations that theoretically fight for better policies. Although some like Matram lobby for better access to resources, a change in laws, or to persuade government, most of the rest of the associations focus predominantly on changing power structures via behavior within the community. However, these associations do not exhibit any tendencies toward civil disobedience like in South Africa, and they no longer exhibit major antagonism against government.

Additionally, most associations serve as activists or pseudo-advocates rather than lobbyists per se, and although there is a distinction between these, we may best think of these as being en route to lobbying. In the United States, lobbying “generally only includes activities that ask policymakers to take a specific position on a specific piece of legislation, or that ask others to ask the same” while advocacy “encompasses any activity that a person or organization undertakes to influence policies” including public demonstrations and the like. (Non Profit Action 2008) I argue here, however, that in societies that rely much more heavily on informal rather than formal institutions, this entails policies of the community, not simply government. I also argue that it entails influencing policies of *regulados* (who serve the role in rural areas that government does in urban) as well as traditional gender roles and male dominance. Advocacy can also be and is at times defined by some associations as mobilizing and educating the community.

Problematic Concepts

Several of the theoretical constructs discussed in previous chapters are problematic as they currently stand: first, certain association volunteers have begun to sporadically receive small

subsidies, hence the line is rendered fuzzy concerning salaries and voluntarism. While the 250 meticais subsidy goes toward necessities for their patients, transportation to the association and the like, in an impoverished country even a personal bar of soap is enough for which to work a few hours. More than this, however, and it becomes unclear where civil society ends and employment begins. Some have foreseen this issue and thus promote a trade of goods rather than money.¹²

Second, the categories of ‘state’ and ‘civil society’ are much more fluid than most scholarship allows. When funding is filtered through the state to civil society associations, where does one end and the other begin?¹³ The danger is tangible concerning whether these associations are corporatist in the nature of their loyalty at this point, kept in check by CNCS so that development occurs at the same time that any potential for destabilizing politics is blocked. Furthermore, if an association begins alone but relies on projects becoming funded by government, is it a non-government organization, a government organized non-government organization, or a part of government? Similarly, when donors are so instrumental to the progress of development, they prop the state up. Who then is the final authority? For many, it is the donors who stipulate the guidelines, and therefore serve as the newest repackaging of colonialism, while others see them as secondary to government development schemes.

¹² This is occurring not only in the AIDS domain, but also in the Food and Agricultural Organization’s “Food for Work” program, as well as a widespread church-run project in the 1990s called “Transformação de Armas e Enchadas” (Transforming Weapons into Ploughshares). In this project, churches traded weapons at the end of the war for production instruments: “So that you begin to live earnestly by producing. We give sewing machines, bicycles, plows...even construction material. [I]t is through a process of negotiation after people hand over their guns we come to understand what will make a difference in their lives, in exchange, we don’t want to buy the guns, but we want to simply transform the guns into something useful.” (Rev. Dinis Matsolo, Conselho Cristão, 13 February 2007).

¹³ But to bypass government and have donors give the aid straight to civil society organizations is not necessarily a better solution, as it replaces one internal hegemon with an external other, eradicates the potential autonomy and independence of a new state as well as its ability to ‘own’ the problem at hand, and places the interests of those in Washington DC and other Western capitals over those of the aid recipient.

Additionally, the line between the *regulado* system and the state is unclear, with one subset of population following the formal rules (guided by electoral politics) in urban areas and another subset following *regulados* who inherit their positions. With their influence in resolving issues in the domestic sphere, lines are further blurred between the private and the public.

Third, volunteers are on the one hand lobbying against informal institutions while on the other utilizing those concerning reciprocity in order to mobilize. Thus we would be well positioned to expand this case study to other countries to explore whether or not a similar trajectory is occurring; it is not enough to state that ‘informal institutions are a constraint that must be overcome’ as they are adapting to the situation because the actors involved have an active stake in the process. I have tried here to present a case that highlights how such institutions are both positive and negative with the hope that further research will capitalize on this so as to better conceptualize policy.

We might learn from ‘developed’ countries on this; it is as though a mirror has been held up to Africa and although it presents an opposite reflection to that found in the West, similar lobbying and advocacy processes are occurring. In the West, formal institutions are strongest, and to replace these with any number of informal would be quite difficult. Might we imagine a United States whereby polygamy (which occurs but not frequently), youth marriages (deemed illegal), new laws stating that women *should* be earning less than men, or serious attempts to uninstall democracy, trumped our ‘modern’ institutions? In many developing countries, because society has historically existed, the strength of the *informal* parallels the strength of the Western formal. They are institutionalized just as strongly in both developing and developed regions, but in southern Africa are deemed inadequate for ‘modern’ society; so donors and international norms dictate change whereas much, but not all, of society resists it. It is thus little surprise that

most resist such change, particularly when the incentives to do so are so low. Furthermore, whereas the key to acquiring new rights has revolved in the West around the educated middle class that has the resources to mobilize, here the bulk of volunteers are in the lower class and have the time since they do not have salaried work. Hence, development occurs, rather successfully at times, but perhaps not exactly in the manner in which we expect.

‘Rational self-interest’ and ‘reciprocity’ thus need not be such opposite entities with an increasingly focused lens of informal institutions within the public sphere. This broadens the scope so that utility is not solely about economic maximization (although it is certainly a realistic factor), but can involve concepts of trust, reciprocity, altruism, cooperation, social exchange, and yes, nuanced sexual relationships. The institutions serve as a bridge for defining preferences contextually and broaden the realm of knowledge concerning potentially appropriate policy prescriptions.

Policy Implications

Former president Bush’s Emergency Plan for AIDS Relief (PEPFAR) is one of the largest AIDS programs to date; it currently operates in 15 countries (12 of which are African) and funnels US\$15 billion into prevention and treatment programs. In many of the more marginalized regions, its focus allows for three choices: abstinence, faithfulness, or risky sex.¹⁴

Condoms, the fourth choice, are marginalized; so too are women’s skills programs that can

¹⁴ The full implications of PEPFAR are beyond the scope of this dissertation, but are discussed elsewhere (Fenio 2008a; 2008b). It was reauthorized in 2008 for USD\$50 billion, and only sporadically includes programs for women, although it has tried to rectify this to a certain extent. Restrictive stipulations on the use of condoms in programs have also been the norm, as the program prioritizes abstinence and faithfulness. In Mozambique, most PEPFAR funding goes through the broker of FDC, and evaluations are problematic because they have little substance to them (Bliss, USAID 2 April 2007). The Health Minister, Ivo Garrido, argued that USAID should prioritize Sofala and Zambezia provinces rather than the low infection regions of the north, which is problematic because there is no evidence that the north will remain low and should therefore not be marginalized. PEPFAR funding changes from month to month so there is no overarching document that explains who receives how much for which programs, which constitutes a problem. Most grassroots recipients do not know what PEPFAR is. There is some evidence that PEPFAR will evolve in its reauthorization as condom earmarks have been re-designed, and there looks to be a greater emphasis placed on women’s programs. It remains to be seen how these will play out in reality.

compare to the financial incentives of sexual exchange. As was the case with many programs before it, this program, stemming in no small part from Bush's religious ideology, has determined that the prevalence of sexual behavior must undoubtedly occur because those engaging in it have made a conscious choice to do so; thus they simply need more sexual information in order to make different decisions and avoid infection. The mistake that scholars make is to determine preferences or values based on actions; the mistake that policymakers make is to believe that sexual education determines values, which in turn determines conditions. The lens I propose here reframes these to highlight the possibility of structural and institutional change (e.g. economic opportunities and access to the public realm) creating new rules and incentives and hence behavior change. Development practitioners would do well to focus on how preferences are constructed and get to the underlying roots of an issue, rather than superficially try to change behavior based on Western constructs of what is rational.

As the AIDS domain continues to mature in African countries, saturation will play a role in determining how long it remains on agendas. The TAC has kept it salient in South Africa, while in countries such as the US, saturation occurred in the 1990s and has thus contributed to a recent increase in infection rates. Because much of the associational behavior realistically only began around 2000 in Mozambique, it probably has a way to go, assuming that ARVs don't render it defined as yet another chronic disease (although there is evidence that this is already beginning to occur, most notably with the 'culture of complacency').¹⁵ Because non-mobilizers cited non-ideological reasons for their lack of activity, this realistically presents an opening upon which donors and associations can capitalize and lobby to bring them into groups.

¹⁵ Among other stories and incidents, one coordinator for Kufunana admitted that despite all their effort, in the end most men usually decide the number of children the couple has and domestic problems arise if the women doesn't work in the house. As he discusses this in the Kufunana office, his eyes remain on the television, focusing on us only very briefly before resuming their gaze at the current movie being shown. This is a typical situation of saturation, whereby HIV based discussion has become just another topic.

Interdependence and regulation

HIV has broadened the public sphere and created inter-dependencies between society, state and donors who are reliant on each other to accomplish the goals set forth in the AIDS domain; without all three the work would unravel. Africa is often compared to the West and defined as ‘behind the times,’ but when one thinks that it took hundreds of years after independence for women and black Americans to acquire the right to vote in the U.S., and equality is still an issue in the country, the fact that Mozambique has achieved as much as it has in only 15 years is rather impressive. African ‘exceptionalism’ thus should stand not as an attack on the continent for its ‘inability to fit’ into Western concepts, but rather as a tribute to those countries that are formalizing rights, trying to eradicate imbalances, and building up institutions, societies, economic growth, and politics all at once and so quickly after independence.

Within the public arena itself, the use of theatre doesn’t always include the specific tactics of the ‘theatre of the oppressed’ techniques that allow for participation and practice, but street theatre does try to evolve informal institutions through education and discussion about inequality, new laws and domestic violence and is therefore addressing politically salient issues. Associations that focus on motivating the sick to attend formal health clinics rather than *curandeiros*, that inform women to seek help with domestic violence and philandering, that move against the grain in the attempt to *change some aspect of the world* as Mozambicans know it, accomplish the work for a government in a system that has too few resources. (And these HIV and human rights associations serve as the only bodies right now that are challenging the position of women’s vulnerability, in part because civic groups are few and far between even in Maputo, and are only now beginning to gain wider acclaim.¹⁶) Putting money into these

¹⁶ Some groups do work on related issues: for example, much of the media and the Center for Public Integrity focus on governance, corruption and accountability.

associations makes good sense, but only if they focus not only on HIV and sexual education, but also education concerning new laws and citizens rights to strengthen their practices and get at the roots of the problem. Yet the differences between urban and rural participants concerning primary incentives tells us that it may also make sense to consider the pros and cons of incorporating into the associations various incentives meant to draw in the most participants. We must take care here, however, because if it becomes a type of employment, then incentives change, thus potentially affecting the message sent.

It was discussed in *Chapter 3* that a relationship is private only when it is not subject to regulations. The manner in which HIV is presented here, like domestic violence, begs for some type of regulation (which, as demonstrated in the first half of this chapter may be difficult if not impossible to implement). When community members take their domestic issues to the *regulados* or other authorities, within the current debate in countries such as South Africa and the United States on regulation that holds HIV transmitters accountable, with the call for citizen's rights for those living with or affected by the disease—all of these actions signify that these relationships are not as private as had been the case before a public epidemic of this sort. They have very public repercussions that have created an inefficiency within the exchange system and require some sort of fix. On the flip side, however, the data presented here has illustrated that AIDS has actually been positive for democracy, participation, and citizenship. It has created a situation that requires government intervention and accountability between state and society (with each dependent on the other for the 'development' of the country); motivated individuals to join formal associational life and created a broad realm that includes competition for access to resources; provided incentives to lobby for measures; highlighted situations of inequality; forced a scaling up of parts of the health care system; taught volunteers a number of civic skills; helped

domestic relationships; and allowed many of the poorest, who have historically been the most marginalized of African society to legitimately claim citizenship. It has been the catalyst for a process whereby what was once a very private topic (in the same manner as domestic violence, common law, marital rape) is being pulled into the public realm and shifting the boundaries of what is understood as political. Much of what the AIDS associations are doing is similar to the general human rights associations, and in some cases may even surpass them, indicating that the tactics and attitudes have much in common, even if the human rights associations seem more ‘progressive’ in their orientation. AIDS associations do well to emulate the positive attributes of such associations.

