Young women and sex in Africa in the times of HIV/AIDS. A case of Zimbabwe

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Aids prevention messages to single women

**GIRLS:**
- Avoid Sex, Drugs and Sugar Daddies
- Be smart: AIDS is A Reality
- Smart Girls: Say "NO" to Sex
- Tell Guys, "They Can't use you"
- Giving In to Sex ain't Smart- Beware!
- WHO said, Sex Guarantees Marriage?
- Give In to Sex and Get Dumped.
- Rush into Sex - Rush into AIDS.
- Your Body is Your Right - Protect it

Think, Refuse, Be Firm **YOU Are SMART** Secure Your Future!

Poster Designed & Developed by
MASO P.O. Box 880, Gweru
Zimbabwe

The messages above, on poster format were very common in places where young women and girls came often for example in schools, markets and clinics. This is one of the few posters that directly targeted girls. This poster, in English, could better have been in Shona or Ndebele, the popular vernacular languages 80% of Zimbabweans use in their daily life. Even the word Girls itself is problematic. When I spoke to the director of the organisation who made this poster he told me that they had made it for school girls and those likely to start dating (Masimira interview 1999). In the vernacular languages in Zimbabwe there is no one word that caters for young women still in school and those still single, but old enough to date. There is a difference between young girls (**mhandara**) and mature unmarried women (**tsikombi**). Girls below 18 are referred to as girls, **vasikana** in **Shona** language, which literally translates to virgin or unmarried and those above 18 as tsikombi. So one can assume that this poster addressed all females that were unmarried, although single women I spoke to thought the poster was directed to school girls only.

The warning messages on the poster were developed to heighten the awareness of HIV/AIDS among young women. What the poster shows is that Zimbabwean unmarried women do have sex and are neither protected against pregnancy anor HIV/AIDS. This is supported by figures that show that young women in the 15-19 age group are more than five times as likely to be infected with HIV at a younger age than their male counterparts (NACP, 1998). The peak ages for AIDS cases are 20-29 for females and 30-39 for males indicating that females become infected with HIV at a younger age than
their male counterparts, (NACP, 1998). These figures indicate that young women do have sexual intercourse although this is denied at a national ideological level, as will be shown later in this article.

There exists a great taboo on the sexuality of young unmarried people in Zimbabwe. A study by the National Family Planning Council showed that 52% of sexually active unmarried women, had a need for modern contraception (family planning services) but could not access it (ZNFP, 1995:49). The Zimbabwe National Family Planning Survey of 1995 showed that data on sexual behaviour of young women remained sparse, making it difficult for policy makers to make decisions about young women who are sexually active (1995:46). The messages on the poster is all about discouraging young women from having sex although the reality is different. This apparent lack of support in services for the young women (and men) who have sexual intercourse at a national level, in a country worst hit by HIV/AIDS like Zimbabwe, really in no way helps curb the further spread of HIV/AIDS but only works to fuel on further spread. The high AIDS figures among the youth should be enough reason to steer more support towards young (wo)men in practising safe sex. In another study of the Zimbabwe National Family Planning Council among young married women, it was revealed that 20% of these women had had some sexual experience before marriage. The same study also showed that 88% of the youth knew about a contraception method but only 12% had ever used one (1995:48). This study brings out the general inaccessibility of family planning services for the unmarried, an unfavourable situation, especially given that young people do have sex and the probability that this will continue is high since Zimbabwe also has a high teenage pregnancy rate (McFadden, 1992). Other studies have also shown that there are other factors that can make youth actually indulge in sex e.g. high unemployment rates, lack of adequate state welfare (Dinan 1983, Obbo, 1996). In Zimbabwe the unemployment rate among youth is more than 70% and the inflation rate for the economy more than 150% (World fact Book, 2002). Unemployment and general deprivation of the girl child on necessities only worsens the situation, a problem in Zimbabwe, where female children are more likely to be deprived in times of scarce resources in favour of male children (McFadden, 1992). The WHO has estimated that the situation of Zimbabwe will only get worse in the next ten years making it paramount to find out how the young women can be helped in preventing further spread of HIV/AIDS.

It is against this background that I carried out a study among 30 single women between the ages of 15-29 in Zimbabwe and their efforts to prevent HIV/AIDS infection from their boyfriends. My point of departure is the gap in literature about young women's sexual indulgence on a national level and their own contribution to the debate on what they think are problems they face in trying to protect themselves better from HIV infection from partners.

