Aspirations and sex: Coming of age in western Kenya in a context of HIV
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Chapter 5

“Playing sex”: Disease and risk

1. Introduction

The sexual intermingling of bodies has a powerful and ambiguous force in ‘Luo society’, as it underlies proper social conduct between spouses and is fringed with ritual prescriptions and prohibitions. The Dholuo verb riwo, which means mixing or sharing substances (like blood, sperm, food, milk, or chang’aa), to sustain life, fertility, or relationships, is central to what the people of Winam refer to as chike Luo (customary law). One aspect of riwo is sexual intercourse (riwruok) where bodily fluids are exchanged. In the moment of ‘sharing’ (riwo), two people become one (Geissler and Prince 2007: 129–130).

With great attention to chike Luo and generational relationships, riwruok is woven into the social fabric of everyday life, as well as into specific ritual events in Winam, particularly those related to fertility. For instance, when a child is born, the parents are required to have sex that same day; the day preceding the harvest or the eating of the fruits of the harvest also calls for riwruok. In such events, riwruok is a way of “finishing” a prohibition or ending a rule (kwer); any unfinished kwer or chike will dino yo (block the way) and lead to chira (a local illness resulting from violations of ancestral rules or taboos) (Prince 2005: 184–187). Although riwruok is preserved for married couples, this limitation has often been transgressed by unmarried young people, both in the past and today.

In this chapter, I describe and analyse how young people in Winam deal with disease and risk. During the 1990s, anthropologists critiqued epidemiological approaches that conceptualized notions of risk in an individualized way, arguing such approaches assumed that ignorance of risk-enhancing behaviour was the main cause of disease. During the 2000s, when I was conducting my fieldwork, many epidemiologists had become convinced that social, cultural, political, and economic conditions place entire groups in positions more vulnerable to disease. They agreed that AIDS education to increase knowledge of such risks was necessary but not sufficient to change behaviour (Trostle and Sommerfeld 1996: 260; Lindenbaum 1992) (see also Chapter 2). Taking
these developments into account, I argue that young people act pragmatically to avert the so-called health risks of sex, which they deem no more severe than other ‘health risks’, like malaria. I show in this chapter that sexual practices (i.e., coital penetration) among young people have not changed much in recent years: sexual experimenting continues to be perceived as very important for (unmarried) youngsters. Sexual activity is assumed: among the youth I studied, having a girl- or boyfriend meant that they were engaged in sexual intercourse.

The main argument of this chapter is that the way young people deal with the consequences of having sex has not changed significantly as compared to the past, in spite of all the changes that have taken place in the context of modernization and the HIV/AIDS pandemic. In earlier times, young people were taught how to avoid premarital pregnancy; during my fieldwork, they were also taught to avoid HIV. To minimize their exposure, young people use the tactic (De Certeau 1984) of “doing research” on their lover, especially on his or her sexual network, with a view to determining their chances of being exposed to the virus. They are aware that this tactic does not guarantee they won’t contract HIV, as my data illustrates. Young people’s pragmatic choices illustrate the tensions between their ‘situated concerns’ (Whyte 2002) and the long-term goals of public health agencies and organisations, as young people prefer to live in the uncertainty of AIDS.

This chapter examines the ambiguity of sexual relations and the related, gendered power discrepancies, which are then critically analysed in the next chapter on the transactional dimension of sexual liaisons. While the following chapter deals with the constellation of sex, love, and money, the present chapter seeks to understand what young people call “playing sex”, and the tactics they employ to avoid the ‘health risks’ caused by sex. Together, the two chapters demonstrate that not all relationships are about sex and money, and that love also has an important role to play.

I start off this chapter by explaining how sexual education happened during colonial times, based on the memories of Winam’s elders, the grandparents of the youth with whom I worked. I then explain how JoWinam interpret AIDS, and briefly discuss other modes of managing uncertainty, including dealing with chira, witchcraft, and evil powers. Although chira, witchcraft and evil powers were topics that extensively came to the foreground during daily life in Winam—which means that I gathered plenty of accounts on them—in this chapter I only briefly touch upon them to discuss how they can be seen as different ways of dealing with uncertainty, apart from AIDS. I examine why “playing sex” is so central to the young men and women of Winam, and elaborate on
young people’s tactics for avoiding ‘health risks’ associated with sex. Framing my analysis is an awareness of the risk of stigmatizing and exoticising ‘Luo cultural practices’, particularly in the Kenyan context wherein Luo people are often blamed for their ‘backwardness’ (see also Cohen and Odhiambo 1989). I eschew the notions of “African sexuality” and “Eurasian sexuality”, found in the much-criticized study of Caldwell et al. (1989: 195), which argued that having sex in Africa is as simple and natural as eating and drinking, and that ‘African sexuality’ is characterized by “permissiveness”. I wish to emphasise that “playing sex” is not a universal, natural fact, nor is any ‘culture’ static or homogenous as it is changing continuously.

2. Sexual socialization before the 1930s–1940s

The accounts of sexual practices in the past among the Luo people made by (colonial) ethnographers have to be viewed as products of complex historical processes, which are an entanglement of Christian and colonial influences (see also Setel 1999a). The literary writing of ‘the Luo past’ rely heavily on information given by Luo elders and elites who were trained in missionary schools, and who manipulated ‘tradition’ as a means of increasing their local control. Their observations on sexual education and marriage ceremonies were documented as if traditions were unchanging (Ranger 1983: 262–264). As I explain later on, it is as well a common phenomenon that older generations idealize the past and blame present-day shortcomings on the contemporary way of living and the younger generation. The memories of past sexual practices, related by the grandparents and parents of the youngsters whom I followed closely, were often shaped by nostalgia, which means that JoWinam’s narratives cannot be taken as objective indications of social reality. But this does not mean that no changes have occurred (Cole and Thomas 2009: 4–22). When people talk about the past, it is a way to mark a contrast with the present (Smith 1986). ‘Memory talk’ alerts us to the process of using certain elements from the past in order to interpret and comment on the present (see also White 2000).