By reclaiming citizenship and rights, PLWHA are taking control of their futures and turning themselves from ostracized non-citizens (or subjects) into citizens. Their associations serve as the vehicle by which they intervene as the proverbial third party regulator. While rhetoric at times still focuses on the situation of ‘us versus them’ regarding stigma and claims of legitimacy, these associations allow the initially cast-out ‘them’ to become an ‘us’ again with a collective consciousness about citizenship that tries to overcome a ‘traditional’ status quo. In this manner, then, creating such a civic public (and just the attempts to do so) have a reciprocal relationship with democratization, as each reinforces the other.

Capturing the public vs. a culture of complacency

We are currently witnessing a (continued) disengagement of citizens from the state with the prevalence of the continuum of sexual exchange, which *hinders* a country’s development, while, at the same time, civic HIV associations are helping to capture citizens into a working relationship with government, which *promotes* a country’s development. While many associations revolve around cross-cutting ties and civic activities, thus promoting a civic public,

they are also still enmeshed in the primordial public in the sense that most rely on government bodies for partial funding and can seemingly do very little about favoritism.¹⁷

Although not all of the associations exhibit civic-ness in their activities or membership, the mere fact that some are striving for this, and that many are accomplishing it in a similar manner to human rights associations, is a positive sign for democracy and better governance within the health domain, and indicates that it is time to move away from the prevalent argument that voluntary associations in Africa detract from the civic public, tend to mobilize along traditional lines, block development and cause tension. Yet they are not constructed in the same manner as elsewhere: their reliance on patrons relegates the term ‘civil society’ (as deemed a space outside of the state) problematic; and their ability to exit or vocalize opposition is often barred, rendering loyalty the only option.

But the reliance on the state can also be positive for such a poor country that has severe infrastructure gaps as it forces entities to align their mentalities and resources to contribute to the national mandate; in short, all the dancers must each perform their specified role in order to render the performance, and the direction of it, a success. This doesn’t work so well in dictatorships that prioritize authoritarianism and elite held resources, but if in democratic regimes the governing body actually tries to positively develop all of society, aligning entities is no doubt a good thing and actually promotes the development of a civic consciousness by bringing in outside resources. (For the most part, the Mozambican state does theoretically seem to work toward this, albeit it is greatly hindered by the lack of resources outside of Maputo and the high levels of corruption at play.)

¹⁷ The ‘identity’ here is shifted from one of ethnicity or religion to one that centers on having been infected or affected by HIV. But do PLWHA signify a new primordial entity in themselves? I would argue they are not because many groups are trying to move the associations into a more civic realm, albeit with varying degrees of success (Matram being the most successful) as there is still dependence on CNCS and some focus only on HBC.

Of course, although such outside resources are either positive or negative in their conceptualization and implementation abilities, they do establish guidelines concerning the promotion of universal ideals such as human rights and sanction those who slide on this. The negative occurs in the manner in which they try to ‘help:’ by offering aid rather than adequate lifeskills training and trade they create a ‘culture of complacency’ concerning the work force and instill a dependence that has now become a serious cause for concern in such impoverished countries. Even worse, for all the good it does accomplish in placing patients on ARVs, programs such as PEPFAR replace economic structural adjustment programs of recent decades with a new form of colonialism that focuses on morality issues that advance abstinence and faithfulness over condoms, abortion and family planning and thus withhold important medical advice and activity. Associations are not immune from the culture of complacency, as evidenced by the struggles of leaders to motivate those on the ground to utilize appropriate rhetoric and make a strong stand. It remains to be seen how much this will change in upcoming years concerning advances in infrastructure, ARV distribution and medical health care. Will there be a breaking point whereby citizens finally tire of the system and rise up in large numbers to contest government inability to provide? If the example of the United States has taught us anything, the answer to this is ‘no.’

Democratic governance

Yet we must be careful in analyzing what these issues within the AIDS domain mean for democratic governance as a whole. While in Brazil, AIDS activists have been able to avoid cooptation by the state mainly because the state has in fact responded to societal demands, (Headley and Siplon 2006) and in South Africa, the TAC does the same by declining state funding, Mozambique, and indeed many other developing countries, is not autonomous in this sense, in part because of the encompassing and far-reaching level of poverty. The process of

mobilization within an association dependent on external funding makes the advancement of long term political issues tricky; this is aggravated by the fact that HIV is not an issue that works well alone. Because it is a component of various societal issues—health care, infrastructure, traditional leadership, political accountability and decentralization, domestic violence, individual versus community rights, women’s issues, worker’s issues, development, etc—it does not exist in a vacuum. This is part of the reason that so many associations that are not primarily geared toward HIV often offer some type of HIV component anyway (and another reason is to get a share of the financial pot). Yet this adds to the confusion about who is doing what, breeds competition and overlap between groups, and renders problematic governance of the domain as a whole.

Additionally, the number of government officials who remain silent about the disease as having impacted their own lives, the capture of what are supposed to be the independent AIDS brokers, the examples of corruptive practices in the public sector, the seeming fear of directly addressing AIDS with *regulados*, Frelimo’s dominance in the state since independence, and fear of negative repercussions all highlight the closed nature of public and political space within the domain. The incentive to remain in power ensures that dissent is squelched and associations remain under government’s thumb. And while association leaders have been suspicious of the state, the state has also been suspicious of the associations, in part because of the low capacity for proposal writing; in addition, were more associations like Matram, Frelimo power would be threatened, and indeed it is surprising that Renamo has not capitalized on this closed space and run with it for political capital. So the government chooses to allow the associations to work, yet penalizes them if they antagonize, thereby ensuring, much like the women who are beaten by men, that associations have space and power, but ‘only a little bit.’ Shared rules of the game

include keeping quiet about the dysfunctions of the system, enforced by withholding funding. Associations accept the rules because, after only 15 years of democracy, it is still too soon for the pride of independence to have faded enough to open up what most literature defines as direct, overt political contestation.

The disconnect here (as opposed to in South Africa) is that many Mozambicans 1) have yet to view the government as truly inadequate regarding health care and 2) ‘human rights’ and access to basic infrastructure has not been well linked for the masses. For most (other than Renamo and other party supporters) Frelimo is still ‘our father,’ particularly since any government is better than one enmeshed in a shoot out for three decades. Additionally, government response to HIV has been relatively strong in the eyes of many—creation of Day Hospitals, expanded ARV distribution, media messages, synchronization of aid forces-- compared to the neighboring countries of Zimbabwe and Swaziland. This contributes to the culture of complacency which overlooks the fact that government may have responded to the crisis, as well as passed rights-based laws, but it does little to actually educate the masses about and pointedly enforce such new regulations. It is difficult and potentially pointless to oppose the body that has created these (even if it is not enforcing them) and thus the focus shifts to the communities themselves. But the culpability remains and strengthens with the lack of implementation. All is not lost in the culture of complacency, as indeed for some the lack of governance has led to ‘civic cynicism’ as well as encouraged contestation.¹⁸ This may likely grow if infection rates climb faster than infrastructure is built, if corruption persists, and with greater contact with international lobby groups such as the TAC.

¹⁸ This is defined as that which is “corrupt and nepotistic [so] that one cannot succeed in particular undertakings or in general by being principled and compliant with due processes” (Ibelema 2008).

The AIDS domain, like domestic violence and marital rape, highlights the argument that the private sphere is political, as it revolves around power, the prevalence of men who hold the cards of reason in the public sphere, and the fact that HIV mobilizers seem to have better negotiations in the private sphere and are learning how to be more civically inclined (which opens up the dialogue concerning how equality/ability to negotiate at home is linked with mainstream definitions of political participation). As discussed in the previous section, framing the AIDS domain in a similar light as the global 2008 economic crisis illustrates that actors are performing in an ‘unrestrained’ manner and seek sexual gain in a risky manner. There is no real third party enforcer to achieve equilibrium of *behavior*, because ARVs work after the fact, many donors pour in cash but miss the underlying issues, government doesn’t want to get too involved, advocating condoms overlooks the desire for children in an adherent based culture, and *regulados* are sporadic and still promote risky institutions. This leaves the AIDS-based associations to deal with prevention, and in particular the lack of self-restraint and ability to choose that spread the disease.

Interestingly, there is less difference than we might like to admit between this and what is currently occurring in ‘modern’ countries that sport high levels of consumption purchased mainly with credit. It seems that no matter where we live, we are obsessed with acquiring more, whether defined as adherents, cell phone credit and food for our children; or more oil, a bigger house, and an SUV for our family.

Conclusion

Thus civic and political activity and the contestation of power within the public sphere has heightened through the use of associations that offer various structural and psychological incentives for mobilization as well as space for women, allowing volunteers to vocalize concerns and redo their previous schemas regarding power and equality. This trickles back and forth

between the private and public arenas and redraws the boundaries of what is defined as political. Reasoning that falls under the rubric of human rights and equality threatens the historical domination of men because the dominated and marginalized have begun a process, through rational communication in the public sphere, which seeks to shed traditional ways. AIDS highlights the difficult evolution process from imposed-upon subjects to rights-contesting citizens in the public sphere where rational communication applies because at the very heart of the disease lie politics, power relations, coercion, and decidedly irrational issues involving love and lust.

In conclusion, this research has linked a number of components in the AIDS domain to comparative politics and institutional perspectives, including institutional influences and access to resources; participation in building a public associational life in a new democracy; tactics, activities, reciprocity and incentives involved in volunteer associations; problematic constructs in state-society relations; and attitudes concerning power and coercion. The chapters presented have highlighted how such entities of patriarchy, poverty and activities conducted by various actors in the AIDS domain are intricately intertwined in both positive and negative ways in the construction of a more democratic public arena--in the space between bedrooms and ballots--that includes a variety of political activity. I have argued that the AIDS domain is a carryover from pre-colonial and colonial days in a manner that to contest power structures (through the rhetoric of women's rights, smaller families, fewer sexual partners) challenges and potentially upsets a longstanding system and the preferences contained therein. But while it was historically true that much of Africa lacked funding and the means to mobilize populations and build up communications within civil society, it certainly never lacked associational life in the communities. HIV has served to highlight the choreography at play in such associational life,

the manner by which such mobilization has a reciprocal relationship with civic activity, citizenship and democracy, and the difficulties in constructing such a formalized civic public realm in an African country.

But regardless of the nature of this construction, whether we define it as occurring so quickly after independence, or so slowly in comparison with the current situation in the West, the simple fact remains:

It is indeed occurring.