**Girls/Single women and sexuality in Zimbabwe**

Talking to single women about themselves, about their experiences and especially on sexuality is an interesting but also very challenging experience. Research among young people in general, and young women in particular, has not been so popular among researchers. Feminist researchers have effectively
criticised earlier tendencies to ignore or belittle subjective viewpoints of women (McFadden, 1992, Obbo, 1995). The emergence of HIV/AIDS promises to bring a change to that although HIV/AIDS researches have also tended to be conservative in their approach too, by ignoring youth and young women in particular in their studies. And concentrating on groups that invoke social sympathy such as pregnant mothers with HIV/AIDS or/and also on those socially "problematic groups" such as commercial sex workers or gay men. Studies on youths’ sexuality are now slowly starting to be done. There has been silence on the sexuality of young people until after the new millennium when it became clear that youths were starting to represent one of the fastest growing groups with AIDS too (Conell, 2000; Morell, 2001). In the case of Africa, this has apparently been because of the fact that on an ideological level, women in Africa are not supposed to have sex before marriage. This approach to sexuality and eventually to HIV/AIDS is inconsistent with figures that show it is younger women, single or married that are mostly affected by HIV/AIDS. Furthermore in Zimbabwe, figures also show that 40% of female adolescents become mothers before age 19 (NACP, 1998). It is with this knowledge in mind, that studies as this one, which looks at youth, their sexual experiences and their efforts to prevent HIV/AIDS infection are crucial. Getting to know the facilitating and limiting factors in young women’s efforts to prevent HIV/AIDS infection is crucial if they are to be helped effectively.

I have selected issues that I think are paramount and significant in single women's lives, but also unique to them as a group, for discussion here. I asked the women about different aspects of their lives, starting from when they felt they were treated as sexual beings by those in their communities. Women told me about what they think are ideas people in their communities have about women's bodies, how women are perceived, and what the changes in women's bodies signify within society, from their own experiences. Many women also felt that it was necessary to tell these perceptions about women since they felt that that had a large impact on how single women live out their sexual lives, and ultimately their possibilities or limitations in trying to prevent HIV/AIDS infection from boyfriends.

I collected a lot of stories from the interviews that I had with the thirty women between the ages of fifteen and twenty nine. I also lived among the women for a year, in a township, Highfields, in Zimbabwe and also in one small village in Masvingo. At the outset of the study, I had expected a large difference in experience between the girls living in the rural and urban area, but there was very little. The women seemed to have comparable experiences given that they all came from the Shona ethnic group. I have picked out one story of my participants, a young woman called Chenai since it kind of summarises neatly the experiences of most of the women.

Chenai (16) lived in Highfields, three lines (this is how people of Highfields refer to streets) from where I was living. I first met Chenai at a kitchen party in Highfields. Chenai was 1.6m tall, thin for an average African woman, and spoke with a bold and cheerful voice for someone who seemed to have suffered much in life. By our third meeting, Chenai had told me this,
My name is Chenai. I grew up in a family of three girls and two boys. I am the youngest child and woman in my family. My story of having been born a girl and later as a girl at puberty is not a very nice one. My mother and father were definitely not rich but were also not poor. I can say that at home, my mother did not give us a lot of love. I think she hated it that she had had so many children. I think my mother was never happy about the fact of having been born a woman. I say this because of what I went through during my adolescence years. When my breasts started growing, little mounts, my mother would tease me about it and would show great irritation if I dressed just a little wrong. She wanted me to cover up any signs of the protruding breasts which I can say I had felt very proud of in the beginning. I had worked very hard with other girls to make them grow. During the rainy season, we would catch baby frogs from rain ponds around our house and make them bite our small tits. Most girls did it because we all believed this would make the breasts grow faster. We all wanted to have breasts like the older girls in our community and of course like our mothers too.

One time our neighbour older boy touched my breasts and tried to rape me. I told my mother who beat me up badly. My mother accused me of having asked for it. After that my every move was controlled. I could not go to the shops alone, and my brother would beat me up if he found me walking there. He had the permission of my parents. I used to overhear my father shout at my mother that she was not watching me properly. My breasts gave me a lot of trouble since suddenly everyone felt I had to be watched.

I was not allowed to talk to persons of the opposite sex. If I was found out, even if I had just as much as said a greeting, I would be physically punished, either by my father or my mother or both. Around my seventeenth birthday, I met a very nice working class young man in my neighbourhood. I liked him very much. I started getting ideas of running away to live with him. I felt my life would be much freer and free of abuse than at home. I started dating him afterwards. But I did not tell him about the problems I had at home. One time, I deliberately went to visit him when I knew that my whole family was at home and would miss me and start looking for me. And they did. I had asked him to walk me home. It was on our way home that I met my father, mother and brother looking for me. My father started hitting him and my mother me. They told me that I had better go back with him since they suspected he had been sleeping with me. I was happy to go with him. He was amazed by their reactions, but many people have been married in this way. Some women have been sent away after having spent some time with a boyfriend and were not allowed to come back home. In my case, when I was sent away, I stayed with him for a month within which time he beat me up regularly. We never had sex the whole time I stayed there. He felt my parents had set him up so he should marry me. I went back home. My parents were very disappointed in me and sent me to live in the rural areas for a year, with my grandmother. It was a very hard life.