According to the parents and grandparents of the youngsters with whom I worked, until about the 1930s, unmarried girls and boys used to be taught by the elderly people of their homestead about sexual matters. Interestingly, people who are required to show respect to one another, like parents and children, are severely restricted from discussing sexual matters, but such discussions were considered permissible when conducted by elders. The grandmothers and grandfathers typically used the sleeping areas, which were designated according to age and sex, for passing on information
relating to sexuality; information about growing up was also passed on to children while performing their domestic chores. Children stayed and slept in the same house as their parents until about the age of eight or ten. At that point, all the children of the same homestead were moved to sleep in the *siwindhe* (the hut of the grandmother or of an elder wife in a polygamous homestead)\(^4\) because they were growing into adolescents and parents did not want their children to watch them having sex. It was common that, out of respect, “the other body and intercourse ought not to be made an object of speech, [and] they must not be made an object of the gaze” (Geissler and Prince 2010: 233).

Older children stayed with either the grandmother or the elder wife, as long as they “*ma owuok e ria*” (had reached menopause). Several historical descriptions of ‘Luo social life’ emphasize that women whose husbands had died and who had gone through menopause were highly valued, and could perform certain rituals that nobody else could perform (Evans-Pritchard 1949; Mboya 1965). However, as Geissler and Prince (2004: 97) illustrate in their study on the amity between grandparents and grandchildren in western Kenya, “grandparenthood is not simply defined by generational position, but shaped socially in relation to gender”. While only women can make a transition from the social status from being a wife to a grandmother, from adult to old woman, they are free to choose when to redefine their sexual status. Geisler and Prince (2004: 98) give an example of how a mother who was still in her reproductive age, decided to ‘become a grandmother’ by abstaining from sexual contact with her husband in order to be allowed to take care of her granddaughter. Within ‘Luo society’, women in their reproductive age are believed to be very powerful and even potentially dangerous. For this reason, ‘Luo rules’ prescribe that children should avoid having contact with them otherwise *chira*—a serious illness—might affect them and their relatives (Parkin 1978: 149–151; see also Nyambedha et al. 2003b: 33).

Grandchildren also had a stronger, affectionate bond with their grandmothers than with their grandfathers in everyday practice, as children associate more with their grandmothers through childcare and socialization practices (Evans-Pritchard 1949; see also Geissler and Prince 2004: 97–98). In the *siwindhe*, girls slept near the elder wife or grandmother, and boys slept at the other end of the room. Girls were counted as mature when they began to grow breasts and pubic hair; they continued sleeping in the *siwindhe* until they married, when they would move to their husband’s home. Fearing that boys could impregnate girls in the *siwindhe*, at the age of 11 boys began to sleep in the *simba* (bachelor’s hut), which the eldest boy was supposed to construct within his father’s compound. After marrying, young men would demolish their *simba*, move from
their father's homestead, and start their own homestead. Once a boy had moved into the simba, his grandfather instructed him during evening meals before dusk, either in the duol (by the cattle shed, where the men sit and eat together and discuss customs and issues) or in the abila (the sleeping area for older men who have left ria, the active, sexual life).

In these designated places, the siwindhe, the duol, and the abila, girls and boys were separately instructed about the composition of the kinship lineage, the prohibition on marrying clan members, sexuality, and how to relate to the opposite sex before and after marriage. It was the task of the elderly women to explain to both the girls and boys the practice of chodo (non-penetrative thigh sex), a kind of premarital sexual play, in order to prevent pregnancy. A boy was taught to rub his penis between a girl's thighs and not to penetrate the girl since the exchange of bodily fluids between unmarried people was not permitted. The girls were warned to guard their virginity (ringruok) or protect the hymen (ringre) because girls were supposed to prove their virginity on their wedding day, as this was highly valued (Ominde 1952; Parkin 1973; Ocholla-Ayayo 1976).

According to Evans-Pritchard (1949: 229), during his fieldwork there was considerable sexual play before marriage, when young people would meet and experiment with chodo in the boys' simba:

Courtship and marriage are intimately connected with the custom of making love to girls (chodo) in the simba or bachelor's dormitory, the hut nearest to the entrance to a Luo homestead. Youths arrange with girls to visit them there at night [...]. If a girl comes from a distance to visit her lover she may spend several nights with him in the simba. A girl may have several lovers in different homesteads whom she visits from time to time; she pleases herself in these matters. The young men will not quarrel about her, nor will her father and brothers interfere in her love affairs.

However, some of the observers of that time remarked that sexual contact before marriage was restricted for young women who had to avoid social censure, whereas young men enjoyed much greater freedom (Evans-Pritchard 1949; Ominde 1952: 37–38; Blount 1971). Ominde (1952), however, also noted that during colonial times it was also a source of worry if a young woman did not associate with young men since the main desire of the parents was to see their daughters married. Daughters have a higher economic value than sons since parents receive a bride price when their daughters marry. But since daughters move to their husbands' homes upon marriage, parents might invest more in sons who are expected to remain close to their parents, and to support them into old age. As a result, in the past, parents often looked the other way to give both boys and girls a certain amount of freedom to be together, based on the assumption that they would engage in chodo (Ominde 1952: 37–41). Young women who
became pregnant during that time were usually forced to marry an older man with a number of wives; a premarital pregnancy meant that a young woman could never become a first wife and therefore would fetch a much lower bride-price. This was seen as a punishment and a lesson to other young women (Ominde 1952: 40–42; Ocholla-Ayayo 1997: 115–116). If a clan member was responsible for the pregnancy, the couple could be exiled (Ominde 1952: 40–42).