APPENDIX A ASSOCIATION OVERVIEW

Overview of Central Groups

CNCS: (Conselho Nacional de Combate ao HIV/SIDA, also known as NAC, National AIDS Council) distributes the HIV funding from donors and government to CNCS-chosen associations in the communities while the Ministerio de Saúde (Ministry of Health or Misau) implements and manages the health infrastructure and authorizes the donor construction of clinics if they follow Misau rules (otherwise, donors are not allowed to build). Misau is in charge of sending ARVs to health clinics and training HBC workers. CNCS problems include the difficulty in sending trained employees to locations outside of Maputo, because few want to live elsewhere; incentives for work; and infrastructure, all of which are recognized by Diogo Milagre, the CNCS Deputy Executive Director. CNCS is trying to build clinics/housing for personnel to create incentives for workers, but only up to perhaps 25% is used for this because it is not a priority in terms of the national response. (Interview, Milagre, 2007)¹

Rensida: (Rede Nacional de Associações de Pessoas Vivendo com HIV/SIDA) is different from Monaso in that it is specifically a network for associations of PLWHA (rather than HIV groups in general). It receives 100K pounds from DFID and Irish AID (Interview Lucrecia Wamba, SAT) and serves with Monaso at meetings with government. (H. Gathigi, VSO with Rensida, 6 March) In reality, higher Rensida staff members attempt to teach their community associations how to involve talking to government through their performance pieces, yet none of it seems to ‘stick,’ and theatre groups tend to drop government references. It did, however, begin

¹ Milagre states: “The first thing you should do is create capacity to absorb, no one wants to go there, even people we train at the university, once they finish if you ask them to go up there, they refuse. Probably we need to reflect on the incentives that we offer. ... The problem is that the donors don’t allow us, that is another crack in our discussions, they don’t allow us to build facilities using donor money. We should use state money and you know that state is very dependent. And the ministry of health keeps saying, even in meeting with Clinton when he was here, the first issue that the minister of health brought on the table was the infrastructure, the health networks. Imagine that you have people who should just walk an average of 30 km for health facilities, that’s too much.”

the practice of inviting the provincial governor to scheduled community activities/performances to provide food and serve as the guest of honor, thus acting a part of the community audience for communication dissemination.

Monaso: (Mozambique Network of AIDS Service Organizations) is a country-wide network with a multimillion dollar budget from various donors, and offices, transportation and some funding from Misau. Current goals include the incorporation of traditional leaders into the formal realm, the coordination of civil society, and mobilizing the group as an overall network. (Helder White Jan. 2007)

There exist conflicts between various groups and Monaso, as CNCS often skips the use of this organization as a broker, preferring instead to filter money straight to associations (the same thing occurs with Rensida). CNCS invites Monaso for discussions fairly frequently, yet some argue this is just for show. Thus, Monaso is not as strong as it could be, and lacks respect from some.

Matram: (Movimento de Acesso ao Tratamento em Moçambique) began in 2004 and principal activities include advocacy and lobbying for free ARV access, the protection of the rights of PVHS, and monitoring government's role in ARV treatment. This is the most active political voice regarding government accountability for treatment. As of 2007, the coordinator was Cesar Mufanequiço and the vice-coordinator was Irene Cossa (who is also a leader of Kindlimuka). Elections are not held for position of coordinator, but are for other positions. Eight staff members receive salaries (albeit sporadically) and approximately 88 organizations throughout the country are members. Current projects as of October 2007 include capacity building and treatment literacy, among others.²

² Capacity building (access to electricity, water, phones, offices, rent) funded by the Southern African AIDS Trust with \$20,000; Treatment Literacy Program funded by the Stephen Lewis Foundation with US\$70,000 for Maputo,

Working mainly in Maputo (but trying to establish a presence in the central region) it is modeled from and maintains contact with the TAC in South Africa. (Mufanequiço, 2007) It does not accept money from CNCS, which leads to financial droughts for the organizations: “We don’t have money because we have our principles.” (interview Mufanequiço 3 February 2007) Matram frames TARV access under human rights and focuses on increasing access to all medical options. It is currently trying to implement programs into the center of the country, but thus far it has been difficult as it does not have an office and has had to work through member organizations. Its primary source of funding is the Southern African Trust (funded by Canadian CIDA, and ...).

Urban

Maputo: HIV associations

Kindlimuka: (“Wake Up”) is the largest group of PLWHA in Maputo, has produced a number of documents concerning HIV, and is the most well known association in the South, as well as other regions in the country.³ It began in 1996 and two years later became the first HIV self-help group; since then it has assisted in strengthening Rensida. The Boane project began in 2002 and has a smaller number of active members than the Maputo nucleus.⁴

Gaza and Inhambane. This latter concerns access to treatment, specifically in regards to ARVs and information for individuals and groups to understand what treatment involves and how it can be made sustainable so that citizens can make informed decisions and understand their rights.

³ Most PLWHA groups are now incorporating the added “and affected by” into their definitions for the reason that it reduces stigma and discrimination; they had found that some individuals were fearful of joining AIDS groups because those on the street or in the community would see them walking into the offices and think that they had AIDS. In the use of the aforementioned, those who are sympathetic to the cause could thereby take part in the group without being defined solely by being HIV+.

⁴ The president is elected yearly and although as of 2007 it was Arlindo Fernandes, the research team never saw him, and conducted the association head interviews with the vice-president, Irene Cossa, a well known figure in the AIDS domain in Maputo. Main partners include CNCS, HIVOS, SAT, UNICEF, Skillshare, UNFPA, Stephen Lewis Foundation, ActionAid, Oxfam, Haci, and the Canadian High Commissioner. In recent years the The Rotary Club, Save the Children, USAID, and the Swiss and French Cooperations have also funded projects (SAT N.D.).

The group operates mainly in Maputo and Boane with 480 members and approximately 160 active members in HBC, as activists and working on income generation projects such as beadwork for pins that illustrate the red ribbon, but also in the production of uniforms for TOTAL Petrol Company staff throughout the country. 80% are women and 90% are estimated to have HIV, but as with most of these groups, members are not asked about their status. Many, however, offer the information freely. In the previous 12 months, the organization has been a part of three marches. CNCS pays for approximately 85% of the rent and some projects. (Interview, Irene Cossa 18 December 2006) It worked with Monaso to lobby for the recently passed Worker's Law on HIV.

Over the last decade, Kindlimuka has assisted in procuring birth certificates in order to access public health facilities; preparing memory books for children who have lost parents; teaching skills such as sewing, welding and theatre; delivering food to needy families; (Lewnes, 2006) sewing projects in Boane (including mosquito nets); prevention and awareness; teaching about the rights of PLWHA; domestic visits; and psychological help for PLWHA. Kindlimuka defines its activities concerning advocacy differently than others: "to try and influence the community and society to take better responsibility to insure that PLWHA have sufficient access to health, social and emotional services with the objective to live positively and with responsibility... We must break the silence and work together."⁵

Rensida 5: Five associations are used here to represent Rensida, as defined here as the 'Rensida 5.'

⁵ Translated from a pamphlet given out at the Kindlimuka offices in Maputo (Não a Exclusão Social de Pessoas vivendo com HIV/Sida: Kindlimuka "tenta influenciar uma melhor responsabilidade da comunidade e sociedade para assegurar que as pessoas vivendo com HIV/SIDA tenham acesso suficiente aos serviços de saúde, social e emocional com objectivo de viver positivamente e com responsabilidade... temos que quebrar o silêncio e trabalhar juntos." The organization also distributes a book entitled *Direitos humanos e as pessoas que vivem com HIV/SIDA em Moçambique* (Human rights and People Living with HIV/AIDS in Mozambique).

Ahitipaluxeni: (Shangana for ‘vamos quebrar o silêncio,’ or ‘we will break the silence’) was created in 2004 and has 20 active members (mainly women) doing HBC work mainly in Baiza, Mogoanine, Befica and Maxalecine (all around Maputo). Elections are held every three years for presidential posts and the group has funding for the distribution of basic necessities for the sick.⁶

Hilhulile: created in 2004 and based in Matola (45 minutes from Maputo) has 70 active members (mainly women) and a number of them receive a stipend for their work. Most conduct HBC or are activists and programs include domestic assistance and counseling/support, a self-help machamba group, and an income generation group. 90% are estimated to be HIV+, meetings are open to the public and in the last 12 months prior to Oct.2007, the group had participated in three marches.⁷

Kutenga: (peace, harmony) began in 2001 and has 30 active members, 20 of who are involved in Theatre for Education. The organization operates mainly in Maputo and has funding for sensibilization and domestic visits from CNCS, and education in the schools. It works with Coalizão, Monaso and CNCS, but does not belong to any government boards or committees with CNCS. Approximately 17% of its members are estimated to be HIV+. It is a member of

⁶ US\$10,000 from SAT-Canada; it also has funding from AMODEFA for HBC visits, although the amount for this was unknown in 2007. Leanor Tivane is the president as of 2007.

⁷ Stipend amount is ambiguous; the interviewee stated that 20 have a salary, but that only 10 are volunteers, which was confusing and difficult to clarify by telephone Interview with Wilson, 2007). It elects its president each year (currently it is Wilson Pastor Lindo), there are 45 inactive members and women outnumber men by about three to one. Approximately 24 conduct HBC, 20 are activists, six perform theatre. Domestic assistance funded by SAT, US\$21,000, income generation funded by CNCS, US\$25,000. This organization belongs to all the major AIDS networks.

Monaso and has participated in six marches in the 12 months prior to October 2007. Meetings are open to the public. (Reginaldo, 2007)⁸

Tinena: began in 2002 and has 286 members, although the number of active is unknown, but much smaller than this. It operates in and around Maputo and Matola and receives money from mitigation (general support) from CNCS, and also has prevention projects focusing on debates and lectures. Approximately 80% of its members are HIV+ and it is a member of all major networks; it has taken an active role in two marches and one protest concerning the rights and access to treatment on World AIDS Day, specifically for the Ministry of Health (although this was not a public confrontation of the government). Meetings are open to the public.⁹

Xindiro: (piao, or small toy) is a theatre based group that began in 2002 and works in Maputo, although they are housed in a school on the outskirts of the city. There are 30 active members (18 of whom are women) and most are involved mainly with dance as the means of education. It receives money for HIV/AIDS sensibilization from Rensida and the Ministry of Health (condoms and pamphlets) and Monaso (condoms), domestic visits, and information on domestic violence. The Municipal government gives approximately 17,500 mets (US\$700) every two months or so. Only 4% of the members are estimated to be HIV+ and it has participated in close to 16 marches in the 12 months prior to October 2007. Meetings are open to the public. (os Faduco 2007)

⁸ The president is elected every four years and is currently Felipe Munguambe. Sensibilization funding also from AMODEFA; MSF funds the school project. CNCS funds approximately US\$400 every six months and MSF has funded US\$20,000.

⁹ The president is elected each year and in 2007 was Zita José Muchero. It operates in Machaquane, Polana, Mavalane, Hulene, Laulane. Debates and lectures funded by Oxfam and Ibis (US\$25,000 and \$10,000 respectively; CNCS funding is 3 million mets, or US\$120,000. It also has a focus on children's care, but is not currently receiving funding for this program. It has an unknown number of advocates that work on policy related issues, possibly ten members.

Maputo: human rights associations

Muleide: (see Muleide Beira).

Coalizão: (‘coalition’) began in 2005 with 18 people, and has partner organizations (e.g Pro-Vida) which means there is some overlap within these groups. It focuses on sexual health and reproduction for adolescents and youth; main goals are to contribute to stability of the youth, the promotion of harmonious development and the exercise of sexual and reproductive rights (particularly for girls), strengthening cooperation with official entities, and decreasing absolute poverty.

