



Sexuality and HIV/AIDS Among Young Residents of Mafalala Barrio, Maputo, Mozambique

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Introduction

This paper aims to understand the issue of sexuality among the young residents of Mafalala Barrio, Maputo, in Mozambique, and contribute to HIV/AIDS educational programmes in this locality and elsewhere.

HIV/AIDS educational programmes argue that providing the youth with correct information about HIV/AIDS infection and prevention will help them to make responsible and sensitive decisions about their health, which will reduce the spread of HIV/AIDS in the country (Inquérito Nacional de Estatísticas, INE 2001, 2002; Geração Biz 2001 and Population Services International, PSI, 2001, 1999, 1998). The INE points out that 37,736 young people were HIV/AIDS positive in 1998-1999, a figure which increased to 65,144 HIV/AIDS infections in 2000-2002. Clearly, these data should make us rethink and question the efficacy of the methods used so far in HIV/AIDS educational programmes.

In trying to understand the perception of sexuality among young people and the reasons why they do not accept the message that they should practise 'safe sex', I focus on various socio-cultural factors. These relate to families in Mozambique following the country's independence in 1975 and the end of the civil war in 1994, which resulted in the peace agreement between Frelimo and Renamo in Rome.

The foregoing provides a brief introduction to this study. The next section will present the methodology and ethical considerations.

Methodology and Ethical Considerations

The fieldwork was conducted in two stages. The first stage took place from 12 to 22 November 2003. As a young black woman, fluent in Portuguese, the language



used among my informants, it was possible for me to enter into the everyday lives of the young women in Mafalala barrio. My research assistant, José Bambo,¹ on the other hand, gathered information on the young men's experiences, because it would have been easier for him as a man to interact with them. The second stage of the fieldwork took place between 5 January and 22 February, 2004. During these two stages, I collected twenty-seven life histories, with particular emphasis on issues of dating and sexuality, of which I only analysed ten in-depth.

Initially, while preparing for the fieldwork I was not clear what age group I should work with. I thus followed Wyn and White (1995:11), who explained that 'youth is a relational concept because it exists and has meaning largely in relation to the concept of adulthood'. This argument suggests that there is no definition of 'youth' that would suit all contexts. Within the context of my own data, 'young' refers to people aged between 20 and 24 years old. Their educational level varied from grade five to grade ten. The informants who participated in my fieldwork were primarily students, domestic workers, businessmen and women in the Adelina market² and in other parts of Maputo City, although two of the young men did not reveal their activities.

I mainly used qualitative methods such as life histories, as discussed by De Queiroz et al., (1988), Tierney (2000) and Thomas and Znaniecki (1958) in conjunction with participant observation, as used by Bernard (1995), as participant observation may be ineffective on its own, as demonstrated by Angrosimo and Pérez (2000). In addition, I visited Machaca,³ a youth organisation created in 1996 to respond to the HIV/AIDS epidemic in the barrio. During the interviews I did not use a tape recorder because it was not convenient to record young people's experiences when they were washing clothes, playing timbila,⁴ going to the market and walking around. Although the tape recorder is theoretically one of the best ways of recording interviews, its use requires special attention to ethical issues. Informants must be educated about the use and purpose of the tape recorder, and the recording itself must be openly made, which can be distracting. Instead, my research assistant José Bambo and I recorded the interviews by thorough note-taking.

Taking the life histories of young people proved to be a particularly useful method, because they spontaneously raised issues that concerned them. It also created opportunities for in-depth research, and allowed a relationship of trust to develop between researcher and informants. In this way, the following research questions were addressed by this study:

- What is sexuality?
- How do young people view HIV/AIDS prevention campaigns?

Participant observation, too, was useful because it allowed me to compare the information presented by young people during the interview with actual practices among family and friends. Participant observation was also helpful because it made it possible to observe the youth during the day and at night, to see what they do and say, and what they do not do or say.

There are strong debates around ethical issues in social science, particularly as concerns the conduct of research (see Caplan 2003; Nyamnjoh 2007). Although there is little consensus among anthropologists in different contexts, anthropological ethics does highlight the relevance of protecting informants. I thus retained the anonymity of my informants, as suggested by the American Anthropological Association's statements on ethical issues (1971).⁵ I was aware that the results of the research might border on the pornographic due to the nature of the topic and that I might also create negative impressions of the young residents of Mafalala barrio. This study does not however intend to increase discrimination against young residents of Mafalala. Rather, it attempts to improve our understanding of the perceptions of sexuality among young people in order to understand how HIV/AIDS educational programmes could achieve better results in Mozambique.

This section has described the methodology and ethical considerations. The next section will provide the context of post-civil war Mozambique, the consequent fragmentation of family structure, and the implications for HIV campaigns.

The Context of Post-civil War Mozambique, the Consequent Fragmentation of Family Structure, and Implications for HIV Campaigns

In the social sciences, the concept of 'family' has at times created controversy. It has resisted attempts to universalise or to describe any kind of normative family, in any culture. For example, in industrial societies the definition of 'family' has meant a man, a woman, and their children – a 'nuclear' family. This view tends to be exclusive: other persons are not seen as part of the family structure even if they share the same space. Over time, the concept of family had to expand to embrace more complex arrangements, not to mention diverse ideals about what it means to belong to a family.

By contrast, in non-industrialised societies, 'family' tends to be accepted as more inclusive, an 'extended' family. In this type of family, a couple, their children, cousins, nephews and in-laws are part of the same family structure. It is clear that there is no single definition of 'family' that can characterise it in all contexts.

In Mozambique, the concept of family becomes contradictory, most particularly in urban areas. Although some families are nuclear, economically advantaged families continue to sustain their extended family in the urban context, and clearly view the economically disadvantaged members as family. The ruling Frelimo (Mozambique Liberation Front) party added further contradictions when after the independence of Mozambique from colonial power Portugal in 1975, the government adopted a Marxist-Leninist policy towards family life (Paulo 2003, 1998; Arnfred, 2001). Based on this political philosophy, the government forbade some key local practices that had sustained African families: notably the practice of lobolo or bride price and ritual initiation. The goal, it appeared, was to create 'a new man' who was free of capitalist values (including local family values) and did not engage in exploitative relationships, including within the family.