According to Cohen and Odhiambo (1989), Blount (1971), and some of the parents and grandparents I interviewed, the practice of chodo had probably been abandoned by the 1930s–1940s. Christian missionaries, under the Anglican Church in central Nyanza Province, which was dominant at that time, had played an important role in reshaping courtship practices and marriage (see also Geissler and Prince 2010). They banished initiation practices and polygamy, and denigrated sexual practices, such as chodo and discreet extramarital affairs. They promoted monogamy as a way to become a true Christian (Ranger 1983; Arnfred 2004; Thomas 2009). Although the ‘traditional’ system of sex education may have suffered from these changes, and many young people at the time of my fieldwork got their sexual knowledge mostly from peers, (pornographic) magazines, TV, and movies, certain aspects of the cultural heritage still exist, such as the importance of the pim, siwindhe, simba and the abila. These ‘traditional’ practices have been transformed with new circumstances and new generations: Mannheim’s (1923, cited in Cole 2007: 78) concept of ‘fresh contact’ explains how young people change older practices, because they have “a changed relationship of distance from the object and a novel approach in assimilating, using and developing the proffered material”.

It is a common phenomenon that parents and grandparents imagine their past as having been more positive than the present. The parents and grandparents of the youngsters I worked with, for instance, criticized the younger generation for beginning sexual relations at a younger age than in the past, even though they also recalled that young people traditionally practiced chodo before marriage. Stewart (2001) refuted similar common-sense ideas held by grandmothers in western Uganda with demographic evidence, demonstrating that the age of sexual debut had not changed much since the 1960s. Some Winam grandmothers hold young people responsible for more premarital pregnancies than in former times while others recalled that there were many children born out of wedlock in their time, as well. The 2003 Kenyan Demographic Health Survey (KDHS) has documented an increase in the age of (first) marriage and first birth over the years, which could suggest that there is quantitatively more premarital sex nowadays: because the
sexual experimental phase is prolonged, young people have more sexual partners before marriage. The KDHS (2003: 86) also found a slight increase in teenage pregnancy, with the proportion that have begun childbearing in their teen years rising from 21 percent in 1998 to 23 percent in 2003. On the other hand, anthropological accounts from the 1930s and 1940s (for South Africa, see Hunter 1936 and Shapera 1940) noted an increase in ‘illegitimate’ children born at that time (see also Cohen and Odhiambo 1989 for Kenya). Hunter (1936) and Shapera (1940) related this to the inability of African parents to control their children, while school-educated Africans blamed the problem on missionaries who had denounced the premarital practice of chodo, leaving young people with little alternative to sexual intercourse (Hunter 1936). Since premarital pregnancy was no longer an exception any more, according to Ominde’s (1952: 40–42) experiences, a change in attitude towards pregnant young women occurred after the 1930s: both mother and baby were welcomed in the maternal grandmother’s home. In interviews, some grandmothers confirmed that when they were girls (around the 1940s–1950s), becoming pregnant did not have a bad connotation, and a pregnant young woman was described as someone who “had an accident” (ochwanyore), and becoming pregnant was perceived as a “gift from God”. In the 1970s, Parkin (1973) and Ocholla-Ayayo (1976) reported that premarital pregnancy was no longer considered a disgrace because it was so common. Even though children born out of wedlock were ‘a gift from God’ and no longer a disgrace, women were still stigmatized as they were supposed to live up to certain moral standards (Ominde 1952); girls and young women were encouraged to remain virgins until marriage while young men could be sexually active. This paradox encapsulates the double standard of gender inequality that still persisted during the time of my research.

While chodo might have ceased to be practiced, it does not necessarily follow that premarital sex occurs more frequently at the time of my research as some parents and grandparents maintain. By idealizing the past and presenting young people’s ‘immoral sexual behaviour’ as a contemporary phenomenon, the older generations ignore that when they were still young, they also enjoyed having love affairs. And the fact of premarital pregnancy makes clear that youngsters of past generations had penetrative sex, just like the youngsters with whom I worked. What has changed, then, is not “the sexually playful nature of youth” (Cole 2007: 84) but the fact that youngsters ‘today’ are more mobile, less involved in subsistence agriculture, and highly attracted to sophisticated, consumer goods. These changes are part of the ‘modernization processes’
that have taken place on the local and the global level, to which the parents and grandparents of Winam attribute the “many deaths of today”.

3. *Piny okethore* (the land is spoiled): *Chira* and *AIDS*

In the context of these social changes, many parents and grandparents of the youngsters whom I came to know felt that they have lost their grip on the youth (see also Ocholla-Ayayo 1997: 111; Geissler and Prince 2007: 11–12). The expression “*Piny otho*” (the land is dying)—meaning the people as well as the land itself—was often said aloud in Winam during my fieldwork, as was “*piny oloko*” (the land has changed) and “*piny okethore*” (the land is spoiled) (see also Prince 2007: 85–86). They believed that modernization processes, which facilitate high mobility and encourage a desire for consumer goods and town life, have influenced young people’s sexual behaviour. They perceived that ‘today’, more than ever before, young people in the prime of their productive life are dying.

Different reasons were given to explain why so many relatively young people are dying. Many JoWinam associated it with the fact that people are now more connected to the outside world, which has introduced new, sophisticated lifestyles and technologies. The new connections to the outside world were not directly viewed as a positive improvement into people’s daily lives. People condemned the introduction of the car: “The white man brought the car, which was to help us, but is now killing us”. According to JoWinam, high mobility and globalization, and the resultant increased desire for consumer goods and city life, has caused disconnection from ancestral land and *chike Luo*.