250 members are active, with over half women/girls, and just under 25% are estimated to have HIV. The organization works in Maputo City on access to information about HIV testing (*É tempo de Saber*, or ‘It is time to Know’), counseling and prevention in schools (funding in part from Monaso) as well as in hospitals with *Serviço Amigo Adolescentes e Jovens*, or a hospital service for adolescents and youth, in the Central Hospital in Maputo and in Xai-Xai. It does not receive funding from CNCS, because “it takes too long.”¹⁰ In the year up to September 2007, the organization participated in all public holiday marches, and a protest against the Minister of Education (March 2007) concerning the expulsion of young girls from school due to pregnancy. While the law didn’t change, Coalizão reached some headmasters who have since allowed girls to remain in day schools. Coalizão also combats girl’s sexual abuse in school,

¹⁰ The president is elected; salaried staff includes three men and one woman, as well as a foreign consultant. Funding comes from Pathfinder International and UNFPA who give it US\$60,000 per year. SAAJ is a program that has a more clinical component to it and is often found in hospitals. Geração Biz, the widespread program used throughout Mozambique, is multisectoral with the Ministries of Health, Education and Sports, as well as several groups such as UNFPA. Coalizão works with both. There are about 184 SAAJ programs in the country; Maputo Central Hospital has approximately 80 members. Coalizão also has a program with a Canadian donor that strengthens resource mobilization and education networking, educates peer educators, and targets adolescents and youths (mainly girls).

particularly regarding teachers trading sex for grades/space in class and subsequently getting many girls pregnant.¹¹

Beira

Background

Throughout the central region, stigma and discrimination levels usually depends on the openness of the community leader particularly in rural areas, and since these leaders are often overlooked in HIV programs, the opportunity to utilize them is low. If a community leader (regulado or secretario do bairro) speaks about his status/family status, it is powerful, (Interivew, Hortensia Gathigi, VSO volunteer with Rensida, 6 March 2007) yet there were no examples of leaders doing this with any of the interviews or focus groups conducted.

Some in Maputo argue that individuals still organize along ethnic lines in Beira: “politically or socially, it’s the most difficult province to work in in Mozambique. It’s a mixture of tribes and very powerful and stubborn tribes like Ndau and Sena, and they have a very long history. ...they are not united. That is the major concern.” (Interview Diogo Milagre, CNCS) There seems to be no quantitative difference however, between here and Maputo regarding primordial cleavages, as evidenced by association membership. Overall, individuals seem more likely to speak out against Frelimo here, as Renamo and other political groups (such as PDD) are vocal in their opposition. Four hospitals in Beira have TARV (Central, Munhava, Ponto Gea, and Europea, the last of which was the first central hospital to distribute the drugs).

The CNCS-Beira office has 11 staff for Sofala and has determined wife inheritance to be a main concern, as it is prevalent in this region. Funding for property rights and wife inheritance

¹¹ It works with Amodefa and others involved in the youth AIDS organization of Geração Biz on advocacy concerning girls and school, housed under a National Technical Group. It does not work on HBC. An activist ‘promotes debate and gives lectures’ while an advocate helps with youth and counseling in schools. Meetings are open to the public.

based programs only go to HIV based groups, not groups focusing specifically on these issues (check list of funded groups to see if I can determine who receives money for these). Mr. Mussa, one of the CNCS staff members, states that project times are often long because NGOs have a weak capacity to write the projects and it is difficult to understand what they need. A second issue occurs in that it must have the Control Assistance Program (CAP) evaluate the project, so the government, NGOs, CNCS itself, the district governador and the coordinator meet to discuss it, and it takes a long time to approve because they do not meet just for that specific project (usually it is approximately twice a month), although there is a gap in information here, because organization members discuss waiting times of between 6-18 months. He denies that CNCS does not give feedback: “We’d call them in to sit down until this year. To discuss it. We stopped doing it, however, because some members of other ONGs were saying that we are helping others more than them. So now we give feedback without calling people in to sit down and discuss it. We don’t give technical assistance, but we contract Kulima and Monaso to give assistance about helping them.” He also denies that there is any corruption. (Interview, Mussa, CNCS Beira 2007)

Fewer donors operate in Beira, although there are a number of programs that work on registering children in schools, due to the high number of orphans in the region. Many smaller associations are funded and supported by Health Alliance International (HAI), although it doesn’t provide salaries (CNCS is supposed to do so, with sporadic results). In parts of Beira, after starting ARVs, the patient is supposed to receive food subsidies for at least six months, but the World Food Program has severe shortages so it only gives a three month supply at the time of this research. (Interview with HAI staff member, Molly Robertson, April 2007)

In Sofala Province, and particularly in Beira, Renamo has a stronghold majority, but in talking with a Renamo leader, he is vague on discussing specific policy platforms, other than calling Frelimo communistic rather than democratic:

Renamo equals transparency of governance [while] Frelimo can't combat poverty. ... Public hospitals don't have medicines although the private ones do. Many of the police just get drunk and people don't say anything about it—even though they are drinking in uniform. In the primary schools, children 1-5 years old can't write their name... Now we have a problem with children going to secondary schools and it's difficult for teachers because they didn't learn what they needed. Frelimo has major corruption; all the ministers are involved. If you go into the Ministry to get something, they make it complicated to get it. There is bribery and trading food for favors from government officials... Renamo tells the people not to complain, and to explain the situation to the official instead of paying the bribe. ... If someone wants documents, the official tells them to come back tomorrow, or next week, until it's too late and the person must pay the *sedução* [bribe] for it. (Interview Paulo Zacharias Francisco, Technical Administrator for Renamo in Manga, April 2007)

He has not heard, however, of any links between HIV and corruption.

In certain areas in Sofala province, if the woman is greeting the man, she must kneel down. The government now tells communities that they don't need to do this, and although they listen in urban areas, it is still known to occur in some rural settings. (Interview, João, Kulupira leader, 4 April 2007) If an association wants to conduct an activity in a community, it must first draft a letter to the *chefe do quarterão*.

HIV Associations

Kufunana: begun in 2004, is primarily a theatre based group with members between the ages of 20 and 30.¹² The total number of active members is about 70, about evenly split between males and females, although at any given time, there were only about 20 members around. 40% of members are estimated to be HIV positive. It works mainly in and around Beira, and has received books and condoms from Misau. Misau has also sent a consulting nurse to work in the

¹² HBC funding is from Alliance and for the creation of machambas from GTZ (in total it receives 194,000 mets or US\$8,000 from donors). The president is elected every four years, and there is discrepancy as to the other positions, especially vice-president, as one states it is elected and the other that it is appointed (Interviews 2007).

office. It receives no funding from CNCS, although it has sent proposals. It has been involved in one march and one protest concerning food access (against government) in the past year. Its office is centrally located in the Cultural Center, across from a primary bus terminal.

Rudho Ni Upenhi: ('love for life') began in 2002 and has an office approximately 15 minutes by chapa from central Beira.¹³ It has 162 members (98 are women) though not all are active; 63 active activists began to receive 600 mets (US\$24) a month in June 2007 and 15 HBC workers receive 250 mets (US\$10) a month. There are advocates but they are not active, and no one is performing theatre. HBC is its main program, and it receives no money from CNCS, although it has held discussions with the government and is a member of all major HIV networks.¹⁴ 99% of the members are estimated to be HIV positive and it has participated in two marches in the last year.

Kulupira: ('hope') began in 2001, has four paid staff (UNICEF funded), and there are approximately 300 members (70 are somewhat active). Two members serve as advocates, nine perform theatre, and 15 conduct HBC. Its office is sparse, located in central Beira, and the group conducts HBC and operates schools in Beira and Nhamatanda (located 90 minutes away, along a popular transportation route).¹⁵ It also works on nutrition and OVCs, and is trying to purchase animals for food for members. CNCS approved a project of theirs in 2006, but as of April 2007 the money had not been disbursed. It did receive t-shirts, food and pamphlets from CNCS. 35% of the members are estimated to be HIV positive, and it claims to have no involvement in government policy, or with marches or protests. One leader states that the

¹³ The president is elected every five years.

¹⁴ Alliance funds HBC for approximately \$7,600 a year.

¹⁵ UNICAF has given funding for the last five years for the schools and HBC. Staff salaries also come from UNICEF. Alliance has funded since 2005 for leadership training and HBC. Elections are every three years.

relationship with CNCS is antagonistic: “Because they are late giving funds, they promise to build our office but are late giving us money. With other projects, when they know the people in other provinces, they are much faster. CNCS used to pay the rent of the office, and then suddenly they stopped, we don’t know why” (Interview Adolfo Colette, 14 August, assistant to coordinator). None of the volunteers receive subsidies, but they do receive small stipends for transportation and snacks.

Human rights associations

Muleide: (Associação Mulher, Lei e Desenvolvimento) began in Beira in 1997, six years after Muleide-Maputo.¹⁶ Located in Ponto Gea, Muleide is a women’s civic rights group and has 35 members in the region (Chimoio (2.5 hours away), Nhamatanda (1.25 hour), Dondo (45 minutes), Meringwe and Marromeo). Members that live outside Beira receive a subsidy. Activists receive a high subsidy for activities outside of Beira (money for hotel, food and transport, or approximately 500-800 mets [\$20-\$30] per day for e.g. 4-5 days). When activists outside of Beira come in, they receive a subsidy of 300 mets (US\$12) per day. The survey respondents do not receive a regular subsidy.¹⁷

The Beira group receives over US\$4,000 every three months from CNCS for counseling and lectures on women’s rights, assistance from the Minister of Justice for justice assistance in several regions throughout the country, and donor funding for lectures. It has taken part in three marches in the last year. Muleide’s focus is to explain the Family Law to citizens (and it contributed to ensuring the law was finally passed), incorporating traditional leaders into education, and providing help for women who are at risk of domestic violence.

¹⁶ Beira elections occur every three years, five staff members receive a salary.

¹⁷ Information here is from the Executive Secretary at Muleide in Beira (Interview, Maria Luisa, executive secretary, 5 September 2007) because the coordinator was new and still learning about the organization. A parallel interview was not conducted in Maputo because no coordinator was in town during the month that association heads were interviewed.

When a domestic problem becomes a serious issue, Muleide assists with court preparation and appearances. It also schedules counseling meetings with the husband if this is the wife's choice, so as to advise him of her rights, that she is allowed to attend school or have a business. Most problems are resolved out of the court and Muleide staff often freely discuss the politics of AIDS and human rights, particularly concerning TARV distribution and women's rights (medical assistance, access to food, avoiding banishment from the home). Currently, the organization is examining possibilities of establishing some type of punishment for a common situation: a man infects his wife, banishes her for her health status, marries another woman and infects her as well (Interview, Maria Luisa, executive secretary, 5 September 2007) Monaso is currently drafting a proposal concerning this type of situation.

As with Matram, higher staff members view sexuality and women's rights as political rather than private because it is the role of government to involve associations in campaigns via good health and human rights information, access to rights-based assistance, and assistance concerning domestic violence, which is seen to be a problem that government must help eradicate.

Rural

Boane

Kindlimuka: Boane has 52 Kindlimuka members. In 2006 it received 50,000 nets (US\$2,000) in sewing machines and materials to construct mosquito nets for distribution by MOZAL.¹⁸ By the time of this research, however, all but two or three of these machines had broken down. Julio Nhaume, the Kindlimuka chairperson for Boane, states that the money doesn't trickle down through CNCS or in the sporadic cases when it does, it arrives too late. Donors should bypass govt. "CNCS doesn't benefit us. Kindlimuka does" (Interview February

¹⁸ Club of Mozambique 2007.