The problematized single woman
Most of the issues that come up in Chenai’s story came up in other stories by single women and I shall discuss them all briefly, especially in relation to how they impact upon the women's efforts to prevent HIV/AIDS infection. I look at three specific points within Chenai’s story; Firstly, how her identity changes from that of an innocent, asexual child to that of a woman, with a sexuality. This process I refer to as the sexualization of the body. It is important that this transition within a female's life from child to adulthood is analysed since it is a process that can help understand how sexuality is perceived and how young women are treated as they are. Secondly, I will consider how the sexualised body is controlled. The expectations of society and the woman's own wishes and needs are often in conflict. More attention has been paid to how women actually live out their life. This tension that exists between individuals and societal behavioural expectations on them should show if individuals live up to these expectations and if not what they do in reality. The efforts of society (parents, kin) to force individuals to uphold the norms and values are also looked at against individual reactions thereto. Lastly, I will contextualize the women's sexual experiences within the Zimbabwean cultural and social environment and show from the girls experiences’ how they resist parental control. All the three points should help give a clear idea of how women are availed, limited, denied chances to protect themselves from catching HIV/AIDS from their partners or even how women create openings within their lives to protect themselves. I will begin by exploring the difficulties that most girls and young women said they experienced when they started having bodily changes such as breasts and menstruation and how this was given sexual meaning.

The sexualising of the body

Other literature has discussed how traditional authorities such as the paternal aunt, or in the absence thereof, other relevant authorities such as matrons at boarding schools, try to teach girls about their sexuality (McFadden, 1992, Gelfand, 1973). At ages as early as seven years, girls are continuously reminded of the importance of preparing themselves adequately for marriage (Schmidt, 1992) and are even helped with extending their labia minora, but are still treated as asexual. However menstruation and growing of breasts marks a new period in girls’ lives. With these changes girls cease to be seen as young girls but as women by the other members of their community. I call this a process in which the body is scrutinized, culturalized, sexualized and problematized. The body is subjected to cultural rituals of becoming a woman, and the do's and don'ts that apply within the Zimbabwean culture. These young women are advised for example to put on long dresses that cover their arms and legs and sit properly (McFadden, 1992). The transition from a girl's body, with flat breasts, undergoing no menstruation and without pubic hair, into a body with all changes, symbolizes the birth of a sexual being, a woman. A girl or woman with breasts and exhibiting certain physical noticeable changes is perceived as a sexual being; capable of having sex, wanting to have sex and being desired and targeted by those who may want sex. Many problems stem from these developments. So it is clear that the
growing body of a girl/young woman is gradually sexualised but also treated as a sexual body, creating the basis for how sexuality is dealt with in the adult life of an individual.

In my study were included thirty young unmarried women, fifteen in Harare and fifteen in Masvingo. I sought to find out from the women how they experienced their growth from being girls to young women. All the single women expressed that their bodily changes had presented them with some challenges. This was mostly as a result of how kin that surrounded them reacted to them, especially parents and brothers. The women told about some of the unpleasant experiences they had from kin and family. Some described their physical growth as having been "embarrassing, exciting, a torture, confusing", descriptions that Chenai described too. From the thirty women, 27% had experienced the changing of their bodies as pleasurable and had received good reactions from family. The women said their families had seen their physical maturation as a sign of entering adulthood and taking on responsibility. The rest of the women had had less positive experiences. Most women said that the family became really worried when their breasts started budding and that this worsened when their menstruation started. They recalled that comments such as "You must not play with men at all - you can now fall pregnant!" were regularly repeated to them. The breasts, pubic hair and menstruation were portrayed as a threat to the further life of the young woman, developments that were portrayed more as presenting danger than joy. This physical maturation was perceived as readiness to have sex and the capability to fall pregnant. Their physical developments were thus seen as dangerous in the sense that women could now fall pregnant, making it urgent for parents and family to control the women's sexuality, until it could be channelled into the socially acceptable institution of marriage. All the women said there had been no education from parents about contraceptives such as the pill or even about the condoms. All parents seemed to think their children would have sex after marriage. Some girls felt even pushed into marriage. In one case parents even treated physical maturity in the girls as a chance for them to avoid their financial responsibility as in the case of Gwen. Her father told her after her form four, at 17 years, by which time she had bra cup 38, not to bother asking him for money for further education, since "she was already grown enough to be someone's wife". Next to this financial consequence, women also experienced other reactions from family members.