Although the government had forbidden these practices, families continued to pay lobolo and initiate youth. As a result, in 1987 the government came up with new policies that were more realistic and tolerant of local traditions. During this period, the media played a role in showing the shift in the political arena, by giving space to ceremonies such as guaza muthini, a traditional ceremony performed close to a river in Marracuene district, Maputo. This ceremony is carried out every year in order to ensure land fertility. The return to local practices is also experienced in the inauguration of roads and companies. Seeing these local ceremonies conducted in the public context with government approval, people realised that they too could be free to perform their own ceremonies without any fear.

It may be that the concept of family, however it is defined, is too limiting to be useful, except in terms of political economy. The anthropological term 'kinship' is more promising as a linguistic tool to assist the discussion on sexuality and HIV/AIDS prevention campaigns in Mozambique.

The 'kinship' approach provides an understanding of the diversity of social practices, and of the meanings people give and expect from each other within groups (see Fortes 1969; Fox 1967; Gillespie 2000; Goody 1969, 1973). This being the case, it is useful to describe two types of kinship system in Mozambique. The matrilineal kinship system characterises families in Northern Mozambique, and the patrilineal kinship system is a key feature of families in Southern Mozambique.

In these kinship systems people reacted differently to changes in the political economy of the country, and the ideological assault on their values and practices. The kinship system to which they belong also strongly influences people in the

ways they think about relationships, protection and sexuality. However, the kinship influence on people's everyday life does vary according to gender, age, religion and location within social networks.

I will start with the description of the matrilineal kinship system. In this system, couples are expected to marry and then stay on the woman's family land. The man is supposed to work on his in-laws' land, and has no claim to any land rights or ownership until he has children, particularly girls. Daughters are valued in this system, because if they are successfully married, they might bring a man home to help perform the father's social obligations. When that happens, a father may have more opportunity to devote his time to affairs beyond his wife's family land, if he wishes.

Geffray (2000:14) explains that in a matrilineal kinship system in Iráti district of Nampula province, Pwiyamwene are important to understand gender relations. These are women who are placed in charge of ritual preparations within the family. Pwiyamwene are associated with land and conflict resolution. They are also influential in the raising of children, as a way to help young mothers fulfil their roles as mothers and women. In contrast, Medeiros (1985:22-23) argues that in the matrilineal kinship system in Nampula province, men could also be in charge of land with siblings. Medeiros shows changes in the ways gender relations have been understood in matrilineal kinship systems.

The patrilineal kinship system in southern Mozambique operates in the following way. Couples marry through lobolo, and thereafter live on the man's family land. In this system, marriages are less stable, and fertility is much more of a social issue; divorces occur due to infertility or suspected infertility of a wife. To prove that a man is fertile, the man's family often allows him to impregnate another woman. In some situations women are allowed to prove fertility, but for this to occur, the man's family must first accept that there is something wrong with their son; which is not likely to happen unless the family has previous experience of male infertility.

Junod (1996 [1927]:114-118) presents a detailed account of lobolo in southern Mozambique. He focuses on different stages families pass through to start and build a new family. Junod explains that lobolo practices have the effect of uniting men's and women's families and are relevant to fertility. Arnfred (2001:3) further describes some socio-political dimensions of lobolo practice during the period the revolution and the changes Frelimo made to lobolo after 1984.

The descriptions of matrilineal and patrilineal kinship systems are relevant in this discussion because they will help to understand the ways residents of

Mafalala barrio perceive sexual relationships, against the background of differing traditions.

Under the patrilineal kinship structure, there are definite double standards for sexual behaviour. It is clearly accepted that men can have more than one sexual partner or wife, and may have sex for pleasure; but women are only expected to have sex within the marriage and for procreation. Abortion and contraceptives are not encouraged and it seems that in such systems women enjoy little or no control over their reproduction. In this situation, a woman could be allowed to be impregnated by her husband's brother or nephew. In such a case, family members would expect the individuals concerned to keep the matter secret, although this is not always achieved – such things tend to come out when people are angry or get into conflicts with each other.

Despite the striking differences between the matrilineal and patrilineal kinship systems, there are also similarities in their attitudes to sex and sex roles. Men are expected to have sex with women, and sex is expected to involve penetration. Any other type of sexual relationship is not revealed or discussed. Men are expected to know everything about sex, while a woman's sexual preference or desire to know more tends to be ignored or silenced.

As a result of such taboos, women become adept at concealing their interest in sex and find it difficult to let their sexual desires and needs be known to their partner. Kinship practices will take time, perhaps generations, to change.

With regard to sexual education, some members of kinship networks, particularly the elders, have a responsibility to offer sexual and moral education to young people and to teach them about their gender roles. Some do this more effectively and sensitively than others. Elders also regulate the participation of each individual in the group; for example, they deal with matters such as wedding ceremonies, infertility treatment and divorce. In this way, gender roles become central in understanding individuals' responsibility within and outside the group.

In both matrilineal and patrilineal kinship systems, men are socialised to expect women to perform the roles of mother and wife, and women to perform these roles. On the other hand, women expect men to perform duties of husband and father, including protection and provision. Men who are unable to perform these roles do not regard themselves as committed to the woman concerned, as informants also made clear. Thus, gender and age of family members define each individual's position and role in the group. As they grow up, men are trained to be providers whereas women (especially younger women) are expected to be subordinate to the husband and family. A woman will typically have to

wait until she is one of the elders of the family to exercise any form of leadership or wisdom role.

The discussion around the fragmentation of the family structure in Mozambique highlighted socio-cultural factors which influence some individuals to accept or reject the idea of 'safe sex'. This idea, though central to most HIV/AIDS awareness campaigns, has been criticised by scholars whose work has indicated the need to link local practices with condom use. These 'condom campaigns' have failed to analyse sexuality in a social context. As a result, there has been a failure to recognise that for some (perhaps many) individuals, their pre-existing beliefs, values and associations will prevent them from assimilating the concept of 'safe sex' in the intended way.