While it is common for people to idealize the past, the specific complaints about ‘today’ are informative. (Note the many ways to refer to ‘then’ and ‘now’). According to JoWinam, *mar kwechewa* (in the time of our grandparents), “there was plenty of cattle, milk, and food—because those days, people worked hard on their *shambas* (fields)”. *Mar tinende* (today), young people prefer to earn “quick money” (cash), but there are not many jobs. *Mar chon* (long ago), “young people would listen to their parents and would respect elderly people, whereas nowadays they hardly ever do”. *Mar jodongo* (in the time of the elders), most illnesses could be treated with traditional herbs, even syphilis and gonorrhoea could be treated. *Mar kawuono* (today), “not all STIs are easily treatable because some recur”, and “there are many foreign, strange diseases like AIDS”, which cannot be treated with traditional herbs. HIV/AIDS was perceived as a foreign disease that came from Europe and America, which was hard to cure with traditional medicine.
One of the jayath (traditional herbalists) around Dhonam said that she has not found a remedy for AIDS, telling us: “It is a bad disease because once you treat one illness, another one comes in, again making its treatment tricky”.

Even though death is a rite of passage, a transition to another state of life, and the beginning of a journey to the land of the ancestors, the Luo people do not accept death as a natural phenomenon. Rather, it is seen as “a strange unnatural intrusion in the normal sequence of events due to violence, hatred, grudge or malpractice of sorcery, which tend to reveal human failures” (Ongang’a 1998: 225). Although many deaths in Winam are caused in biomedical terms by HIV/AIDS-related illnesses, most people attribute the deaths to chira. The symptoms of chira are the same as for HIV: becoming thin, getting diarrhoea and “the hair becomes like that of a baby”. Yet, if they would do the HIV test, the issue should become clear as the jayath (traditional herbalist) explained us: “when you would do the HIV test you will see that the person was negative and thus his death was caused by chira”. Against chira, people usually use manyasi (traditional herbs) to get healed.

Like in countless other parts of Africa, most of the deaths and illnesses that occurred in Winam are actually understood outside the biomedical facts of HIV/AIDS. Besides chira, witchcraft and djinis (spirits or evil powers)\textsuperscript{14} are also believed to be the cause of many deaths. It was often said that if you build a nice house in your home area, you certainly will get bewitched and eventually die from it. Jealousy and conflict might lead someone to consult a jadangla (sorcerer) and ask him to kill or harm his/her enemy by using charms. Other people make use of djinis (evil powers) to inflict harm in order to get wealth, offering human sacrifices to the spirits. It is believed that if you do not sacrifice enough to the spirits, they can kill your family and make you poor, and your children will not prosper. People seek advice from medicine men when they feel they are a victim of witchcraft or djinis, such as traditional herbalists (jayath) and ‘strong people’ (jateko), who have the ability to consult the spirits and tell what is wrong with a person. The ones who are ‘Saved’ (born-again, evangelical Christians) do not believe that chira, witchcraft, or evil powers will affect them because they believe in God’s power and protection. ‘Saved Christians’ will explain illness and death in biomedical terms, pointing to malaria, typhoid, or pneumonia to explain why somebody is ill or has died: they never, however, publicly said that somebody died due to HIV/AIDS (see also Prince 2007).

The silence around naming HIV/AIDS as the cause of death was widespread. While some JoWinam did privately confide to me that a certain person died of HIV/AIDS, in public, as for example during funeral eulogies,\textsuperscript{15} it was often said that the deceased
“loved women”, “was a lifist” (a person who has many extramarital affairs), or “had been seriously sick the last months”. Anyone who named HIV/AIDS as the cause of death would be seen as disrespecting the surviving family and friends, who would be stigmatized if it became known that the deceased had died of AIDS. Dying of chira or witchcraft is not seen as negatively; the deceased person could not be blamed for the cause of his death, since there are so many Luo rules and so many witches that it is impossible to be aware of all of them. Blaming chira or witchcraft protects the deceased person and the surviving family and friends, but it also reinforces the stigma attached to HIV/AIDS.

The Comaroffs (1993: xxx) have suggested that blaming witchcraft is a way of dealing with uncertainty and the ambiguities of modernity. However, in her book, Questioning Misfortune: The pragmatics of uncertainty, Whyte (1997) argues that uncertainty is not a product of modernity, as uncertainty has always been among us. She states that “AIDS creates doubts and worry, but so do other afflictions”, and explains that, among the Ugandans she researched, while “sorcery and spirits involve a meaningful plan of action for dealing with uncertainty, the idea of AIDS does not” (Whyte 1997: 205). There are modes of dealing with witchcraft, but JoWinam see no way out once someone is infected with HIV, since during my research, ARVs were still a distant dream.

Having HIV or dying of AIDS is stigmatized not only because the individual is blamed for his/her ‘immoral’ behaviour, but also because it questions the identity and HIV status of the entire family. Dying of AIDS is not only considered shameful because of its association with adultery and unprotected sex, but because AIDS affects some of the most productive members of society. Moreover, AIDS is special because it directly affects that what is most dear to humans: intimacy and reproduction. Therefore, deaths attributed to AIDS are perceived as bad or undignified. A ‘bad death’ is “a death which comes too early, which terminates the life of someone who has not yet completed his course, who has not yet come to full maturity” (Van der Geest 2004: 904). In addition, “those who die of AIDS or related illnesses are assumed not to have a chance of life-after-death, because what is condemned in life is also condemned in the world of the dead. In consequence, death from AIDS is seen as a “permanent death” (Nzioka 2000: 2). In Winam, general talk about HIV/AIDS is permissible, but naming AIDS as the cause of death is avoided, due to fear of stigmatization. Instead, death is mainly attributed to chira, witchcraft, and evil powers, however, at the same time, the existence of AIDS is not underestimated.
4. “Playing sex”

In a context where many deaths are attributed to AIDS, young people in Winam—just as in the past—continue to explore masculinity and femininity through “playing sex”, the phrase they use when they refer to having sex. The use of the verb “playing” implies that sex is just a fun game, something done by children: it is also misleading, since it implies there are no serious consequences. The phrase itself suggests that the serious possibility of contracting HIV/AIDS is not taken into account.