2007) There is a disconnect here that is not unusual when those close to the ground are not involved in higher decisionmaking and therefore do not know from where their funding stems.¹⁹

Kindlimuka has two machambas in Boane, the first is actually a field of straw in an area that houses many defunct plots of land due to constant water shortages (endemic to Boane) and poor irrigation systems. There is a large hole in the ground that they wish to fill with water, yet they have no way to transport it to the site. CNCS was to have funded this, but the money has since run out. Most of the farms here try to farm tomatoes, cassava, onions, potatoes. The second farm, which is located in an area that requires a vehicle to access) is funded by Catalana (a Spanish NGO) and Actionaid Mozambique.²⁰ Approximately 60-70% of the farm product is sold in the community while the rest goes to the neediest. Ten women will be working the land and receiving payment for the first 6 months (approximately US\$50) and after this the farm must sustain itself.

See Kindlimuka under 'Maputo' for information about the association.

Caia

Mudança*: This association asked to remain anonymous for the interviews conducted with members, because much of the information they offered is antagonistic toward CNCS and government in general. It is similar to other human rights associations discussed elsewhere.

Kulima: Kulima started in 1984 and focuses on human rights, with an HIV component to some of its member groups. Staff members receive a salary. Funding is from CNCS for HIV, and local organizations for human rights. Kulima has offices throughout the southern and central

¹⁹ This was also found in interviews conducted with the religious group Kubitsirana, in Dondo, whereby the coordinators were unaware that their funding from HAI stems from PEPFAR.

²⁰ One community member says that the farm does not create any type of collective action problem. Another states that these donors actually asked what the community needed and gave it to them (Interviews, Boane, 22 February 2007). They had a celebration with 100 community members and the donors to induct the water pump and several men made speeches as to their happiness to receive a much needed article.

regions of the country. It has organized 3 marches in Caia. [See Kulima-Gorongosa for more detail.]

Gorongosa

Kulima: (Gorongosa branch) works with approximately 20 groups, each of which has a \$5K grant from CNCS and most of the grants are for up to 6 months, with the possibility of re-application.²¹ Kulima began in Beira as a human rights group over twenty years ago and works as a broker to help smaller groups with submitting projects and managing budgets. Therefore, this group parallels those in Caia because some of the organizations involved work on HIV, others on human rights, and some on both. In the last year, Kulima has been involved in 24 marches/public awareness campaigns (this is because it is the umbrella organizer in the area and thus most organizations, a number of which are religious, work with it).

²¹ Moeses and Fernando Magaika are the two coordinators in this region; they are very lively, passionate about their positions, and must spend long periods of time away from their families to do this job. Relationships between government and organizations are more relaxed and amicable here in comparison to other regions. The groups here are also stronger than in other locations, with Kubitsirana (a religious group) here, Dondo and Chimoio representing one of the strongest in the central region.

APPENDIX B
SELECT SUMMARY OF SURVEY FINDINGS AND THE CONSTRUCTION OF
VARIABLES

HIV Mobilizers (in comparison to non-mobilizers) are more likely to:

- not have salaried work
- show a slight increase in trust from when HIV began (point A) to when they joined the association (point B)
- less likely to view HIV as private topic
- have engaged in civic activities (specifically letter-writing, planning meeting, attending political meeting, partake in decision-making, given presentation, participated in some debate
- * wait their turn rather than pay a small bribe
- experience long wait times, lack of medicine and lack of respect at hospital
- contacted government official about HIV
- taken part in march/demonstration
- incorporated HIV into their voting
- discuss politics and public topics more
- feel comfortable talking to people of all types of affiliations
- decide with their partner about number of children to have
- like non-mobilizers, are split on their perceptions of the danger in speaking out against government

Of these, urban HIV mobilizers (compared to non-urban HIV mobilizers) are more

likely to:

- less likely to prioritize ‘community incentives’ (doing their part, not saying no)
- prioritize ‘individual incentives’ (payment/help with career, payment, food)
- want to be paid, rather than continuing as volunteers
- less likely to view HIV as a private topic
- less likely to have engaged in civic activities
- less likely to have worked in community to get others to support a political candidate
- say that government discusses HIV only when its in its own interest

- feel they have little influence on government decisions

Non-mobilizers are more likely (than HIV mobilizers) to:

- think women has greater significance staying at home
- say their partner will take a second partner over their objections
- say that *lobolo* is against human rights
- choose non-ideological reasons for a lack of mobilization
- say that government only discusses HIV when its in its own interest*
- hold negative opinions about the provision of health infrastructure and HIV education*
- think they can influence government

Human rights mobilizers (compared to HIV mobilizers [and therefore non-mobilizers]) are more likely to:

- trust the community more since HIV began
- trust government more since joining the association
- less likely to say that HIV is a private topic
- have engaged in some types of civic activities, such as giving a presentation, participating in a debate, attending a meeting about a political topic, as well as feel comfortable discussing human rights and government politics.
- more interested in public topics and politics, discussing public topics and politics, and following what's occurring in government/public topics.*
- like HIV mobilizers, they don't have salaried work, feel comfortable talking to people of all types, have similar views on the partner taking a second partner and deciding number of children

Causality: Similarities between HIV mobilizers and non-mobilizers

- mobilizers in general are more likely to have another associational affiliation, but two thirds do not
- affiliation strength concerning political party
- following what's going on in public and political spheres
- taking part in certain activities (HIV and human rights mobilizers)*
- joining with the community to solve a problem
- non-mobilizers had volunteered more for a government official prior to finding out about their HIV status

- support for a political candidate in the community
- attending meeting of a government official
- joined in a debate before joining/finding out HIV status (human rights mobilizers more so than others)
- relationships better/same since joining an association (HIV and human rights mobilizers)
- overall human rights mobilizers were more likely to have attended a meeting with a government official before or after joining the association

Construction of Variables

H1: HIV mobilizers have more equal sexual relationships at home. Along similar lines, HIV mobilizers are more likely than non mobilizers to view women as equal to men.

Variable	Indicators	Survey Questions
Equality of relationship These did not yield significance together when Cronbach's Alpha used to test.	Primary relationship	Since you have joined this organization, has your relationship with your primary sexual partner changed? (1)For the better (-1)for the worse (0)stayed the same
	Male/female income	Would it bother you if the woman in the house earns more income than the man? (1)yes (0)no
	Women's significance	Do you think a woman has more significance by (1) Staying at home during the day to work, take care of children, etc OR (2) Contributing to the income of the family
	Spending income	Do you or your partner make most of the choices about how to spend the household income? (1) Me (2) Partner (3)It's about equal
	Second partner objection	If your partner says they want a second partner (for a relationship or sex) and you object, does (s)he do it anyway? (1)yes (0)no
	Childbearing decision	Who decides how many children the woman will have in your house? (1) me (2) my partner (3) we decide together

<p>(Education in association)</p> <p>No significance when Cronbach's Alpha used to test together.</p>	<p>Women's equality/beliefs</p>	<p>For all: (2) strongly agree (1) agree (0) neutral/don't know (-1) disagree (-2) strongly disagree</p> <p>Lobolo is against human rights</p> <p>Wife inheritance is against human rights</p> <p>In the family, the man has the final say in how many children to have</p> <p>It is natural that the man of the house would have a greater income than the woman</p> <p>There are times that a man is justified in beating a woman</p> <p>A woman's place is in the home, not in the paid workforce.</p>
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H2: HIV mobilizers deem community benefits more important than individual economic or job related benefits.

Variable	Indicator	Survey Questions
<p>Incentives-salary or volunteer</p> <p>Work with others, influence policy, my duty, be with people, not say no, make better life, PLWHA goals tested for significance as 'community oriented reasons' and rest tested as 'individual.'</p> <p>"I didn't want to say no to someone who asked" and "I am the kind of person who does my share" are the only two that yielded a high Cronbach's Alpha. They</p>	<p>Wants Paid</p> <p>Excitement</p> <p>Govt HIV policy</p> <p>Work with others</p> <p>Meet important</p> <p>Influence policy</p> <p>My duty</p> <p>Do my share</p> <p>Further my career</p> <p>Recognition</p> <p>Want paid job</p> <p>Be with people</p> <p>Not say no</p> <p>Help from official</p> <p>Make better life</p>	<p>In the next year or two (pick 1): (1) I hope to be paid a salary for the work that I do within this organization OR (0) It doesn't matter if I receive a salary or not, I am happy to continue this work as a volunteer.</p> <p>In thinking about why you joined this organization, please tell me if each of these reasons was not important (0), somewhat important (1), or very important (2) in your decision to get involved.</p>

<p>were then put into a scale for ‘community incentive’ to compare means between urban and non-urban HIV mobilizers. Also compared with ‘wanting to be paid’ or ‘happy to continue as volunteer.’</p> <p>“The possibility of receiving food,” “The possibility of receiving money,” the possibility of receiving payment or help with my career” yielded significance with Cronbach’s Alpha and were put into a scale for “individual incentives” to compare means between urban and non-urban HIV mobilizers. Also compared with ‘wanting to be paid’ or ‘happy to continue as volunteer.’</p>	<p>PLWHA goals Receive money Receive food</p>	
<p>Inactivity</p>	<p>No time Care for family No help Didn’t think of it No interest Can’t help me Can’t impact Not worth it Don’t like them Not my job Too sick Too tired Stigma Trouble No group Fear community Fear family</p>	<p>In thinking about why you do not belong to any HIV organization, please tell me if each of these reasons was not important (0), somewhat important (1), or very important (2) in your decision.</p>

H3: HIV mobilizers partake in more civic activities than non mobilizers.

Variable	Indicators	Survey Questions
Civic activities	Public issue discussions	Does this association hold regular discussions about public affairs? yes (1) no (0)
	Political issue discussions	Does this association hold regular discussions about political affairs? yes (1) no (0)
These tested together with Cronbach's Alpha (significance found with six [no 'contact govt official' or 'listen about voting'] and then means were tested.	Ethnicities	Does this association have members with different ... yes (1) no (0)
	Political affiliations	
	Economic situations	
	Religious situations	
	Gender	
	Economic situation	When you talk to people to get or give information about HIV, do you prefer talking to someone with the same...OR it doesn't matter? (1) same (0) doesn't matter
	Political affiliation	
	Ethnic group	
	Written letter	
	Decision-making	
These tested together with Cronbach's Alpha (significance found with six [no 'contact govt official' or 'listen about voting'] and then means were tested.	Planned meetings	Have you engaged in any of these activities in the last six months in this association yes (1) no (0)? (For non-mobilizers: 'in the last six months')
	Presentation/speech	
	Debate	
	Contacted govt official	
	Political meeting	
	Listened about voting	Since joining this association, do you feel more comfortable discussing the following issues? (not asked of non-mobilizers) yes (1) no (0) How comfortable do you feel now discussing the following issues? (4)very comfortable (3)comfortable (2) somewhat uncomfortable (1)very uncomfortable
	Discuss human rights	
	Discuss women's rights	
	Discuss politics	
	Tactic carryover	
Education in association	Lobolo	Does this association speak against these topics? yes (1) no (0)
	Wife inheritance	

¹ Rather than being asked as an open-ended question, most respondents answered with one of the examples.

H5: HIV mobilizers are more likely than nonmobilizers to:
a. have different expectations of government and donors; and/or
b. hold positive views of government.

H6: HIV mobilizers are more likely to engage in overtly political behavior than non mobilizers.