Most of the women said that there were also some new undesired and unexpected social changes in their lives. Including some of the other women among who the physical developments had been perceived in a better light by family members, still 70% of the women had received social repercussions as a result of their bodily changes. As a result of the changes in women's bodies, women experienced the introduction of control measures upon them by family, especially male members of the family. Women felt that their rights to self determination were disrespected and curtailed, as they were often treated as human beings incapable of making reasonable and sensible decisions for their own good.

Controlling the sexualised body
Most of the women said after they had had their menstruations and other physical changes, their families had become stricter with them in terms of social movements. When a woman starts menstruating, she has to let her family know, such as a mother or aunt who will ensure that the news get to the male head of the family, especially the father. The importance of letting the head of the family know is to allow them to do certain rituals to avoid "their backs breaking". The menstrual blood is seen as having negative powers, in that if women cook for their fathers and put salt in the food, the men's backs will "break", which actually means that their manhood is weakened. The mother of the woman is often the most appropriate person to tell the father about this news, because menstruation is seen as an intimate issue, which can only be discussed among people who are intimate. If there is no mother in the family, then the sister of the father is the one who tells the father. The paternal aunt is suitable for relating this "sexual issue" to her brother since she is a socially acknowledged sexual authority especially where her brothers' daughters are concerned. Although women know that the knowledge about their menstruation can create problems, the beliefs surrounding the destructive powers of their menstruation make them tell their families, with all the accompanying consequences such as social control.

To the parents, menstruation signalled the readiness of their daughter for marriage and having children. So parents see it as their duty to delay this process for as long as possible, either to enable their children to finish off school or until such a time when the parents deem the time right for their children to marry. Parents enforce this control through making girls put on longer dresses, separating the girls from boys at most social occasions as to deny them the chance to associate with each other and controlling their movements and punishing those who dare break these rules.

Most families seemed to live with the fear that the young women would fall into the wrong hands of men and be impregnated. As 22 year old Chipo, who was working as a secretary for a big accountant firm told me, her parents started treating her as someone who could not take responsibility for her own life. "Although my parents would comment that they now only had young women in the home, and no more girls, they started treating me and my older sisters worse than they did when we were girls. We were no longer allowed to be out of the house later than sundown, or to sleep over at friends' homes like we had always done. It has since become an unmentioned rule that we cannot visit our male friends, even former school-mates. The worst thing is that we cannot discuss these things with my father who only reacts by being angry and accusing my sisters and I and sometimes my mother too, of fighting him so we can become loose women. My father is always saying that he will murder someone if one of us becomes pregnant".

The social control for most women was effected through the need for female children to seek parental permission, in essence that of the father, for visits out of the home. Violence against those who broke these rules were not uncommon. Eight girls in the study had experienced beatings from fathers and brothers for being out of the home without permission or coming home after the stipulated times. These fears that young women would fall pregnant were not totally unfounded. Zimbabwe has a
high number of teenage pregnancies. Most of these pregnancies take place when girls are still in school (ZNFPC, 1995). The figures show that 40% of children born in Zimbabwe, are born to women below age 19 (ibid). Most women expressed that the parental control that they were subjected to, much more than boys of their age, in a way contributed to increased sexual activity. One woman complained, "Sometimes my parents accuse me of things that I have always been innocent of. It ceases to matter whether you really do it or not. They just see you as guilty". In spite of the rules, I saw that some of the girls went on to defy them. I will tell stories of two women I experienced closely.

During my stay in Highfields, I learnt to know a lot of women and I became very good friends with some of them. However, it was always very lonely for me in the evenings since most people went to sleep around 8 p.m. already. And most girls were not allowed out of the home after dark. In the weekend I would go out to discos or films but also none of the girls were allowed to go unless they asked on some false excuse. I would have preferred to go with some of the women I was living with in Highfields. However, all the young women who lived with parents were not allowed to go out in the evening.