Having discussed the context of post-civil war Mozambique and the consequent fragmentation of the family structure, I will now provide a brief history of HIV/AIDS research in Mozambique.

A Brief History of HIV/AIDS Research in Mozambique

HIV/AIDS research has tended to rely on surveys to assess individuals' sexual behaviour. The search for the origin and causes (maintaining factors) of the HIV/AIDS pandemic has occupied the biomedical discourse. However, social science studies have shown the link between health promotion perspectives and societal responses to health issues (Falmer 1993; Stadler 2002; Weiss 1997). The beginning of HIV/AIDS research in Mozambique is not different from other countries of the world, in that this research has been based on the biomedical approach and has sought to discover the causes and cure or prevention of HIV infection.

The first diagnosis of HIV in Mozambique was made in the Cabo Delgado province in 1986. HIV was not regarded as a social problem because of the lack of knowledge about it. In any case, at the time of the first HIV diagnosis in the 1980s, Mozambique was a country embroiled in a civil war. The central focus of governmental and non-governmental organisations was to mobilise resources to help settle displaced people, and to provide food.

The Department of Epidemiology in the Ministry of Health (MoH) took responsibility for investigating the origin and spread of the disease in the country. Thus, in 1987 the MoH invited experts from the World Health Organisation (WHO) to elaborate a plan to deal with HIV. The WHO team conducted research that revealed six cases of HIV infection. However, they predicted that the HIV virus would spread in Mozambique due to its increased incidence in neighbouring countries, where the rates of infection were high. HIV was

spreading through sexual intercourse (including heterosexual intercourse), blood transfusion, and materials exposed to infected blood – including traditional healers' use of non-sterile cutting objects, such as needles and razors.

At this stage, the spread of the HIV virus had two explanations. Firstly, there was the idea that promiscuity among prisoners during the civil war resulted in high rates of HIV infection. This meant rebel soldiers sleeping with women prisoners. This view produced a stigma around captured people, masking other routes of HIV infection, for example drug use. However, it was difficult to validate the idea of heterosexual promiscuity in camps because of the lack of documented records in the war-affected areas.

A less simplistic rationale holds that HIV increased because of the breakdown of family structures. People who lost (or were separated from) their families in the war, particularly children and youth, found it difficult to maintain family ties and values.

Secondly, the HIV/AIDS prevalence in the neighbouring countries and its spread to Mozambique motivated the MoH together with the WHO to draw up the National Programme against HIV (1988-1990). It was from this perspective that a programme was developed to train the first HIV educators in the country. The HIV educators were initially selected from health professionals employed by the MoH, although later on, community volunteers and members of NGOs were also trained as educators.

The MoH believes that information combined with knowledge about HIV infection and prevention could encourage individuals to change their sexual behaviour. This kind of intervention may have helped to keep HIV infections under control in some settings where individualism is a dominant social principle, but it did not produce effective results in Mozambique, where the origin and spread of the HIV have been explained without special attention to socio-cultural factors.

When the earlier HIV prevention campaigns were promoted in the country, the Ministry of Health team did not believe that HIV infections would stop. A major factor that undermined optimism at that time was the inability to gain access to rebel-occupied areas. Furthermore, the conceptions around health and illness held by the MoH and by ordinary people differed. Having already ignored the ways people understand health and illness in their explanations of HIV infections in Mozambique, the WHO and the Ministry of Health teams went on to build their HIV/AIDS awareness campaigns on the principle of individualism. Based on this principle, the AIDS campaigns appealed to individuals to change their behaviour by reducing the number of sexual partners and using condoms

with occasional sexual partners. The targets of these messages were, in particular, commercial sex workers, truck drivers and displaced people.

The second phase of the NPA/HIV took place from 1990 to 1991. In this phase, the campaigns focussed on education and communication. In addition, the MoH invited Population Services International (PSI),⁶ an American agency, to market condoms in Mozambique. PSI attempted to use the media, such as radio, television, newspapers and pamphlets (within and outside the MoH), to change the 'high risk sexual behaviour' of individuals. During this second phase, HIV/AIDS the main targets of prevention campaigns were youth, the military, and people already living with HIV/AIDS. In order to respond to social problems related to these target groups, the NPA/HIV started two research programmes, namely the biomedical and the social studies projects.

The biomedical studies focussed on the identification of more accurate technical interventions, laboratory diagnosis of HIV infections, transmission routes of the virus, and criteria for clinical diagnosis of HIV infections. These studies contributed toward the strengthening of the epidemiological understanding of the HIV epidemic, as well as identification of risk factors and co-factors for HIV 1 and HIV 2 infection; and the evaluation of treatment schemes for AIDS and opportunistic infections associated with it.

On the other hand, the social studies approach sought data regarding attitudes, sexual behaviour, knowledge and practices of individuals in different groups. The researchers looked at the receptiveness and interpretation of educational messages for the target groups. Research was also conducted on people's receptiveness to the NPA/HIV and its integration into the National Health Service system. Evaluation of counselling services for HIV-positive people and their families was another aspect of the social research undertaken at that time.

The culmination of the NPA/HIV was the production of the National Strategic Plan to Combat STDs, HIV and AIDS (2000-2002). The National Strategic Plan (NSP) was formed to monitor HIV/AIDS activities in the country. This plan has three main objectives. The first objective was to assess the extent of the HIV/AIDS epidemic. The second objective was to look at the national response to HIV/AIDS. This entailed the evaluation of health institutions and organisations working on the HIV/AIDS programmes in order to ascertain whether they were on track to help achieve the government's goals. The third objective of the NSP was to sustain the policy for three years. The current focus of the NSP was preventing HIV/AIDS infections among youth, especially girls, and sex workers. This goal rests on the assumption that girls and women were more vulnerable to HIV infection than boys or men. Simply because of the biology of sex, infected

fluid remains in the vagina after the penis is withdrawn; and the female genital tract was lined with membranes, which provide less natural protection than the skin that covers the male penis.