Onyango, a 17-year-old student in secondary school, told us the story of his nephews, Boy and Juma, and his stepbrother, Joel, who “played sex” with various girlfriends. For these encounters, they met up their niece’s empty house (she was away living in Nairobi), which was situated outside their father’s compound, close to the market centre of Dhonam, far from parental control. Onyango wrote in his diary:

From the lake, I go to sell sodas near the butchery. After some time, Boy comes to me and asks me to play draft (checkers). As we are playing, he tells me that he has a visitor [a girlfriend] so he asks me for the key to my room. I win the game because he is not concentrating. He is only thinking about his visitor. He tells me that I should not inform his other girlfriend Rya about his new girlfriend. He also tells me not to come too early to the house because he plans to leave late.

After two hours, Boy’s girlfriend Rya comes to me and asks me where Boy is. I tell her that Boy is playing draft with other guys near the butcher. She tells me to go and call him but I refuse because I know very well that Boy is not there and I do not want to tell her where Boy is. “Give me your key. I want to go and take my newspapers,” she says to me. I lie to her saying that I left the key at home. She leaves angrily and says that she will come back later.

After Boy has cleared (i.e., has had sex) with his other girlfriend, he comes to me and buys the girl a bottle of soda.

At around 4:30 pm, my former classmate Marie comes to the soda depot. Marie sits next to me. I ask her about her school. Soon after, Joel starts talking to her. They make stories and laugh loudly. When Joel starts to introduce the topic of friendship, she looks into my eyes. Joel notices and says: “Onyango is not concerned about our love, it is upon you to decide”. I signal to Joel and whisper to him that Marie has already been booked by (i.e., has a relationship with) our nephew Juma. Joel is really annoyed but he has to bear with the situation.

After that Juma arrives and asks me if I have already informed Marie. I have but ask Juma to wait for me a bit. After that, I leave with Juma and Marie to the cinema. When we reach the cinema, Juma tells me that he has some secret words to discuss with Marie. Therefore, I leave them alone so that they can discuss their issues in my absence. They discuss and Marie agrees to visit Juma that night. Juma calls me and asks me to escort them to my house. After I have escorted them to my house and have left them there, I go back to the cinema. After Juma and Marie have shown their love to each other in my room, Juma escorts Marie up to her home and comes back to the cinema. He finds me in the cinema and informs me that he has escorted Marie. I ask Juma if he had sex with Marie and if it was protected sex or unprotected. Juma tells me that they have played sex but that it was protected sex.
“Never have unprotected sex with your partner”, I told him. Juma is happy and appreciates me because I am a good friend to him. He tells me that Marie promised to visit him again, before she leaves for school. After the cinema ends, Juma and I go home to bed.

Young men and women in Winam “played sex” in places that were easily available and conveniently located, in places, like the niece’s house, that were both hidden and at the same time very public. Onyango’s room close to the market centre was often ‘rented’ by his male friends, so they could have sex in a place away from their own home; as explained before, out of respect and according to Luo rules, having sex deserves privacy, “no speech or gaze” (Geissler and Prince 2007: 130).

Sexual experiments among young people are very common in Winam. They are a way to know the opposite sex and are perceived as an important aspect of life, especially as part of becoming an adult. While “playing sex” is thus a sign of adolescent maturity, it is differently perceived by young women and young men since sexual relationships in Winam are clearly marked by gender inequality, as I explain in the following paragraphs.

4.1. The importance of “playing sex” for young men

According to the young men with whom I worked, they needed to explore having sex while they were young so that by the time that they married, the urge to have many sexual partners would be “exhausted”. Many young men felt that they needed to have a girlfriend otherwise they would lack experience common among their age-mates, and their peers would laugh at them. When I asked Omosh, a 16-year-old young fisherman and musician, why he felt he needed to have a girlfriend, he explained:

To experience what others encounter. You must know how to associate with girls and if you don’t learn how to associate with girls then you will encounter some problems in future, such as you won’t be able to face a girl or a wife directly because you have never learned to talk to girls when you were young (informal conversation, August 2005).

Many of the young men I interviewed grew up believing that their male identity was defined through sexual ability and accomplishment (see also Silberschmidt 2001, Simpson 2009). Just as Simpson (2009) found, the young men with whom I worked told me that newly enrolled students at boarding schools had to have convincing stories of sexual experience, otherwise they were mocked. If a young man did not have sexual relations before marrying, he was often viewed as abnormal or “weak”, and not only by his peers, but also by his parents and neighbours, who would gossip about how he was not showing interest in young women or was unable to attract them. Thus, not only do
young men experience ‘peer pressure’ to prove their masculinity, but also ‘relative pressure’ from parents and relatives to engage in sex. It was therefore in the young men’s interest to prove that their attempt to seduce a certain young woman was successful, and young men who had many girlfriends liked to brag about it, because they believed they had “seducing power” to conquer many hearts and to make women give in to them. When they failed to conquer a certain woman, they did not easily give up. A young man might even force a young woman to have sex with him if she continued denying his approaches. Although forced sex and rape are certainly not acceptable in Winam, if a young woman complained to anyone about it, she might well be blamed for attracting the man. When a man did not win the heart of a certain woman, some men comforted each other by comparing women with matatus (local buses): “Girls are just like matatus: if you miss one, you get two”, which meant if you miss the first woman, you can catch another one because there are many girls and young women around.

Many of the young men believed that they were in a position to demand sex from their partners whenever they wanted in order to “reduce the heat” they felt. They did not want to hear that their girlfriend was tired: “I want to have sex when I ask for it because that is why we are sexual partners” (Okoth, 19 years old, focus group discussion, June 2006). Young men believed that their sexual lust (luma) could hardly be controlled, as Josh (19 years old) said: “There is no way I can control myself. Something has just driven me crazy. That space (the vagina), madam, let me just occupy it” (focus group discussion, June 2006).