For instance, Babra was 29 and single and was running a very successful business. She had five boys working for her, selling sweets and cigarettes at street corners during the day. Babra had never married and was living with her parents, plus a younger brother of 22. This younger brother of Babra, Muzi, used to go to pubs till late almost every weekend. I knew that Babra liked music very much since she would visit my room sometimes and dance to rumba music. I asked Babra on several occasions that we go out on a Friday night but she always refused. She explained that her father would never give her permission to go and if she would go without his permission, her life would be tough. Her father could either kick her out of the home, which she did not want even if she had an income of herself and could support herself. She said her father would physically assault either her mother for the bad behaviour of her daughter, if he could not find her, or Babra even at her age. Other women also echoed the same experiences. Of the fifteen women in Highfields, nine were earning their own income and could have sustained themselves but were still living with their parents. Unmarried women seldom got permission from parents to move out of the parental home to their own lodgings. The few who escaped, only managed to leave because they had to study or work in other towns. Even though, sometimes parents would force their daughters to move in with family members or relatives who lived in those towns too.

Most women tried to limit trouble for themselves and for their mothers by not going out at night, yet there were other women who managed to break these stipulations. Farai, a nineteen year-old school leaver, who was waiting for University to open, once asked me to approach her parents so we could go and visit some so called relatives of mine. Farai had met a new lover and was longing to spend what she called "quality time" with him. But since her movements were very controlled by her parents, she could not find a chance to be with him. As Farai lamented to me, "If I go to the shops, my mother is always checking how long it took and threatening to tell my father that I take time at the
shops and hence could be seeing someone. My dad comes home early from work everyday, earlier than Gari my boyfriend does. So I am stuck in the home. I could not possibly say I am going for a walk. He would be suspicious. So one time I went and asked her parents if I could drive with Farai to town. The parents told me that they knew she would be safe with me and wished us a nice day. Farai spent the day with her boyfriend but I refused to ask for her again.

One evening, late at night, I was faced with another woman at my door, Nyasha, aged 25. When I opened the door, I found Nyasha standing there, ten o'clock at night. I let her in and asked her what had happened. In the whole year I had done research there, I had never seen her out of their yard's fence after 6 o'clock. She told me,

_I have run away from home. I came out through the window. I must see Gari. It was easy to do. I have been planning the whole week. My parents believe that I am busy studying for the coming University education. So I have been going to my room at 7 everyday and leaving my light on till ten. Then they do not disturb me.

I climbed out through the window and left it slightly open so I can climb back in. Now my problem is that I went to Gari’s place, but he took time to open the door. Can I please use your phone to call him._

Other women told me how they came up with all kinds of excuses to be able to leave their parental homes so as to have easier access to their lovers. Their parents did not acknowledge the fact that they had boyfriends. The parents did not want them to have lovers although women were expected to get married at some stage in their lives. Single women, of all ages, from 15-even 35 were closely guarded by family. Families did not only control their spatial movements, but also in a way tried to control the people that these women associated with. By denying the possibilities that the women could have lovers, families were thereby creating a situation whereby the women had to choose men that were strategically available for meeting them. When women came in contact with men that they could not conveniently meet, meetings that could combine with their errands, then women had to strategize on how to meet their lovers. Some women described these taboos on open courtship1 as both favourable, but also limiting in women's efforts to prevent HIV/AIDS from partners.

The social control is of significance in this study since I found out that it presented a lot of tension for relationships between young women and their lovers pertaining to their opportunities to see each other, and especially for their nature of sexual contact they had. Questions as to whether parental control has a positive effect in shaping safe sexual experiences for women are thus relevant. Does parental control present the young woman with more protection for her sexual experiences or do these actions of the parent actually make the woman vulnerable to her sexual adventures? I explored these questions from the point of view of the young women concerned. I asked the single women how they

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1 Courtship means "(of a man) try to win the affections of a (woman), with a view to marriage: spend time together, with a view to marriage pp 273 Oxford Advanced Dictionary. During courtship, a man and a woman try to get to know each other better and see whether they can live together as husband and wife.
managed to have boyfriends, see them and practise safe sex if they slept with them. The women had several ways of dealing with this.

**Minimising the risks of HIV/AIDS infection**

_One can never talk about prevention. Maybe better about minimising. One can only trust oneself. You never know what the other is doing at any moment._

Anna, like many other women, said they tried to prevent infection and hoped they stayed HIV negative because most women said it took two to be totally safe. So as what Anna said, we can talk of minimising the chance of infection not totally eradicating it. All the women in the study were aware of the existence of HIV/AIDS, how it is spread, and also how it can be prevented. They also all expressed the need to prevent HIV/AIDS infection since all of them said they had seen someone in their direct environment who had died from the disease. So I asked them to tell me what they did to prevent infection. The different women had different strategies and I have organized them into different groups. One group of women tried to prevent infection by avoiding men.