This study aims to explore ideas about sexuality in a *barrio* of Maputo, called Mafalala, and relates these to the HIV prevention campaigns in Mozambique. Accordingly, the next section will present the history of Mafalala *barrio*, its people, and their coping strategies in the context of the diversity and complexity of everyday life.

The Mafalala Barrio

Geographically, the Mafalala *barrio* is located in the Urban District Number Three of Maputo City. Its total population at the time of study⁷ was 21,189 inhabitants; of these 10,375 were men and 10,814 were women (INE 1998b). The *barrio* itself is bounded by the market of Adelina to the North, Marion Ngoabi Avenue to the South, Acordos de Lusaka Avenue to the West, and Angola Avenue to the East. There is a local perception that the *barrio* is composed of three Cells – A, B and C, and that it is subdivided into fifty-seven blocks.

Although the residents of Mafalala live in separate Cells, they meet for different purposes, such as going to church, going to the market, or visiting the mosque. The South-eastern area of the *barrio* is well served by infrastructure: there is easy access to the city, including the downtown areas, the commercial services centre and the industrial areas. The *barrio* is supplied with piped water, electricity and a telephone network, although these services are not available to all residents of Mafalala.

The Mafalala *barrio* was once known as ‘Munhuana’, meaning ‘salt water’ in the Ronga and Changana languages of Southern Mozambique, because the area was once below sea level. Because the soil still contains salt water, the land is not suited to agriculture. The name changed to Mafalala around the time that seamen from Mozambique Island (Nampula Province, in northern Mozambique) settled in this region: residents hold that the name Mafalala emerged from songs sung by these seamen on the weekends and during rituals of circumcision. Ritual tattooing and many sacrifices were regarded as feats of courage. Residents also said that the ritual was known as ‘nifalala’ or ‘afalala’, meaning ‘music and dance’ in the Emakwa language.

According to Tivane (2002:16), three groups originally settled in Mafalala. The first of these groups were the Laurentinos: people born in Lourenço Marques, now known as Maputo. These were followed by traders from Mozambique Island and the Comoro Islands (the latter passing through Mafalala on their

way to India to trade). The Comoro Islanders who settled in the barrio were also involved in the slave trade to the Americas. The third group, the Madjodojos, consisted of health professionals and musicians. Some people from the Madjodojos group lived in houses built from zinc and wood, which differentiated them from others in the barrio (Tivane 2002:15). This description is useful because it provides a picture of the diversity and complexity of the people living in the barrio.

After Mozambique's independence in 1975, the zinc and wood houses were nationalised. The Administração do Parque Imobiliário do Estado (APIE) rented out the houses for less than the South African equivalent of two rand per month. During my fieldwork, I heard from residents that they could not change the house structures because the government was planning to turn the barrio into a living museum. (However, in conversation with officials working in Mafalala barrio this information was not confirmed).

With regard to educational infrastructure, the barrio has two public schools which provide schooling from grade one to grade four. After grade four, pupils go to Escola Primária 25 de Setembro, Escola Primária da Munhuana, Escola Primária Estrela Vermelha and Escola Primária Noroeste 2. These primary schools are located within two kilometres of the barrio. Furthermore, children from barrios close to Mafalala, such as Xipamanine, Micadjuine and Alto Maé, also attend Mafalala's public primary schools.

There is an official market called Adelina, and several garages in Cell A, as well as small services such as shops, hairdressers and repair shops. There is one police station in the Administrative Post of Mafalala barrio, and a small jail is attached to the Administrative Post. The jail is for so-called 'small offenses', such as stealing chickens or pick-pocketing. The barrio has also benefited from its proximity to Urban District Number One, particularly in terms of public services and access to the Central Hospital of Maputo. Nevertheless, when residents are sick, they seldom go to hospital because they have no money to pay for transport and medicines; instead, some go to traditional healers for treatment.

There is a strong religious following in Mafalala. In addition to Catholic churches, other Christian Churches represented include the Methodist Wesleyan Church in Mozambique; the Universal Kingdom of God, and the Twelve Apostles Church. There are also four mosques, each with its own name. The first is Braza, meaning 'the place of entertainment'. Cadria was named after the prophet and disciple Maome, and means 'the way to power'. Chadulia is named after another disciple, Ahmed Chadulia, and lastly, the name of the mosque Camararia means 'stone'. The Camararia mosque was later designated Itifaque which means 'agreement'. Chadulia is the largest mosque in the barrio, originally built by Muslims

from Mozambique Island. Meanwhile, Muslims from Zanzibar, Comoro Islands and Tanzania created the Braza, Cadria and Camararia mosques (Lemos 1988, and Mussá 2001).

Whilst Mafalala contains a significant number of churches, it appears that Islam plays a prominent role in the barrio. It was notable that residents used the mosques for entertainment, to prepare weddings, and to organise funerals. The majority of residents using the services of the mosques had moved to Mafalala from different provinces. They could not afford to visit their families back home, so they have found the mosques useful. In mosques, residents were able to meet with people from their birthplace. They chat and reminisce about their 'home'. The mosques are also recommended by officials in Mafalala to researchers looking for centres of culture in the area.

After the end of the civil war many changes happened in Mafalala. People went looking for their relatives with whom they had lost contact during the war. Some informants learned that they had lost their family or members of their family. Others brought members of their families, or even entire families, to live in Mafalala, while some people who had enjoyed no previous links to the area took advantage of the situation and moved to there. As a result, the barrio is now overpopulated. The streets have become narrow, and many families comprise more than eight persons in a house, even though the houses are small and some have only two rooms.