Young men described having sex as “having fun” (raha) and getting happy. Some of the young men also preferred to have sex with a “smart” (i.e., attractive) woman as the woman’s beauty would make them even happier during sexual intercourse: “She has to be beautiful—not so dark in colour, with a nice butt and breasts and nice legs which I can look at and get happy” (Peter, who claimed to be 23 years old but was probably older, informal conversation, September 2005). In contrast, some of the young men said that they prefer to use unattractive women “to relieve their tension”, but do not have ongoing sexual relationships with them. Another reason for having sex with ‘ugly’ women was that young men assumed that they had less chance of being HIV infected, since not many young men wanted them because of their ugliness.

In addition to the pleasure of sex, young men also described it as the ultimate way to release stress and to forget about their sorrows. Onyango for instance, wrote in his diary that one of his peers from secondary school said that life was incomplete if he did not have a lover with whom he could have sex: “I cannot lose Trina and stay lonely
like a widower. If you remain without a lover then life is incomplete” (Onyango’s diary, November 2005).

Sex is thus at the essence of a relationship: it is the very reason why a young man is with a woman. But notions of men as irrational and filled with uncontrollable biological urges are a discursive construction, and these change over time. Simpson (2009), who did longitudinal research in Zambia on male sexual behaviour from adolescence until adulthood over a period of almost 25 years, highlights that boys who are sexually inexperienced often feel anxious about failing in their performance of sexual intercourse and fear not being accepted among their peers; he argues, further, that the literature does not sufficiently attend to this phenomenon (see also Silberschmidt 2001). Simpson (2009: 7) posits that for many of his former students, the risk of failing to act like ‘real men’ in their sexual lives was sometimes perceived as greater importance than any actual health risk.

To conclude, the importance of “playing sex” stems from peer pressure and to a small extent relative pressure, which frames sex as an important part of masculinity, general wellbeing, and happiness. In a context where the dominant discursive construction of masculinity is based on sexual ability and experience, there is consequently little room left for young men to talk about emotional attachment to young women. My data illustrate that young men struggled to live up to this ideal image of masculinity, to not show any emotions, and to act as the main provider. (In the next chapter I elaborate further on the challenges that men face).

4.2. The importance of “playing sex” for young women

As in the past, young women are expected to refrain from (penetrative) sex and to remain virgins until marriage since, for young women, sex is linked in social norms to procreation. While young women enjoy experimenting with sex just like young men, the social and cultural context demands they ‘play the innocent’ and keep their sexual desires silent. Female chastity is the social norm and sexual pleasure for women is unthinkable, as Arnfred (2004: 7) explains: “female sexual desire in particular […] has generally been in a context of or with undertones of moral condemnation”.

During my fieldwork, I found that even though many of the young women engaged in premarital sex, it was very hard for a young woman to admit that she was engaging in sexual relationships and even more so to confess that she actually enjoyed having sex. Since Elisa (19 years old and a primary school graduate, informal conversation, August 2006) was already a (divorced) mother, it was more acceptable for
her to openly share her experiences with sex with my research assistant and me. She said sex was “something once you have tasted and discovered that it is very sweet, you cannot leave it”.

However, if unmarried women dared to openly admit the “sweetness” of having sex, they were easily perceived as “bad girls” who “ging’eyo mang’eny” (know a lot) and like raha (having fun). Moreover, when young women “gihero bayo bayo” (love roaming around) and were often seen in public with a boyfriend, JoWinam assumed that such women were having sex because they were interested in receiving money and gifts. JoWinam often referred to such women with the insulting term “ochot” (prostitute).

While young men were permitted—even encouraged—to have sexual relations with several women, young women were called ochot when they engaged in sexual relationships, highlighting the gendered normalization of inequality in Winam.

There was a group of women that were nicknamed “the having-fun girls”. They listened to secular music and enjoyed going out to different places to meet up with different boyfriends with whom they could engage in sex. The “having-fun girls” had sex because they liked having fun, and not because they needed money, like the “dot.com girls” (see previous chapter). According to Alice—a 20-year-old young woman who was waiting to get admitted to college—“having-fun girls” who had children usually left them at their parents’ home and continued “with their business (of dating boyfriends and having sex)”. Sometimes the child remained alone while the mother was meeting a boyfriend elsewhere or was at a disco matanga. From time to time the children were even given sleeping tablets to make the baby sleep until the mother got back home. MinMercy, who was 15 or 16 years old when we first met, told us about one case in which a baby actually died while the mother was out visiting her boyfriend: she was gone the whole night and returned home at 5 p.m. the following day, only to find her child dead. Another female youngster, Phyllis (18 years old, with two children from two different men), who got pregnant for the first time when she was in Class 6 of primary school, did not leave her children alone while she met up with boyfriends but did leave them at her mother’s place. She explained her behaviour by saying: “Raha ne omaka” (fun had taken me). Phyllis actually travelled all over Winam to visit different boyfriends, and when we tried to find her at home her mother could only inform us that “Phyllis went to visit a girl in Ramba” or “Phyllis is lost in Seme”. One day, we found her living in a rented house in Ong’ielo, the village next to Dhonam. She insisted she was “just visiting a friend” but later admitted that she was “trying out” a fisherman from Seme. Phyllis was known around Dhonam for having lots of different boyfriends, and
because she was often ill and her lips were discoloured, JoWinam gossiped that she might be infected with HIV.

Just as for young men, the importance of sex also is relayed to young women through peer pressure and to some extent relative pressure. A young man who is interested in a certain girl or woman will attempt many ways to seduce her, including giving her gifts. Young women do not directly pressure their female peers to engage in sex with young men, but by showing off gifts received from boyfriends, other young women realize that they better also look for a boyfriend in order to receive such gifts. Not having a boyfriend may also be an indication to others that the young woman is not perceived as beautiful.