Variable	Indicator	Survey Questions
Expectations of government	Right to things	Do you personally believe that it is your right to get certain things from the government? (0) no (1) yes
	Provision-schools	Who is responsible for providing: Schools? (1) govt, (2) private business, (3) donors, (4) the people themselves [do not ask (5) a combination]
	Provision-clinics	Clinics? (1) govt (2) private business, (3) donors, (4) the people themselves [do not ask (5) a combination]
Attitudes about government	Government discussion	(d) Which would you agree with, 1 OR 2: (1) the government only talks about HIV/AIDS when it is in <i>its</i> best interest to do so OR (2) The government talks about HIV/AIDS openly and has the community's best interests at heart.
	Combat HIV Infrastructure ARV distrib HIV education Water and food Economy Women's rights	How well/badly do you think current government is handling the following matters? very badly (1), fairly badly (2), fairly well (3), very well (4).
	Trust of government	Since joining this association do you trust the government (1)more, (-1) less, (0) the same as before you joined. Since HIV began, do you trust government more less or the same? (1)more, (-1) less, (0) the same as before
Danger of opposition	Vocalizing opposition	How dangerous to your livelihood or well-being do you feel it is to vocalize opposition to the government in general in Mozambique? (0) not at all (1) sometimes can be (2) often can be (3) always is
Political ability	Influence	How much influence do you think someone like you can have over local government decisions? (0)none (1) very little (2) some (3) a lot

	complaint	If you had a complaint about a local government activity and went to a member of the local government council, do you think that he would pay (0)no attention to what you say (1) very little attention (2) some attention to what you say, (3) a lot of attention to what you say
Expectations of donors	Right to things	Do you personally think it is your right to get things from donors/NGOs? yes (1) no (0)
	Trust of donors	Since HIV began, do you trust donors more, less or the same? More (1), less (-1), the same (0)
Expectations of community Attitude about community	Expectation community	In general would you say (1) most people can be trusted or (2) you must be very careful in dealing with people?
	Trust of community	Since HIV began, do you trust community more, less or the same as before? More (1), less (-1), the same (0)
Corruption	Wait times Medicine shortage Absent doctors Lack of respect Fees high Dirty Demand bribes	How often have you encountered any of the following problems with your clinic in the last 12 months? (0)never (1) once or twice (2) a few times (3) often
	Teachers Health care	In your opinion, how many of the following people do you think are involved in corruption? (4)most (3)almost all (2) some (1) very few
General trust While general trust is not one of the hypotheses, respondents were asked about how it had changed since HIV began. These five yielded a high significance with Cronbach's Alpha and were put into a scale for 'General Trust' so as to compare means between HIV mobilizers and non-mobilizers.	Community Government Family Religion donors	Since HIV began, do you trust... more (1), less (-1), or the same (0) as before?

Variable	Indicators	
Political behavior	Government contact (non-HIV)	Now I want to ask you about contacts you may have initiated with government officials (regulados, administrators, chefes, etc) about problems or issues with which you personally or the community were concerned. <i>Please do not include anyone you have</i>

		<p><i>contacted because of/vis-à-vis this organization.</i> Have you contacted one of these about an issue in the last 12 months? Yes (1) no (0)</p> <p>Have you contacted anyone (like the above) in the direct context of this organization? Yes (1) no (0)²</p>
	Government contact (HIV)	
	Before association protests	Before joining this organization (or for non-mobilizers “discovering you have HIV”) did you take part in a protest, march or demonstration on some local issue? Yes (1) no (0)
	After association protests	Since joining this association (for non-mobilizers “discovering you have HIV”) have you taken part in a protest, march or demonstration on some local issue? Yes (1) no (0)
	Before association debate	Before joining this association (non-mobilizers finding out you have HIV), did you join with others in your community to try to deal with/debate some community topic or problem that did not have to do with HIV? Yes (1) no (0)
	Strength political affiliation	How strongly do you identify with one of the political parties? (0)not at all (1) not very strongly (2) somewhat strongly (3) very strongly)
	Voting behavior national 1999, 2004	Did you vote in the national election of...? Yes (1) no (0)
	Voting behavior municipal 1998, 2003	Did you vote in the municipal election of ...? Yes (1) no (0)
	Voting behavior HIV	In looking at who you have voted for most recently, did you take into account their stand on HIV when you voted? Yes (1) no (0)
	Work with political candidate	Have you ever done any work within your community to get the community to support a political candidate of any political party? Yes (1) no (0)
Political behavior	Before association volunteer with govt	Had you served in a voluntary capacity (without any pay) on any <i>official local governmental board or</i>

² One research assistant asked this incorrectly-instead of asking about government officials, he allowed them to answer about HIV officials in the organization. Answers were clarified, and any that remained ambiguous were thrown out.

	After association volunteer with govt	<i>council</i> that deals with community problems and issues such as schools; access to water, transportation, etc; a community planning board, or anything of this sort? Before joining this association Yes (1) no (0) After joining this association Yes (1) no (0)
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	Before association meeting with govt	Had you attended a meeting of such an official local government council? Before joining this association Yes (1) no (0)
	After association meeting with govt	After joining this association Yes (1) no (0)

H4: HIV mobilizers are more likely to define HIV as a public or political topic and non-mobilizers will define it as private.

Interest and Discussion of public/political topics These four variables for discussion and interest in topics (minus ‘follow public affairs’) measure ‘interest and discussion of public/political topics’ at a significant level, but when the means of each were tested (HIV mobilizers versus non-mobilizers, 0=low, 12	Interest in local public topics	How interested are you in public topics of the local community? (0) not at all interested (1) slightly interested (2) somewhat interested (3) very interested
	Interest in political topics	How interested are you in politics? (0)not at all interested (1) slightly interested (2) somewhat interested (3) very interested
	Discussion of local topics ³	How often do you discuss local or national community affairs with others? (0) never (1) less than once a week (2) once or twice a week (3) everyday
	Discussion of political topics ⁴	How often do you discuss local or national community politics with others? (0) never (1) less than once a week (2) once or twice a week (3) everyday
	Follow public affairs	Some people seem to follow what’s going on in government and public affairs most of the time, whether there’s

³ This was recoded to follow the same direction as the ‘interest’ variables.

⁴ This was recoded to follow the same direction as the ‘interest’ variables.

<p>=high), there was little difference, although the direction of the findings was consistent with expectations. When the means of HIV mobilizers and human rights mobilizers were tested, there was greater significance.</p>		<p>an election going on or not. Others aren't interested. Would you say you follow what's going on in government and public affairs: (0) never (1) sometimes (2) most of the time (3) always</p>
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Variable	Indicators	
Other organizations	Other organization involvement	Do you belong to another association? Yes (1) no (0) ⁵

Variable	Indicators	Survey Questions
Public/Private/Political	Public1 Private1 Political1 Political aspects Private2 Public2 Political2	Name two topics you define as Public: Private: Political: What, if any, aspects about HIV do you view to be political? Why? In your opinion, is HIV a Private topic yes (1) no (0) Public topic yes (1) no (0) Political topic yes (1) no (0)

H7: HIV mobilizers and human rights mobilizers are similar to each other in their activities and attitudes.

Type of mobilizer tested with different variables (see specific chapters and tables at the end of each chapter).

⁵ This question became an aggregated one from several others concerning involvement in formal and informal groups.

H8: HIV mobilizers are less likely than non-mobilizers to have salaried employment elsewhere.

Type of mobilizer tested with “Do you have salaried employment elsewhere?”

APPENDIX C:
LAWS AND DEVELOPMENT PLANS

1990 Constitution	Establishes the right for all citizens to health care and states that one of the roles of government is to promote health as well as citizen participation in the improvement of the health sector. The state is responsible for ensuring citizens' rights through the NHS (Mozambique 1990).
1996 International Guidelines on HIV/AIDS and Human Rights 5/2002	Issued by UNAIDS and OHCHR, gives policy guidance to governments. By February 2002 legislation had been passed to protect PLWHA from discrimination in their place of work, as well as to combat stigma. 5/2002 provides for confidentiality concerning results, testing and counseling to be voluntary rather than mandatory, and access to treatment available for PLWHA. To date, however, there is no legal recourse for the protection of rights of patients however.
2003 African Charter on Human Rights and People's Rights and the African Charter on the Rights and Welfare of the Child	Promoted by such groups as African Union and NEPAD
06/2004	Law against corruption, stipulates that public sector employees must declare assets (Business Anti-Corruption Portal 2007)
2005 Family Law	(Passed by Parliament in 2003 and signed by President in 2005): reduces inequality based on gender, raises the minimum age of marriage from 14 to 18 unless there is a pregnancy involved in which case it is 16 (used to be 16 for boys and 14 for girls), joint property rights for civil and traditional marriages, allows for women who have lived with a man for over a year to inherit property after divorce, eradicates written male approval for a woman to take a paid job, start a business or obtain a loan lease or enter into contract, and recognizes traditional marriages (Oxfam 2008). This replaces old laws such as: head of household was automatically the man, property was administered by male, only recognized civil marriages. There is no banning, nor is there acceptance of the legitimacy of polygamy. It only states that all wives in such a union are equal regarding inheritance in case of the man's death (MNA 2004).

2005 New Constitution	PLWHA qualify for social assistance only if they are employed/have contributed to social security (Viljoen and Precious 2006).
Have been signed	Prevention and Punishment of the Crime of Genocide (1948): 1983 Elimination of All Forms of Racial Discrimination (1965): 1983 Civil and Political Rights (1966): 1993 Elimination of All Forms of Discrimination Against Women (1979): 1997 Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984): 1999 Rights of the Child (1989): 1994 (These from: http://hdr.undp.org/en/statistics/data/)

Plans¹

- PARPA (Action Plan for the Eradication of Absolute Poverty 2000-2004) offers an explanation of government's policies regarding poverty reduction. Health is a priority and includes programs for women and children, HIV/AIDS, illnesses such as malaria, leprosy, and TB, food security and clean water, sanitation.
- PEN I
- PEN II
- National Action Plan for Orphans and Vulnerable Children (2005)
- National M&E Framework (2005)
- Guideline for the Prevention of HIV/AIDS Vertical Transmission (2002)
- Decision that Authorizes Circulation in the Country of Antiretrovirals in the Therapeutic Schemes Approved by Ministerial Diploma Number 183/A-2001
- Ministerial Diploma Number 193/A-2001 (approves norms for treatment of PLWHA)
- 2005-2009 National Strategic Plan to Fight HIV/AIDS
- Millenium Development Goals

¹ Some of these from Viljoen and Precious (2006) in reference to Government of Mozambique (N.D.)

APPENDIX D
SURVEY INSTRUMENT

(Note: this has been reformatted from its original appearance to include in this dissertation.)

Do you receive money for working with this organization? ___yes ___no

If yes, how much and for what? _____
If over 300 met/month, STOP.

Are you Mozambican? ___yes ___no
If no, STOP

Are you involved with any other HIV/AIDS organizations other than this one? ___yes ___no

How old are you? _____

What is your ethnicity? _____

Do you have a paid job? ___yes ___no

Occupation

What is your civil state? (1)married (2)living with someone (3)single
(4)widow

How many children do you have living in your household? _____

Last grade of schooling that you completed _____

Where do you live? (1)city/urban area (2)rural area

Before living there, where did you spend most of your time? (1)city/urban area (2)rural area

What best describes your partner? (1)working for pay (working without pay
(3)going to school (4) works at home (5)other
(fill in)_____

What is your religion? (0)none (1)protestant (2) catholic (3)islam (4)jehovah's witness (5)other
(fill in)_____

When did you start volunteering with this organization? (month/year)

What is your job in this organization?

How many hours a week do you volunteer with this organization?