The accommodation of new residents (internally displaced people) took place irregularly and spontaneously. For instance, new residents built houses in areas previously used for public space, such as the football field, utilising whatever free spaces they found without government control. The Mafalala land is not officially surveyed, a fact that also allowed for the emergence of new buildings everywhere. New buildings differed in quality from earlier buildings: while some were built of conventional materials such as bricks, cement and zinc, and were painted, others used non-conventional materials such as cardboard, poles and plywood. The new houses were often painted with mixed colours such as pink, purple, orange and yellow, since many residents could not afford to buy larger quantities of paint, but instead acquired leftover paints from informal markets. Due to overpopulation and irregular construction, the barrio has many footpaths but few streets wide enough for a car to pass. Moreover, paths are poorly lit, not for lack of electricity but because of vandalism. The greatest environmental problem, however, is soil impermeability. During the rainy season, there are always floods, which cause the overflow of pit toilets and destruction of wells. Therefore, in the rainy season diseases like malaria and cholera are common in the barrio. The lack of organisation among residents to keep drains clear also

contributes significantly to the problem. With regard to cleaning the drainage, Guimarães (aged 32) says: 'We are not organised to clean the drainage. Some people do not take it seriously ... they start to clean the drainage when they see it is going to rain'.

The community centre of Mafalala barrio used to help clean the drains, but stopped due to a lack of cleaning resources such as dustpans, buckets and brooms. The coordinator of the community centre explained that previously the centre had sponsors, but that they now rely on contributions from the residents.

Having described the history of Mafalala barrio and some of the changes that have occurred over time, the next section will present the findings of my study about young people's perceptions of sexuality.

Perceptions of Sexuality

According to the Penguin Dictionary of Psychology (1987), the term 'sexuality' in English usage means something abstract, like 'sexual personality': 'All those aspects of one's constitution and one's behaviour that are related to sex ... the quality of being sexual'. In other words, sexuality refers to how a person expresses his or her sexual self, and includes attitudes and beliefs about sex. The term also conveys biological, emotional, and cognitive implications and is usually considered as something belonging to an individual rather than a group.

The responses of young residents of Mafalala barrio, however, do not suggest that they had the above concept in mind. Rather they describe 'sexual intercourse' or 'beliefs about sex' (as with César, and Eva, below).

Answering the question 'What is sexuality?', César says:

Sexuality is normal because everyone does it. Sexuality is sexual intercourse between a man and a woman. — César, aged 23.

For César, sexuality is something that is obvious. In other words, there is actually no need to ask about sexuality because everybody knows what it is. César furthermore points to a definition of sexuality that is normative. For him, it is confined to sexual activity between a man and a woman. It is a 'natural' thing but also something that has social limits.

Sexuality is sexual intercourse with girls of my age. I do not support adult men sleeping around with young people. This is because with young women adult men do not take responsibility for their actions. — Fernando, aged 21.

Fernando expects to have penetrative sex with 'girls' of his age, but also criticises adult men for wanting to do the same. This is because, in his view, adult men might not be responsible for the outcome. Fernando's comment calls attention to the existence of the so-called 'sugar daddies' in the barrio. These would perhaps correspond to the 'old, rich men' who were mentioned as possible victims of homosexual youth. From his point of view, the presence of the more affluent 'sugar daddy' makes it difficult to get girlfriends — he feels at a disadvantage. Fernando does not have enough income to 'tchunar'⁸ a girlfriend and thus sees the 'sugar daddy' as a rival. His definition is less simplistic than Cesar's; if sexuality was only about what is 'natural', then the younger man would presumably have the advantage, but the wealth of the older man prevents this. For Fernando, sexuality is apparently very much about contest and prizes. He tries to level the 'playing field' with his claim that older men lack responsibility and that the girls are (by implication) only after their money.

However, Bento argues that:

Sexuality is a biological cycle that begins when you are seventeen years old. It is an act that must be done between a man and a woman. — Bento, aged 22.

Bento argues that sexual activity must begin at seventeen. Bento associates sexuality with biological change. His account privileges procreation as the purpose of sexuality, and does not emphasise pleasure.

Such accounts fall outside the medical perspective, in which individuals are viewed primarily as biological entities, thereby neglecting the 'social field' in which they live. Medical discourses tend to universalise sexual practices that shape individual points of view. These discourses also sometimes explore individual symptoms in a way that facilitates stigmatisation of HIV-positive people. In this study, I am concerned with the meanings people give to sexuality precisely because they do sometimes embrace a different framework to that of the dominant medical discourse.

Having discussed young men's views of sexuality I will now turn to the young women's perceptions on the subject:

Sexuality is a union of two people, a man and a woman. — Maria, aged 21.

Maria's argument shows that she understood sexuality as sexual intercourse. Maria also expects sexual activity to occur between heterosexual partners. I noted that Maria used the word 'union' to mean the sexual act. Perhaps this was to reduce embarrassment between Maria and the researcher.

Amélia explains that:

[Sexuality] is a human necessity. Before, people said sex has an age. For instance, my grandmothers educated me not to have sex before I turned eighteen, but I know girls that began sexual intercourse at the age of thirteen. — Amélia, aged 20,

Amélia believes that the purpose of sexuality is procreation and it cannot be repressed. Her definition of sexuality suggests that the questions of biology and socio-cultural aspects are intertwined. This means that in situations where young women do not find a partner to marry, which is the kinship network's expectation, they may have a 'rider' — which gives individuals alternatives that are outside the control of the kinship network. In this sense Amélia understands sexuality to be for pleasure. Since Amélia received sexual education from her grandmother (by whom she felt protected), she feels sorry for girls who start sexual activity early. While the first two young women talked freely about sexuality, Eva simply stated:

I do not know how to say ... Sexuality is linked with sex and pleasure. It must be done between man and woman. There are many ways of making sex. [I think] sex should be done with your own boyfriend. Girls that make sex with more than one partner are prostitutes. — Eva, aged 22.

Eva's response links biology with socio-cultural aspects. In this way, she associates sexuality with the sexual organs and their use for pleasure. Eva also highlights the fact that sexuality is something that happens between heterosexual partners, thereby demonstrating the legitimisation of sexuality discourses from Eva's point of view. Similarly Bertina asserts that:

Sexuality has to do with sex after eighteen with your own boyfriend. When I have a boyfriend, I first study him to know if he really likes me. I then have sex with my boyfriend because I love and trust him. But I think that young people must have sex when they are twenty-eight because they will know how to care about themselves. At that age, they can work in any institution or set up business to improve their personal life. — Bertina, aged 20.