**Avoidance of men/sex**

There are many ways in which women avoided men, in an attempt to avoid having sex. I asked the women why they avoided the men instead of just saying no to their sexual advances. The women expressed their fears about men not taking their no to sex seriously since in Shona culture a woman is always supposed to say no to sex even if she wants to have sex, to show her decency (McFadden, 1992, Obbo, 1995). Women used different methods for doing this. Although many women clearly indicated that parental control was a negative influence on their lives and they resented it, some women said they used this parental control as an excuse to avoid seeing their boyfriends. Eighteen year-old Ziyanai said that after her form six, at a girls only boarding, she had to attend University while living at her parents' home. She said that her time at boarding school had not prepared her for dealing with members of the opposite sex. So living at home, where her parents monitored her movements closely, like the nuns at the boarding school she had attended, ruled out any chance of her hanging out with men. Although she said that she had met a boyfriend she had started dating, she said that she had explained to him how strict her parents were with her, and hence only saw him at lunch break at University, hence never had time to have sex with him.

Mercy, in whose home I stayed during the first two months of my research in Masvingo, also seemed to use the parental control to avoid her boyfriend. "My parents are very strict, so strict that they are famous for it here in Zvada. So even my boyfriend knows of it and when I tell him that I have to rush home, he lets me go. He always threatens that when he is ready to marry me, he will just lock me up in his house for a whole night-and my parents will not allow me to come home anymore".
It seems that women use parental control in a double way. On one hand, they resent it and on the other hand they seem to boast about it even to their boyfriends. The issue at hand is that men are taught to prefer women who are good; women who come from good families in the sense of having culturally correct behaviour. By boasting to their partners about their parents' strictness, single women try to show that they are good women since they are not given the chance to fool around and also that their parents are good people, who want to preserve cultural values such as virginity before marriage.

However, there were also some eleven women who met with their boyfriends but were consistent with refusing to have sex. All these women mostly visited their boyfriends in the company of a younger sister or girlfriend to deny them time alone with a boyfriend that could result in them having sexual intercourse.

This group of women expressed their hopes that their partners were not having sex elsewhere, and were all waiting for sex within marriage. Women also said that outright refusal of sex with a partner was also good for their marital chances since men desired such women for marriage.

The avoidance of men also put women into a socially acceptable position in which men had to pursue them in all perseverance in their courtship of them. Good sexual behaviour is normally a prerequisite for marriage. Women who delay having sex till marriage are socially rewarded, at least their parents are. At wedding nights there are ceremonies that require that a cloth soiled with the blood from a virgin is shown to her relatives. A cow is then paid to her parents for having looked after their daughter well. So women refused to have sex with men for different reasons which ranged from fear of pregnancy, fear to contract AIDS but also because of the need to preserve a certain image of themselves as good women.

However, there were other women who admitted to having sex with their boyfriends and claimed to be protecting themselves from contracting HIV/AIDS from these relationships. The women who had sex with their partners said they had different strategies for preventing infection. All the women who I interviewed, who had sex with their boyfriends justified their activities by claiming that their partner had promised to marry them. So the promise of marriage gave a sign of seriousness of the male partner in the relationship hence the willingness of the women to have sex with them. Women used different strategies to prevent infection. One of these strategies was by what I describe as integrating themselves into the life of their boyfriend.

*Self integration into boyfriend’s life*

The seventeen women who were having sex with their lovers said they were having sex for different reasons. One of the reasons was love and the need to be physically close to their partners. One woman, 24 year-old Daphne said that she was having sex because she felt a strong desire to have sex. She described her sexual relationship with her boyfriend as a "necessary call of nature". Although most of the single women insisted that love was the main drive for their having sex, they all agreed that there were times within the month when they felt strong longings to have sex with their partners.
Another woman professed that she had sex with her boyfriend to keep money flowing. Babra, who had a good business running, said she still needed to have extra money to keep cash flow for her business. She said that sometimes her sales stagnated and that is when money from her boyfriend came in handy since she could just pay her bills. On asking her if her boyfriend would not give her money if she refused sex, she said sex between them obliged her boyfriend to maintain her since she was playing the role of wife to him.

On how she prevented HIV/AIDS, Babra said that she "managed" her boyfriend by ensuring that he had no chance to entertain other women. Babra said that in the beginning of her relationship, she had insisted that her boyfriend give her the keys of his lodgings. After some initial hesitation by the boyfriend to her suggestion, Babra said she had questioned him about the seriousness of their relationship i.e. if he was in it just to just to satisfy his sexual needs. Babra also said she explained to him that if he really regarded her as his future wife, then there was no reason for him to refuse to give her his house keys. The access of Babra to her boyfriend's house meant that she had control of her boyfriend's sexual life to a large extent. Having the keys of the house meant that Babra could visit at his place anytime, unannounced, making it difficult for her boyfriend to bring another woman to his house for sex. Babra said that she could not totally rule out the chance that he could sleep with some one else but added that it would be difficult for him since she could also access him anytime on his mobile telephone. The other girls did not want to admit that they had sex with their boyfriends also as a way of getting money and gifts from them but I realized that most of the girls were receiving significant gifts and money from their boyfriends.