What is your household income? (meticaïs) (1)0-7500 (2)7501-20000 (3)20,001-40000
(4)40,001-125,000 (5)125,001-375000 (6)mais do 375000

Gender ___female ___male

In the past year, how often, if ever, have you gone without food for your family?
(3)Frequently (2)sometimes (1)not very often (0)never

We would like to ask you about how you spend your time. On average, how much time per day, do you spend doing the following things:

Looking after sick persons _____ hours
Domestic-necessary work for your home and family (including
cooking, eating, cleaning, taking care of children that are not sick,
shopping, gathering water, etc), _____ hours
Employment that brings you income, _____ hours
Work that you do in machamba or in the market, _____ hours
Studying or attending school, _____ hours
Sleeping _____ hours
Gathering water _____ hours
Socializing other than while you are doing some type of the above activities _____ hours
Volunteering _____ hours

Which of the following do you have in your household?

Car _____ yes
bicycle, _____ yes
radio, _____ yes
television, _____ yes
computer, _____ yes
cell phone (you own for yourself), _____ yes

How often do you get news from the radio?

(3)Everyday (2)a few times a week (1)a few times a month (0)never

In general, which of the following topics do you think is most effective to combat HIV/AIDS? (pick one)

(0) Abstinence (1)faithfulness (2)condoms

Name two topics you define as:

Private:

Public:

Political:

[When they put HIV/AIDS into one of these categories, ask them why?

Code answer as to (1)public/community health (2) human rights (3)stigma/discrimination/fear (4) it is a personal thing (5)other [fill in _____]

In your opinion, is HIV a topic that is

Private ___yes ___no

Public ___yes ___no

Political ___yes ___no

What, if any, aspects about HIV do you view to be political? _____

Why? _____

Other than HIV/AIDS Does this organization hold regular discussions about public affairs?

_____yes _____no

If yes, what type of topics? _____

Does this organization hold regular discussions about politics? ____yes ____no

If yes, what types of topics? _____

Does this organization have people here with different
ethnicities ____yes ____no
political affiliation ____yes ____no
economic situation ____yes ____no
religious affiliation ____yes ____no

When you talk to people to get or give information about HIV, do you prefer talking to:
Someone with your same gender OR doesn't matter
Someone with your same economic situation OR doesn't matter
Someone with your same political affiliation OR doesn't matter
Someone with your same ethnic group OR doesn't matter

What do you think is better for the country:
(1) a democracy that respects the rights of all persons OR
(2) a dictatorship that guarantees economic progress even without respecting the rights of all persons?
OR
(3) neither

(freedom of organization) The government should intervene in decisions concerning one's wishes to associate with other persons?
(1) yes (2) sometimes (3) no

(freedom of expression) Would you be willing to sacrifice freedom of expression in exchange for a life without economic pressures?
(1) yes (2) in part (3) no

Would you permit a person to get on television who will be saying things that contradict your way of thinking?
(1) yes (2) in part (3) no

(political equality) In your opinion, from the list I will read, who should participate in politics and who should not?
Indigenous people? (2) yes (1) in part (0) no
Homosexual people? (2) yes (1) in part (0) no
Women (2) yes (1) in part (0) no

Since you have joined this organization, has your relationship with your primary sexual partner changed?
(1) For the better (-1) for the worse (0) stayed the same

Would it bother you if the woman in the house earns more income than the man? ____yes ____no

Do you think a woman has more significance by 1 OR 2:

(1) Staying at home during the day to work, take care of children, etc OR
(2) Contributing to the income of the family

In your community, if the woman stands up for her rights to the man, and he doesn't listen to her, how (if at all) does she get her rights enforced—where does she go?

Do you or your partner make most of the choices about how to spend the household income?

- (1) Me (2) Partner (3) It's about equal

If your partner says they want a second partner (for a relationship or sex) and you object, does (s)he do it anyway? yes no

Who decides how many children the woman will have in your house?

- (1) me (2) my partner (3) we decide together

Now we would like to ask you how this organization has affected your access to certain types of resources. These questions are about where you went for help with the following things before you joined this organization or were affected by HIV/AIDS, and where you go for help with these things now.

	Before	Now
Food (if you don't have money)		
Money for transportation		
Money for other things		
Health Care		
Money for a funeral		
Ride to a clinic		
Things for the machamba		
Help with your children		

If you get sick, where is the first place that you go?

- (1) curandeiro (2) public clinic (3) private clinic (4) hospital (5) other _____

Do you go to church? yes no **[If no, skip next questions.]**

If yes:

How often do you attend religious services (for prayer)?

- (1) a few times a year (2) a few times a month (3) once a month (4) once a week (5) a few times a week

Other than attending services and prayer groups, did you engage in any voluntary service activities to help others in your community in the last 6 months? yes no

If yes, what types of activities? _____ How often per month? _____

Would you prefer 1 OR 2:

- (1) paying a low fee or doing a favor to get something that I or my family needs OR
 (2) waiting for my turn, even if that means it takes awhile to get what I/we need

In thinking about the new government, would you prefer 1 OR 2:

- (1) They do things as quickly as possible to develop the country, even if it means that only some people will benefit and there is corruption and favoritism OR
 (2) They do things more slowly to develop the country, even if it means that more people can benefit but it takes many more years to achieve

Let's say you are selling something and a customer comes in to purchase an item from you. You know the customer has money, but you don't know the customer personally or which city or town the customer is from, so you don't know if the customer will ever return. Would you prefer 1 OR 2:

(1) to charge the customer a bit more than the normal price in order to get a little bit extra that day OR

(2) To charge the customer the normal price that you charge other people in your bairro, because maybe the customer will return again in the future.

Would you do 1 OR 2:

1. support a political candidate who promises to help your neighborhood first OR
2. support a political candidate who does not exhibit favoritism for certain neighborhoods

Would you rather 1 OR 2:

1. send your child to a free school with low quality education OR
2. pay school fees for a better education for your child?

In the last month, have you *personally* gone without food in order to save money for something else? yes no

Do you have money saved in case of emergencies? yes no

How often do you think about events that may occur *a year or two* from now?

- (1) All the time (daily), (2) many times (weekly), (3) not very often (monthly), (4) almost never

Is there anything that you do on a regular basis now to prepare yourself in case those events occur?

How often do you think about events that may occur *ten* years from now?

- (1) All the time (daily), (2) many times (weekly), (3) not very often (monthly), (4) almost never

Is there anything that you do on a regular basis now to prepare yourself in case those events occur?

Do you personally believe that it is your right to get certain things from the government?

yes no

If yes, what types of things? _____

If yes, why do you feel the government must give you anything? _____

Do you personally think it is your right to get things from donors/NGOs? yes no

If yes, what types of things? _____

If yes, why do you feel the donor/NGO must give you anything? _____

Now I'm going to read you three statements. Which one do you believe the most? (pick only one)

- A. People should look after themselves and be responsible for their own success in life.
- B. the government should bear the main responsibility for ensuring the wellbeing of people.
- C. the donors should bear the main responsibility for ensuring the wellbeing of people.

Who is responsible for providing:

Schools

(1) govt, (2) private business, (3) donors, (4) the people themselves (5) a combination

Clinics

(1) govt, (2) private business, (3) donors, (4) the people themselves (5) a combination

How well or badly do you think the current government is handling the following matters:

	very badly	fairly badly	fairly well	very well	haven't heard enough
Combating HIV/AIDS in general					
Health infrastructure					
ARV distribution throughout the country					
Education about HIV/AIDS					
Water and food					
The economy (jobs and economic development)					
Women's rights					

Trust

In general would you say 1 OR 2:

(1) most people can be trusted OR

(2) you must be very careful in dealing with people?

If you have a problem with your neighbor, where do you go to resolve it?

(1) Chefe do quarterao, (2) regulado, (3) administrator, (4) court, (5) police, (6) the neighbor's family

Since HIV/AIDS began, do you trust:

-na comunidade a. mais b. menos ou c. mesmo

-na familia a. mais b. menos ou c. mesmo

-na religion a. mais b. menos ou c. mesmo

-governo/oficiais do governo a. mais b. menos ou c. mesmo

-doadores a. mais b. menos ou c. mesmo

Since joining this organization, do you trust your community

(1) more (2) less or (3) the same

as before you joined?

Since joining this organization, do you trust the government

(1) more (2) less or (3) the same

as before you joined?

Civic skills: This is a list of things that people sometimes have to do as part of their involvement with organizations. Please tell me whether or not you have engaged in each activity in the last 6 months as a part of this organization.

Written a letter yes no

Gone to a meeting where you took part in making decisions yes no

Personally planned a meeting yes no

Given a presentation or speech. yes no
 Participated in a debate about some topic yes no
 Personally contacted a government official about something yes no
 Had a meeting about some type of political issue yes no
 Listened to someone discuss who to vote for yes no

Does this organization speak against
 Lobolo yes no
 Wife inheritance yes no

Since joining this organization, do you feel more comfortable discussing
 Human rights yes no
 How comfortable do you feel now?
 (4)very comfortable (3)comfortable (2)somewhat uncomfortable (1)very uncomfortable

Women's rights yes no
 How comfortable do you feel now?
 (4)very comfortable (3)comfortable (2)somewhat uncomfortable (1)very uncomfortable

Politics yes no
 How comfortable do you feel now?
 (4)very comfortable (3)comfortable (2)somewhat uncomfortable (1)very uncomfortable

Can you think of any things that you have learned in this organization that you didn't know before, that you use in other aspects of your life, or organizations you work with? (For example, how to contact an official, how to get the community to listen to you, how to listen to the different opinions in the community, how to speak in public, etc)

In the next year or two (pick 1):
 (a) I hope to be paid a salary for the work that I do within this organization OR
 (b) It doesn't matter if I receive a salary or not, I am happy to continue this work without payment

For whom is the primary reason you joined this HIV organization?
 (1) For myself or my family
 (2) For other people, but not myself or my family
 (3) For myself or my family, and others like us
 (4) For all people in the community
 (5) For all people in the nation

For the following, please use A for people who we are talking to in the HIV/AIDS organizations. Table B is to be used for people in the hospitals—those who do NOT belong to an HIV/AIDS organization

Reasons for Activity:
 In thinking about why you joined this organization, please tell me if each of these reasons was very important, somewhat important, or not very important in your decision to get involved.

A For those in organization	Very important (2)	Somewhat important (1)	Not important (0)
I found it exciting			
I wanted to learn more about government policy/politics about HIV			
The chance to work with people who share my ideals			
The chance to meet important and influential people			
My chance to influence government policy			
My duty as a citizen			
I am the kind of person who does my share			
The chance to further my job or career			
The chance for recognition from people I respect			
I might want to get a paid job with this type of work one day			
The chance to be with people I enjoy			
I did not want to say no to someone who asked			
I might want to get help from an official on a personal or family problem			
The chance to make the community or country a better place to live			
The chance to further the goals of PLWHA			
The possibility to receive some money from my time spent here			
The possibility to receive some food from my time spent here			

Now I'd like to ask you about informal activity in your community or neighborhood. Before joining this organization, had you gotten together informally with or worked with others in your community to try to deal with some community issue or problem, other than HIV/AIDS? ___yes ___no

If yes, what type of issue?

If yes, how often did you join with the community about this?