Bertina argues that love, trust and age are central issues pertaining to sexuality. It seems that Bertina views sexual activity as normal and acceptable once she has a boyfriend whom she can love and trust. Bertina's more individualistic attitude becomes evident when she talks about first 'studying' the boyfriend before having sex. It is interesting that she takes responsibility for deciding

whether the man is suitable, although her comment about waiting until one is 28 – something she clearly did not do – suggests that perhaps there is also some insecurity or concern about the ability of younger women to ‘care about themselves’. I would conjecture that Bertina associates the relationship with a boyfriend with sexual intercourse and personal benefit, rather than with family responsibility. Another young woman, Mariana, explains that:

Sexuality is an act practised by two persons; I mean a man and a woman. It cannot happen among children but mainly with us young people. But I also know that there are young people that have sexual intercourse with people of the same sex, but that is wrong. – Mariana, aged 21.

Mariana showed that, in her view, sexuality is a youth activity, although parents are not expecting young people to be sexually active (see the explanation, below, of the expression ‘cu kundzana’). Mariana criticises sexual activity among children, meaning that she does not approve of sexual intercourse among people that lack responsibility.

These arguments put forward by young women suggest that sexuality was mainly associated with physical contact and the biological function of sex. Sexuality is viewed as something given, and it is expected that one’s sexuality is for the purpose of procreation. The question is: Can young people control sexuality? HIV/AIDS prevention campaigns are premised on the belief that individuals will change their behaviour if they know about the ‘risk’ involved and about health information. In emphasising the individual aspect of sexual activity in this way, the campaigns, however, fail to understand the socio-cultural context of sexuality or to consider that it is the socio-cultural context that constrains individuals’ capability to act on health information. In the context of Mafalala, for instance, the socio-cultural is not only a constraint, but also an untapped resource. For example, grandparents are for many a useful source of advice on sexual behaviour. Many people decide to talk to their grandparents to find solutions for their intimate problems. It would be useful in stopping the spread of HIV/AIDS if prevention efforts could empower grandparents to help their younger family members.

I learned that the expression ‘cu kundzana’ refers to the sexual activity of married couples in southern Mozambique. It suggests that young, unmarried people are not expected to be sexually active. Yet the ‘rider’ situation, which I will discuss in the following section, indicates that young people are sexually active. One point that clearly emerges from the interview with younger women is that age is significant in their decision to start a sexual relationship, or at least to feel confident about doing so. Sexual activity, for them, appears to mean

penetration. Kissing, hugging and sexual touching, for instance, were not features of the young people's everyday talk, suggesting that if these acts are part of usual sexual activity, they are not discussed.

Having described young people's views of their own sexuality, I will now turn to a discussion of dating and the 'rider'.

Dating and the 'Rider'

In the previous section, the 'rider' was identified as a casual or temporary sexual relationship, with no elements of commitment. There are many reasons young people start a 'rider relationship'. Fernando, for instance, explains how and why he starts a 'rider':

I do not work but it does not mean that I cannot enjoy life. If I find a girlfriend she will need my attention ... It is not nice to have a girlfriend and not do *tchunar*⁹ ... [a] 'rider' is practical and cheap. — Fernando aged 24.

During the fieldwork, young people used the word 'rider' to mean 'occasional relationship'. Fernando's idea about having a 'girlfriend' — a longer-term relationship — plainly includes the notion of providing economic support to him. To care about the girlfriend means to provide material things for her comfort. Fernando's view about a girlfriend and the way he would like to give her 'attention' indicates that Fernando does indeed want to build a long-term relationship. Perhaps he is merely justifying his inability to commit to a relationship, but it is interesting to trace this assumption about 'girlfriends'. 'Rider', clearly, is a widespread practice but not necessarily the masculine ideal. Fernando has seen other young men able to 'tchunar' with their 'girlfriends' and wants to be able to do the same. Clearly, whatever his real reasons may be, Fernando is saying that he is not (yet) prepared to take on a long-term relationship; but he is also not planning to do without sex. This is where, from his point of view, the option of 'rider' becomes important.

I would say that Fernando is not only concerned about his ability to 'tchunar' his girlfriend because this is something he would like for himself. It seems likely that peer pressure is central to understanding Fernando's point of view. From that perspective, it is not difficult to understand Fernando's concern about his girlfriend's beauty: young people in the *barrio* are very much aware of fashion and appearance. At weekends, young men often walk around the *barrio*, in groups or alone, displaying. In doing so, they display themselves in fashionable

clothes such as jeans, T-shirts, and caps with brand logos. The same behaviour occurs with young women, who wear jeans, mini-skirts, and tight dresses.

Clearly, it is important to Fernando to be seen as a (heterosexual) man. This might not necessarily involve sex, though; while the young people used the term 'rider' to describe an occasional sexual relationship, it was not clear whether 'rider' would always end in sexual intercourse. In the context of the above description of public display, Amélia's words may have a further significance:

It is not difficult to find a 'rider'. You look at the way he looks at you, wears clothes and walk in the street. He will walk as if he is searching for something ... He will walk and ask you questions about someone else's address and he will say one word and another. If you are interested you will go with him. — Amélia, aged 20.

Amélia explains that the body movement was important to recognise a 'rider' (here, meaning 'sexually available young man'). Amélia also points to the relevance of clothes as sexual signals in this situation. Amélia's description of 'rider' associates body language and fashion with sexuality.