There were also other women who had keys to the homes of their boyfriends, since they often went there to sweep their homes, wash their clothes and sometimes prepare meals for them. All the women said that having the keys to the boyfriends homes gave them the chance to go through their boyfriends' personal effects and control whether their boyfriends were seeing somebody else. Nineteen year-old Rudo said that she would throw away any telephone numbers of girls she found in his house or business cards that she thought had nothing to do with his business contacts.

The latest trick with most women was to check the telephone list in the mobile telephones of their boyfriends and delete any numbers of female names. They thought men had to have male friends. Their reasoning was that friendships between people of the different sexes mostly ended up as sexual relations. However, many women believed that their boyfriends did not have other girlfriends but still maintained that men could become unfaithful when given the chance.

The strategies of having sex with partners but controlling the men socially was the women's way of preventing HIV infection from their partners. By minimising the chance that the men would sleep with other women, who the women perceived as the ones who could bring the disease to the couple, women could safely continue having sex with their partners, mostly unprotected. Only four women used condoms out of the thirteen. Three had had some HIV/AIDS tests before they started being intimate. The rest said they thought their partners were too young-had not had much sexual
experience and were most likely HIV/AIDS negative. Of course questions as to the sexual history of the partner are of relevance but all the women seemed to think that their partners were not HIV/AIDS infected or said they would rather suffer from AIDS the partner already had but not AIDS he went out looking for. There were other women on the other hand, who exercised other measures besides the social control to prevent HIV/AIDS from partners.

"Having safer sex"

There were some few girls who were using safer sex strategies such as condoms, HIV/testing and oral sex as ways to prevent infection. Chipo, who was 21 at the time of the interview, and also lived with her parents, claimed to have started having sexual intercourse with men six years earlier. Chipo had had sex with a total of four men. Sex to her was a way of ensuring that she kept a steady lover, and potential husband. "Men always ask for sex and when a woman refuses, they look for another woman. Sometimes they maintain the one who refuses sex, as their future wife, and the one who they have sex with, as the object for their sexual satisfaction". Chipo claimed that she enjoyed sex and slept with her current boyfriend to prevent him from looking for other women. She also told she had learnt a lesson from her cousin Netty, whose husband had infected her with HIV/AIDS and always lamented that, "I wish I had started sleeping with my husband earlier on before we married. I refused him sex for the first eight years of our relationship because I wanted to marry as a virgin. I think it is during that time that he visited prostitutes and got infected." Chipo claimed that she used the condom both as an anti-conception measure and a protection against HIV/AIDS. Chipo said that she always brought her own condoms, since "men can tear them" and claimed that it worked for her.

Women also stressed the difficulties of having sex with a condom with their boyfriends. Men normally suspected and accused women who insist on using condoms for being unfaithful. This can be seen as a way of coercing women who are obviously aware of the risk of sexually transmittable diseases into having unsafe sex by questioning their moral standing.

Women who did not want to have penetrative sex for different reasons, used other ways to ensure that their boyfriends were sexually satisfied. Six of the total number of girls practised oral sex. The oral sex varied from couple to couple. Most of the oral sex activities occurred while the partners were either partially or fully dressed. One of the most popular ways for oral sex was to have the male partner rub his penis, in a condom, between the thighs of the woman. Some lubrication such as jellies, vaseline were used, and even saliva. Some women said they masturbated one another with their boyfriends and always ensured that the fluids from either partner did not reach the other.

Another woman said that she sometimes let her boyfriend rub her clitoris with his penis so she could experience some pleasure too. This woman had certain convictions about the semen that comes out of men during intercourse. She said that this semen could not possibly contain HIV viruses or agents that could transmit sexually transmitted infections.
Three women had also gone for "Voluntary counselling and Testing" with their boyfriends and had gone on to have unprotected sex because of their sero-negative status. Women had yet another way of preventing infection: going public with the relationship.