Over the last year, have you attended meetings of a local self-help association (such as burial association, Xihuwe, etc)? ___yes ___no

If yes, how often?_____ (per month)

Has joining this organization led you to join other (non-HIV) organizations as well? ___yes ___no

Please list the names of *all other* voluntary organizations or groups of which you are a member. (Possible examples include ethnic or neighbourhood associations, Xihwiwa, child minding groups, cooperatives, savings clubs, traders' associations, market associations, burial societies, sports clubs, cultural groups, development organization, religious organization, trade union, business group, agricultural organization, other organizations of any type?) (see list to check off in Portuguese)

(1) _____ (2) _____ (3) _____

What, specifically made you choose each of these organizations?

- (1)
- (2)
- (3)

For each organization ask:

	Group1	Group2	Group3
What type of organization is it?			
When did you become a member?			
Not counting membership dues, have you given money in the last 12 months to the organization?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
How frequently do you attend meetings?			
Are there sometimes political discussions at these meetings?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do people at the meetings sometimes chat <i>informally</i> about politics or government?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you discuss public affairs in the organization?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Since you joined, have you been in charge of anything with the organization?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the organization sometimes take a stand on any public issues, either locally or nationally?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
About how many hours a week do you work with the organization?			
In your opinion, what are the three most important problems facing this country that the government should address?(1)_____			
(2)_____ (3)_____			
Taking the problem that you mentioned first, how likely is it that the government will solve it within the next few years?			
(0)very unlikely (1) somewhat unlikely (2) somewhat likely (3) very likely			
Do you feel that you personally have the opportunity to get involved with politics or the government?		<input type="checkbox"/> yes	<input type="checkbox"/> no

Do you feel that vocalizing opposition to the government in general in Mozambique is detrimental to your livelihood or well-being? _____yes _____no

If yes, is there a reason why you feel like this? _____

Which would you agree with, 1 OR 2:

- (1) the government only talks about HIV/AIDS when it is in *its* best interest to do so OR
- (2) The government talks about HIV/AIDS openly and has the community's best interest at heart

Regarding HIV/AIDS, how do you view the relationship between the government and community?

- (0) very bad (1) bad (2) good (3) very good (4) I don't know enough about it

Regarding HIV/AIDS, how do you view the relationship between the government and donors?

- (0) very bad (1) bad (2) good (3) very good (4) I don't know enough about it

We have been told by many people that corruption is a problem in Mozambique. What types of things in Mozambique would you define as 'corruption'? _____

How far do you live from your primary health center (indicate in kms)_____

What type of health clinic do you go to? (1)government (2)private (3)none

How often have you encountered any of the following problems with your clinic during the last 12 months?

	Never	once or twice	a few times	often
Long waiting times				
Shortages of medicines				
Absent doctors				
Lack of respect				
Fees too expensive				
Dirty facilities				
Demand for bribes, favors, or gifts				

In your experience, how easy or difficult is it to obtain medical treatment at a nearby clinic?

- (4) Very easy, (3) somewhat easy, (2) somewhat difficult, (1) very difficult

In your opinion, how many of the following people do you think are involved in corruption:

Teachers and school administrators

- (4) most, (3) almost all, (2) some, (1) very few

Health workers

- (4) most, (3) almost all, (2) some, (1) very few

(contacts)

Now I want to ask you about contacts you may have initiated with government officials (regulados, administrators, chefes do quarterao, etc) about problems or issues with which you personally or with the community were concerned. *Please do not include anyone you have contacted because of/vis-à-vis this organization.*

Have you contacted one of these about an issue in the last 12 months? ___yes ___no

If yes, Who did you contact (what position)? _____

About what issues? _____

When? (month/year)_____

How many times? _____

Was the official you contacted (1) elected OR (2) non-elected?

Did you (1) get a response OR (2) were you ignored?

Were you satisfied with the result? ___yes ___no

Now I'd like you to think about any officials you have contacted in *the direct context of this organization* (ie about HIV). Do you contact someone? ___yes ___no

If yes, Who did you contact (what position)? _____

About what issues? _____

When? (month/year)_____

How many times? _____

Was the official you contacted (1) elected OR (2) non-elected?

Did you (1) get a response OR (2) were you ignored?

Were you satisfied with the result? ___yes ___no

(Protesting)

Before joining this organization, had you taken part in a protest, march, or demonstration on some national or

local issue? ___yes ___no

If yes, When? (month/year)_____

For what? _____

How many times? _____

Since joining this organization, have you taken part in a protest, march, or demonstration on some national or

local issue? ___yes ___no

If yes, When? (month/year)_____

For what? _____

How many times? _____

How much did the protest accomplish in making a difference?

(1) A lot, (2) something, (3) not too much, (4) nothing.

How much influence do you think someone like you can have over local government decisions?

(0) none (1) very little (2) some (3) a lot

If you had a complaint about a local government activity and went to a member of the local government council, do you think that he would pay

(0)no attention to what you say (1) very little attention (2) some attention to what you say,

(3) a lot of attention to what you say

How strongly do you identify with one of the political parties?
(0)not at all (1) not very strongly (2) somewhat strongly (3) very strongly

How interested are you in local community affairs?
(0) not at all interested (1) slightly interested (2) somewhat interested (3) very interested

How interested are you in politics
(0)not at all interested (1) slightly interested (2) somewhat interested (3) very interested

How often do you discuss local or national community affairs with others
Every day, once or twice a week, less than once a week, never

How often do you discuss local or national community politics with others?
Every day, once or twice a week, less than once a week, never

Do you actively participate in some aspect of politics or government policy in Mozambique? yes no
If yes, how? _____

Some people seem to follow what's going on in government and public affairs most of the time, whether there's an election going on or not. Others aren't interested. Would you say you follow what's going on in government and public affairs:
(0) never (1) sometimes (2) most of the time (3) always

(Voting)
Did you vote in the last 2 national elections? 1999 2004

Did you vote in the last two municipal elections? 1998 2003

In looking at who you have voted for most recently, did you take into account their stand on HIV when you voted? yes no

Have you ever done any work within your community to get the community to support a political candidate of any political party? yes no
If yes, what year(s) and for how many days did you campaign for them? _____

Political behavior questions. (from Verba et al 1995) (community activity)
Before joining this organization, After joining this organization

had you served in a voluntary capacity (without any pay) on any official local governmental board or council that deals with community problems and issues such as schools; access to water, transportation, etc; a community planning board, or anything of this sort? yes no yes no

(For non mobilizers) Questions pertaining to associations were either taken out or asked about timing before and after 'you discovered you have HIV.'

Reasons for Inactivity:

In thinking about why you are not a part of any HIV/AIDS organization, please tell me if each of these reasons was very important, somewhat important, or not very important in your decision to get involved.

B For those not in organization	Very important (2)	Somewhat important (1)	Not important (0)
I don't have enough time			
I should take care of myself/my family before I worry about other people/community			
The important things of my life cannot be solved by organizing with an HIV/AIDS group			
I never thought of being involved			
I don't care to meet other PLWHA			
I don't feel that HIV/AIDS groups can help me			
As an individual, I don't feel that I can have an impact with an HIV/AIDS group			
For what I Would get out of it, joining a group is not worth what I would have to put in it			
I don't like the pwole working with HIV/AIDS groups			
It's not my responsibility to educate other people about HIV/AIDS			
I am too sick			
I am too tired			
I am too afraid of other people knowing (Stigma/discrimination)			
I might get into trouble for speaking about HIV/AIDS			
I do not know about any group in my community			
I am afraid someone in the community might recognize me if I join a group			
I am afraid someone in my family with find out if I join a group			
Other (fill in) _____			

APPENDIX E
LIST OF PORTUGUESE/SENA/SHANGAAN WORDS AND THEIR DEFINITIONS

Alimentação equilibrada	balanced nutrition
Amante	lover
Aprenda	self-help group that exchanges resources
Associação do Mercado	market association
Associações de camponesas	peasant agricultural association
Bairro	neighborhood
Barraca	small stall that sells beer and/or spirits
Camisinhas	literally little shirts; condoms
Capulana	large piece of material with African print, wrapped around the waist as a skirt
Chá positive	positive tea; signifies an informal meeting to discuss HIV
Chapa	minibus, combi (South African); local cheap public transport that holds 15-20 passengers
Chefe de quarterão	elected official for a neighborhood
Cobertura	literally, covering; signifies some type of corruptive practice
Costa quente	literally hotback; signifies a very important person (his back is so hot [important] that no one can touch him)
Cupedzana/cupedza	self-help group that exchanges resources
Curambana	divorce
Curandeiro	traditional healer
Curral	chicken coop
Fetiço	witchcraft
Fiti	witchcraft

Forma de agradecer	a form of thanks
Geração de rendimento	income generating project
Gero	real
Governador	governor
Grupos dinamizadores	act as type of ‘police’ in rural communities
Isolado	isolated
Jogo de interesses	game of interests, refers to the AIDS industry
Kufunana	literally: something done out of love
Lobolo	brideprice, paid before marriage
Machamba	small plot of land for farming
Marido	husband
Maswati	after a woman gives birth the couple has sexual Intercourse; if there’s no couple, she finds someone
Meticais	the Mozambican currency; as of 2007 was approximately 26 to US\$1
Mulher	woman, wife, girlfriend
Namorado	boyfriend, a relationship of trust with a partner
Namperapera	HIV/TB medication from curandeiro
nova vida	new life
Ntubu	the lowest of the four spots (after régulo, sapanda and umfumo) in the regulado structure
Nyakwao	list of ‘real’ régulos
Organizações fantasmas	ghost or briefcase NGOs who take the money and run
Patrão/patrões	boss, someone important with money/power
Piada	a joke

Pitakufa	wife inheritance or widow cleansing; ceremony of sexual intercourse between a new widow and the brother of her deceased spouse
Pito	partner for sexual pleasure
Quadrado	quarter, a living area, usually about 15 houses
Regulado	system of regulation, unelected, includes four types of actors in a hierarchy
Régulo	the chief in the top slot of the regulado system
Reina	queen, the female version of a régulo
Sapanda	one spot lower than a régulo (above ntubu and umfumo) in the regulado structure
Secretario do bairro	neighborhood secretary, elected official
Sengue	sexual partner who is an older married man
Shitike	banking system with monthly payment for involved parties
Suborno	payment indicating corruption
Telenovelas	soap operas (often Brazilian)
Timbela	marimba, large wooden xylophone
Troca de experiências	literally a trade of experiences; denotes an exchange of ideas
Umfumo	two spots lower than a régulo (above the umfumo) in the regulado structure
Xicalamidade	aid handouts, particularly with emergency situations
Xihiva	self-help group that exchanges resources

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BIOGRAPHICAL SKETCH

Kenly Greer Fenio holds a BA in theatre (Barry University), an MA in political science (University of Florida), and a Ph.D. in political science, also from the University of Florida. Prior to beginning her PhD work in 2002, she worked professionally in South Florida theatres and spent several years traveling around the world. Since 2000, she has worked, lived and conducted research in several African countries including Swaziland, South Africa, Ethiopia and Mozambique. Some of the organizations with which she has worked are Rotary International, the World Health Organization, the South African Red Cross, the International Orthodox Christian Charities, and several local NGOs that focus on women and/or health and access to resources. Her research interests in Africa include the mobilization of communities; women in the public sphere; governance in the public sector; security studies (both on the micro and macro level); and post-conflict state-society relations. Along with assisting a number of graduate students around the U.S. and Europe in setting up research projects on the continent, she has served/is serving as consultant for a number of Africa-related research projects including: Duke University's *Democratic Linkages* project (in 80 countries); PEPFAR baseline community data collection; an infectious disease project in Mali and Mozambique at Virginia Tech; and the conceptualization of an International Research and Planning Group on Africa at Virginia Tech.