As stated previously, young men claimed that they frequently use condoms in 'rider' situations, and three young men in fact affirmed that they sometimes 'borrow' condoms from close friends on occasions where they lack the money to buy one, or find themselves in an unexpected opportunity to get a 'rider'. Concerning condom use, all the young men that I interviewed said that they prefer to use *jeito*,¹⁰ a brand of condom that is perceived as lighter and thinner, as opposed to the MoH-issued condom. Nevertheless, there often were times when young men did not use *jeito*:

When I have a 'rider' I know that I need *jeito* ... Sometimes, it is difficult to cope with the situation. I take a girl home to stay with me during the night and we need to make the *cenas*¹¹ but I am not sure if we cope to use *jeito* every time we do the *cenas*. — Riquito, aged 21.

Riquito's statement shows that despite his young age, he has taken a girlfriend home for sex. Riquito knows that he should be using condoms, but clearly is not doing so, at least some of the time. It is not clear what the reason for this might be, given his rather vague expression 'difficult to cope with the situation'. Riquito's statement does to some degree appear to evade being accountable for his sexual behaviour: it surely is not credible that a man would be unsure if he is wearing a condom or not.

It is surprising that young men talked more about condoms than young women did — even though women are more at risk of HIV than men. Perhaps

young women are not expected to show their sexual preferences so clearly, but also the idea of trust is central to understanding young women's silence about sexual acts. As female informants made clear, 'trusting somebody' only happens in a long-term relationship. One can infer from this that in 'rider' situations where trust is absent, the women would prefer their partners to use condoms, but may not always be in a position to control that choice.

The 'rider' is not the only form of 'non-serious relationship' available to young people. It is also accepted that they may 'date', a casual form of relationship, which can be a preliminary to forming a long-term relationship. The purpose of such dating is for the couple to get to know each other, but it also involves having fun, the sharing of social life and (sometimes) having sex. As Fernando remarked, this kind of dating involves a lot of fashion, and there appears to be an expectation that 'boyfriends' will buy fashionable clothes and food for their 'girlfriends'.

Riquito and other young men knew about sexually transmitted infections, mainly syphilis and gonorrhoea. However, they only heard about HIV/AIDS infections on radio and television, and through public health initiatives. This suggests that there is as yet little or no 'local knowledge' of how to cope with the threats posed by HIV/AIDS. When infected by an STI, they know where to go for help, what to do and even the consequences of not treating these sexually transmitted infections properly. In this matter, young people mentioned that they have support from the adolescent and youth friends association. Despite the apparent social acceptance of (male) youth being sexually active, the young men say that when they become infected they would prefer go to hospital for treatment without informing their parents. Tito's experience suggests why this might be:

When I realised that the martelo¹² was not fine, it was expelling a white flux. I told my brother. He advised me to tell my parents. After I told them they sent me to hospital but when I healed they joked about it. – Tito, aged 22.

Not surprisingly, Tito, who is still young and must have found this a painful and embarrassing experience, was uncomfortable with his parents' mocking attitude. Tito had expected his parents to keep the incident private.

As mentioned previously, the fact that Tito used the word 'martelo' to refer to his penis indicates that he considers himself a man. His embarrassment also suggests that he understands that this martelo problem was a sexual disease. However, this understanding is not always present among informants in Mafalala. Three young female informants spoke about friends who had become

infected with syphilis and gonorrhoea, but their understanding or their claim was that hot weather and tight underpants had caused these diseases. This suggests that when young people encounter problems in sensitive aspects of their life they tend to externalise the reasons for their actions by shifting the blame.

It is interesting to note that even though ignorance about HIV and other STDs appears to be prevalent, some informants are aware of the effects of the disease on the community. For Eva, there is too much 'information' about HIV and not enough action to help infected people:

We need medicine to help people living with HIV. It is not enough to inform people about the disease. I mean people are dying and it is important to find solutions to this problem. — Eva, aged 22.

Eva's argument is that providing information for young people is not enough. She is applying either/or logic — either information, or treatment. Yet people are also infected because of a lack of information, since they are not taking adequate steps to prevent becoming infected in the first place. This raises a critical question: What if Eva is part of the problem? What are youth themselves doing to prevent the spread of HIV/AIDS? What kind of knowledge do they have? Eva is one person who did have such knowledge; when interviewed, she was emotionally depressed because her neighbour died in December 2003, a victim of HIV/AIDS. Eva had also lost family members and friends to this disease. Yet she and her friends are not empowered to prevent infections among themselves.

Clearly many young women are not able to make their partners use condoms. They are also not absorbing sexual information from HIV/AIDS prevention campaigns because of socio-cultural practices. The condom campaigns that focus on the male usage of condoms separate sexual activity for procreation and pleasure. Condoms are available everywhere in the barrio, but as yet there has not been an adequate explanation or motivation which would help the youth to become more involved in the prevention campaigns, helping each other as they do with other social diseases.

Like Eva, Mariana (aged 21) is concerned about people living with HIV/AIDS. However, she reverts to a common misperception: poverty is to blame for the spread of the disease. People die because 'they do not have money to get medicines'. In Mariana's understanding, the illness exists but she does not understand what doctors (or medicines) can or cannot do to help AIDS patients; she does not understand that rich people can also die of the disease. Eva and Mariana are examples of urban youth who have only a partial understanding of the challenges posed to communities by HIV/AIDS. It seems likely that the youth

in rural areas might have even less practical knowledge, since they have so little access to health services and communication.

It appears that for some young people at least, HIV/AIDS prevention campaigns have been successful in linking HIV, information and health, using the media to communicate health messages. But when these informants present solutions, the gaps in their knowledge of the disease become evident: both think actually that the problem is a lack of help and of treatment ('medicines'). As with many problems in their daily lives, they look at the situation through the lens of poverty and deprivation. In so doing, they may not be aware that everybody can be infected with the HIV/AIDS virus; nor that everybody can take steps to protect himself or herself, as long as they are willing to use condoms or able to ask their partner to use one.

Following this discussion of young people's perceptions about dating and the 'rider', I will now turn to their views about abortion.

Views on Abortion

According to the study's findings, it seems that young women are more concerned about abortion than young men are. This is because young men often seem to be able to evade responsibility for an unwanted baby. In any case, it appears that young men and young women have different attitudes towards pregnancy. Although pregnancy is also a way that allows young women to ensure that they are fertile, with regard to abortion Bertina and Maria revealed that women do sometimes seek voluntary abortions due to disappointment over their boyfriend's lack of willingness to accept or support the baby.