Adhis (20 years old), a strong follower of the Anglican Church which emphasises the importance of chastity, explained that she associated having sex while still being in school with doing something wrong. She imagined that she would not only feel guilty but would regret it since she would have to bear the consequences of taking care of a child born out of wedlock, and she feared getting STIs. Petronella asked Adhis what she thought of premarital sex, and she responded:

I think that it is risky. First of all, to start with in secondary [school]—the girls who already had premarital sex already have children. So at times, they don't have a clear conscience, so you are guilty of doing something wrong, so maybe it will haunt you, it will just haunt you: “Why did you do that?”

Secondly, maybe you have kids out of wedlock, it is also not a good thing having a kid out of wedlock. I always say that, I promised myself that I will never ever have a kid out of wedlock because . . . [if] I marry someone who is not the father of my kids, how will I expect him to love these kids? So that is why I hated it. There is also the risk of getting STIs, especially HIV/AIDS (in-depth interview, May 2006).

Adhis recalled how her uncle “caned her” after she had exchanged greetings with her boyfriend when she was in primary school:

I can remember, there is a day my uncle saw me with him, I think that is what put me off from him. Then I was [dating] Mike, my uncle’s kid, and I saw him. We were walking with Mike then we exchanged greetings then my uncle saw me, then my uncle caned me. I still have that mark with a metal. Just greetings! I was so much annoyed!

Sex is as important for young women as it is for young men, but the behaviour of young women is subject to a different moral standard when compared to their male peers: young women’s sex lives are seen through a lens of immorality and sin whereas those of young men are not. Sexual relations are thus Janus-faced for many young women in Winam, causing a combination of contradictory feelings of guilt and pleasure: on the one hand, they feel pressured to conform to the moral standards of remaining
chaste, and on the other hand, there is the temptation of sexual satisfaction and gifts, and the desire to have their love returned. Young women manage to find creative, tactical ways to express their sexual and loving desires, and to arrange to receive the gifts they desire (see next chapter). In particular, it is easier and more acceptable to confess an emotional attachment to a young man than to admit ‘sexual lust’. The art is in finding a good balance between the contradictory feelings of guilt and pleasure, or at least hiding the pleasure of sex from the public.

In sum, “playing sex” is a central aspect of young people’s growing-up in Winam. During this phase of sexual experimentation and courting, peer pressure is very high as both young women and men are expected by their friends to enjoy a certain amount of sexual freedom. For most, sex before marriage is to be enjoyed, but for some religious youth, it is sinful behaviour for which they expect God to punish them. Gendered social norms make a difference concerning the role of sex: young men are expected to prove their virility; young women are supposed to remain chaste. Through “playing sex”, young people continuously challenge but also reproduce the existing power relations and dominant constructions of gender roles. There are paradoxical consequences: sex can create new life and even economic security for women, be it only temporarily, but it can also take life away and ruin livelihoods and future prospects. In a context where sex is ubiquitous and ambiguous, there is a notable ambivalence among youths about its consequences and risks, as we will see in the following section.

5. Young people’s tactics for avoiding the ‘health risks’ caused by sex

While premarital sex commonly happens in Winam, it is culturally inappropriate to acknowledge or talk about it, except among peers. The practices of self-silencing and the ‘secrecy’ (Hardon and Posel 2012) of young people are a form of respect towards their parents and grandparents. Researchers in other parts of Africa have found similar practices, including Bochow (2012), for example, who documented that young people in Ghana do not talk about sexuality in front of their parents as this would indicate a disregard for the rules of respect and the hierarchies on which they are based. In addition, secrecy about sexual relationships is also encouraged by Christian churches and HIV/AIDS prevention campaigns, which both stress sexual abstinence before and fidelity within marriage. However, in both present-day Winam and in earlier times, as in many other places, abstinence and chastity do not make sense for many young people.
They enjoy the pleasure and the benefits that they gain through these sexual relationships: feeling like an adult, gaining peer approval, and expanding their livelihood networks. Notably, this does not mean that they do not understand that having sex involves ‘health risks’: they are aware that they need not only to think about pregnancy but also HIV, and they do so in a pragmatic way.

5.1. Avoiding premarital pregnancy and its consequences

Although procreation, fertility, motherhood, and children are highly valued among married couples, many young unmarried people simply wanted to experiment with sex without getting pregnant, especially while in school or having urban aspirations. Having a child born out of wedlock could only hinder their future plans. Many pregnancies of the youngsters that I studied were therefore often perceived as being ‘unwanted’. Van der Sijpt’s (2011) study of how women deal with ‘pregnancy interruptions’ in eastern Cameroon shows that it is unhelpful to categorize pregnancies as ‘unwanted’ or ‘wanted’ because it hinders a deeper understanding of women’s ambiguous experiences of interrupted fertility. While at a certain moment of time, a pregnancy might be ‘wanted’, at another moment during the pregnancy it might be ‘unwanted’, depending on the circumstances. A pregnancy might be considered “a hindrance to an urban future” or it might be a way to stabilize a certain sexual relationship with a financially capable boyfriend. Although I agree with Van der Sijpt’s (2011: 163) finding that “the desirability of fertility is often contradictory, temporal, and situational”, in this section I focus on how the youngsters with whom I worked tried to avoid premarital pregnancy; for most of them, it was often an undesirable outcome.

During my fieldwork, the Luo expression used for getting pregnant was “omako ich” (she has gotten another stomach), which has a negative connotation. The poor economic situation made it harder to provide for all the additional mouths to feed. Unlike a few decades ago, premarital pregnancies were no longer perceived as a “gift from God” or as an “accident”, but rather as an obstacle to a family’s progress. Babies born out of wedlock were another burden on top of the many bedridden HIV-infected persons, and the orphans left behind. Many young people who were engaging in sexual relationships were concerned with avoiding pregnancy, especially while still being in school, when they had no financial means for taking care of a child. Girls and young women particularly were afraid that a premarital pregnancy might scare off their boyfriends and would not bring any improvement in their livelihood. Moreover, they believed that having a baby born out of wedlock would “deny the praise of a young
woman”, or ruin her reputation. Their fear of becoming pregnant was actually stronger than that of becoming infected with HIV; pregnancy is noticed within a few months, but HIV/AIDS is perceived as a problem in the long run, as only half the people with HIV develop AIDS within 10 years after becoming infected.