Making the relation public

Some women said that they had decided to break some of the traditional customs to protect their health “in this time of AIDS” by making their relations public. Since there is a strong denial in the Zimbabwean society that young men and women date, a denial that stops short of when they want to marry, many young people thus try to hide their partners until they are sure of their intentions concerning marriage. There is thus an apparent culture of silence around relationships among young people and also their sexual activities. Many young persons are therefore unwilling to meet the family of the partner if they are not sure of whether they want to marry them or not. For those who are more sure, certainty which only comes with a proposition of marriage from the male partner, there are certain family members to who the young people can introduce their lovers. Traditionally this was the paternal aunt. However, there are women who are dealing with this differently. One woman, Mercy, went with her boyfriend to visit her paternal aunt since her boyfriend had proposed marriage. But Mercy took it further and insisted that she meet his parents and family. She also had to fight to convince her parents to agree to meet her boyfriend and acknowledge their affair. Mercy said that she also started having sex with her boyfriend but on the advise of her mother, went for HIV tests together with her boyfriend. Mercy said that it actually helped that her boyfriend was known to her parents because when he initially resisted to undergo an AIDS test, it was her mother who eventually spoke him into it.

Mercy said introducing the boyfriend to everyone in the village was great since they all now knew that Mercy’s boyfriend had introduced himself to her family and could marry her shortly. This also signalled other women to stay off him and men off Mercy since it was clear that the two would marry each other. Mercy also said the fact that everyone knew that it was her boyfriend, the chance was great that her boyfriend would not misbehave since the news would most likely reach her. The cultural silence around courtship among young people can be said to be responsible for ensuring that men "use" women and manage to get away with it too. This silence feeds perfectly into men's ideas of wanting to have sex without having to take responsibility for it, e.g. contraception or children that may come out of these sexual encounters. Women like Mercy thus used introductions to family members in order to safeguard their relationships with men.

There were also six other women who said that they also tried to meet the relatives of their boyfriends so that there would be witnesses to their relationships. Meeting the mother of the man and other family members was a strategy women found workable especially in helping to eliminate potential other partners. Women told that if the families of the men thought highly of them and approved of the relationship of the man and the woman, then the family would also act as a watchdog.
over their own son against new lovers. Women found that by so doing, it became safer to have sexual intercourse with their boyfriends, even if the condoms would burst without fear of catching a disease coming from the other girlfriend. One of the last ways in which women minimised their chances of being infected with HIV/AIDS from partners was by screening the prospective partner.

**Screening the prospective partner strategy: HIV/AIDS test, past sexual history**

One strategy that most of single women said they used was that one of screening potential partners that exhibited signs of having HIV or having AIDS. Mutambiranwa (1998) has written on the stigmatization of people with Tuberculosis and how people shun from those with lingering coughs or "suspicious coughs". The single women told that it was unavoidable in this time of AIDS that one avoids starting a relationship with some one who was visibly sick. The women still seemed to have stereotypes of people carrying the HIV/AIDS virus. Thin people were still thought of as having HIV/AIDS. However there were other symptoms that women looked at. These symptoms were in line with the symptoms that the HIV/AIDS subtype 1 which is common in Sub Saharan Africa, and in Zimbabwe too, manifests itself with. This ranged from certain skin malignancies/disorders, Tuberculosis, weight loss they thought did not go with the person etc. The screening also extended to checking the past sexual history of their potential lovers through questioning relatives or friends of the partner. Many women said this last method was not very reliable though since most relatives tended to take their relatives' side by refusing to divulge information about possible HIV/AIDS infection, to ensure a future carer for their HIV/AIDS infected relative. Some women said that they refused relationships with widows and widowers unless if they could check the death certificate of the deceased. Other women even went to the extent of tracing surviving spouses or ex-lovers to check ill health.

**Conclusion**

The strategies presented here, as told from the experiences of single women should be seen as strategies that women find applicable in their lives. They may not be the best, or the most safe especially given the dangers of becoming infected with HIV/AIDS. However it is important that policy makers designing HIV/AIDS campaigns involve the youth in coming up with programs that youth think will work. Youth can be used in identifying gaps in the prevention campaigns, gaps that can be worked on as to come up with better more efficient programs. Young women were also explicit on their need to have more openness with their parents about the fact that they could have boyfriends. The women who were having sex also expressed the need for their parents to be taught that not everyone could wait for marriage to have sex. The women actually felt that this denial by parents of their sexual activity exposed them both to sexually transmitted infections such as HIV/AIDS and also pregnancies. Sexual activity is largely associated with socially acceptable institutions such as marriage resulting in all other actors that practise sex out of these categories being denied access to services that
are essential in sexual activities especially that may put them at risk of HIV/AIDS. Services such as treatment of sexually transmitted infections, family planning, contraceptives, abortion, remain out of reach for these groups that may not have sex. So posters like the one addressing girls should be drawn up together with girls in order to incorporate their concerns from their lived realities, if HIV/AIDS is to be effectively reduced in Zimbabwe.
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