Three young women affirmed that they had had more than two voluntary abortions. These abortions were carried out at home with the assistance of close friends. Women would only go to hospital for treatment when they had a complicated abortion (retention of uterine contents).

Young women spoke about two kinds of abortions. The first kind of abortion is apparently performed with help from a close friend, while the other type of abortion, it is claimed, is made through drinking Coca-Cola mixed with Aspirin.¹² The first kind of abortion occurs as Maria explains:

When I am sure that I am pregnant, for example, between two weeks to one month I tell my close friend. She waits until I am relaxed, and bites me on the back. The next day, my menstruation starts. — Maria, aged 21.

Maria believes that the biting in conjunction with the fear damages the foetus.

While Maria's description raises doubts about how seriously these women want abortions, it does demonstrate the importance of a close friend in her life, someone who is willing to share the burden and even the responsibility of ending the pregnancy.

Bertina describes the second kind of abortion:

They [young women] put a bottle of Coca-Cola in the sun to heat up, and when it is hot, they drink it. Sometimes it is necessary to drink more than two cokes to cause an abortion. I heard that this kind of abortion is effective when the pregnancy is two weeks. — Bertina, aged 20.

Amélia, Bertina and Mariana believe that young men are not concerned about pregnancy because they see it as women's business. They feel free to assume that 'young women [the girlfriends] would only become pregnant if they wanted it'; this seems to be in line with Muanacha's assertion that a young woman might 'forget' to take her contraceptives if she wanted to fall pregnant. Yet clearly, the situation is far more complex than that. Sometimes young men do make token efforts to use *jeito*, and it is not clear that their female partner's preferences are being taken into account in the situation.

Although these young women talked about abortion, in general it remains a taboo topic, particularly among young women. Young women may expect to be sexually free, but they seem to lack even basic knowledge about their own bodies and their sexuality, and are not encouraged to learn more.

As we have seen from the foregoing discussion, young people's views on abortion and how they relate to fertility and sexuality can be problematic and sometimes unrealistic. The next section concludes this discussion.

Some Concluding Thoughts

This paper has provided an ethnographic approach to the perceptions of sexuality among young residents of Mafalala barrio. However, the results of this study should not be generalised to refer to the youth of Maputo in general, due to the complex and diverse background of these young people. The research can however be taken as a reflection of the issues currently faced by the youth with regard to sexuality and HIV/AIDS in contemporary Mozambique.

As discussed above, some of the young people's parents had after all moved from the war-affected areas of Mozambique to Mafalala barrio to seek better living conditions. Parents wished to see their sons and daughters married to a person that would respect their family's values. In this way, the family and the

network represent protection and hope for young people that contrast with the idea of 'unsafe sex' based on interpretations propagated by medical clinics.

Young people seem to find themselves in situations where it is difficult to implement the idea of 'safe sex', partly because of peer pressure, but also because of family pressure to start and build a family of their own because of a lack of employment. These factors produced sexual relationships for pleasure (the so-called 'rider'). We have also seen that in the past, their experience of sexuality was rooted in the family context, in which sexual activity was for the purpose of procreation rather than for pleasure. In this sense, too, sexuality was associated with heterosexual partners and involved penetration.

In conclusion, then, I think that HIV/AIDS educational programmes seem to be ineffective due to uncertainty in the family about educational campaigns. For example, the original prohibition of local practices and their subsequent recognition left a gap in their children's education. Many families still use ritual initiations or advice from the elderly to educate their children about sex, sexuality and moral issues. Because of this gap, I suggest that HIV/AIDS educational programmes need to use the language of the family and work together with elders to capture their attention and to help to reduce the spread of HIV/AIDS virus in Mozambique.

Notes

1. At the period of the fieldwork José Bambo was final year student in Social Sciences at Eduardo Mondlane University in Maputo, Mozambique. He finished his course in 2005. His grandmother lives in the Mafalala barrio.
2. The official market located within the barrio.
3. 'Machaca' means family in the Ronga local language of Maputo. Through dance and music Machaca disseminates information about the HIV/AIDS epidemic to youth living in and outside the barrio. Machaca has twenty-seven members and is attached to the Community Centre of Mafalala Barrio.
4. Timbila is a musical instrument similar to the piano, which produces a sound by using two sticks. It is considered world heritage by UNESCO since 2003.
5. At the time I was conducting this research, the Department of Social Anthropology at the University of Cape Town was debating the American Anthropologist Association's ethical issues.
6. The Population Services International is presently a National Non-governmental Organisation.
7. 'Tchunar' is slang to indicate someone who wears fashionable clothes.

8. The Population Services International wrote JeitO with capital 'J' and 'O'. In this paper I use the small letters for Jeito to mean a brand of condom advertised by the Population Services International.
9. Cenas is young people's slang for sexual intercourse. This word cannot be used between parents and children, but is only acceptable among young people.
10. Martelo means 'hammer'. It is a synonym for a man's penis in this context; this is contrasted to 'piriquito' which means 'lovebird' and is used for a boy's penis.
11. Although there is strong debate on abortion in Mozambique that has divided civil society into those one that would like it to be legalized and those that do not want it to be legalized. The debate is around justice and human right issues (Artigo 358 do Código Penal).
12. I did not find any supporting data for this particular information. Nonetheless, it is clear that numerous abortions do occur in Mafalala.

Acknowledgements

The Council for Development in Social Science Research in Africa (CODESRIA) and the Social Science Research Council (SSRC) New York sponsored the research. Thank you so much to the many young residents of Mafalala barrio that kindly shared their experiences about relationships and sexuality. Thank you to Bambo, my research assistant and Eurico for proofreading. To Pérola, Ofélia and Sandra for informal discussion around youth and sexuality in Mozambique. The views and opinions expressed in this paper are those of the author and are not necessarily shared by the sponsoring organisations.

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