5.1.1. Difficulties in avoiding premarital pregnancy

The first way to avoid pregnancy is the use of contraceptives. Birth control methods, such as condoms, pills, and injections, were available and free of charge in Winam, except for intra-uterine devices (IUD). Although these services existed, the youngsters I worked with found the nurses at public hospitals not ‘youth friendly’, because some of the nurses refused to attend to women who were not accompanied by their male partner. In this way, local hospital staff in Winam reaffirmed patriarchal control and left a number of young women without care. The Contraceptive Prevalence Rate (CPR), measured in the 2003 KDHS, shows that the 35–39 age group has the highest use of contraception, with 48.7 percent, and the lowest level is among the 15–19 age group, with 15.2 percent.

In the past, health providers such as Family Planning, an NGO that offers sexual and reproductive health information and services, used to recommend condoms only for married adults who wanted to limit the amount of children; the youth therefore did not see this NGO as a resource, telling me “Family [Planning] is only for married couples”. The policies of Family Planning changed in the 1990s, but many young women were still misinformed (i.e., they believed that their boyfriend’s presence and his signature was required or that only married couples were treated), and did not dare to inquire about their rights or about contraceptives (see also Rutenberg and Watkins 1997). Even when young women had a chance to escape male dominance in sexual relations, a number of factors stood in their way, such as unwelcoming nurses or exclusive policies. As a consequence, some of the young women left control of their fertility and sexuality in their male partners’ hands. The following conversation with MinMercy, a young woman about 15 or 16 years old who dropped out of primary school in Class 6, illustrated this:

Petronella: Now that Mercy (her daughter) is big, when do you plan to get another baby?
MinMercy: Not now (laughing). I cannot become pregnant now, Mercy is enough.
Petronella: Are you using pills or the injection?
MinMercy: I wanted to go to Family but Ochien’g (her husband) refused.
Petronella: You may become pregnant again. Why don’t you use the pills?

MinMercy: Ochien’g refused because if you use those pills, you would get thin and maybe not be able to have more children.

Petronella: Why don’t you go to hospital and inquire because I think it’s the doctors who advise us on the best option to take.

MinMercy: It would be difficult because normally they prefer that one goes with the husband but Ochien’g might be against it, yet the husband is required to sign some consent forms... If I do not use Family, I can become pregnant now?

Petronella: It is possible, so maybe you could use the safe-cycle method (informal conversation, November 2005).

It would be hard for MinMercy to convince her husband to obtain contraceptives, as this would be very unusual, especially because they already have a child. But MinMercy was not happy with her relationship with Ochien’g since he did not meet her expectations of a financially capable husband, and she wanted to leave Winam. Another baby would make this extremely difficult.

The conversation with MinMercy also illustrates that a number of young women and men believed that contraceptive pills and injections make women infertile, fat, or skinny. Consequently, very few unmarried women admitted taking contraceptives, and in some cases, contraceptives were used only after having experienced the consequences of unprotected sex. Since few unmarried young women acquired contraceptives and many of them feared side effects, premarital pregnancies happened fairly often. In sum, avoiding premarital pregnancy was made difficult by youth-unfriendly services, misinformation about contraception use and availability, and male dominance. As a consequence, for some young women in Winam abortion was their last and only option.

5.1.2. Abortion as the last and only option

Kenyan law forbids abortion, and health centres sometimes portray it as murder. Anti-abortion messages from the state and the churches can be graphic: a poster on the wall of Yeshica, the HIV/AIDS prevention project in Winam, depicted a standing girl, crying as her stomach is being cut with a saw to remove a fully developed baby. Being illegal, abortions in Kenya are more expensive than in other countries (e.g., South Africa), where they are sometimes state- or donor-funded, and free for patients in need.

Despite the moral pressure, risks, and costs involved, some of the young women that I followed saw no other option than “removing” or aborting the foetus because of the burden that a baby would cause. In a context where many HIV/AIDS messages urged young people to abstain or at least to use a condom, pregnancy made young people’s
sexual activity and their ‘immoral behaviour’ visible. Young people felt highly ashamed and feared their parents’ reaction. According to Akinyi’s grandmother, some youngsters even committed suicide once they realized that they were pregnant:

Akinyi: Did parents not quarrel with girls who became pregnant before? Maybe the girls did not say that they were pregnant because they were scared of the parents?

Grandmother: Nowadays, there is much more gossip and bad talk about those who become pregnant [than before]. Nowadays parents quarrel with their daughters, but when some of the children committed suicide, some of them stopped quarrelling. I can give an example of a girl who became pregnant and hung herself because her mother was quarrelling. The girl's father somehow tried to talk to the mother to forgive the girl but the mother continued quarrelling and the girl took the decision to kill herself. Another example is of a girl who became pregnant and took a lot of quinine: she mixed all the tablets with water and drank it. She died after taking the mixture (in-depth interview, March 2006).

Not only did some girls or young women feel personally ashamed but they were also blamed for bringing dishonour to their entire family. In these cases, it was sometimes the young woman’s mother who decided to take her daughter to the hospital to avoid the shame of a pregnancy. A third reason for choosing abortion, besides escaping the economic burden of another child and avoiding societal shame, was that young women feared they might be unable to find another partner. With a child born out of wedlock, some women expressed that they no longer felt “marketable” since they would lose out in competition for a man against girls or women without children. Elisa—a young, divorced, 19-year-old mother—described a woman in such a situation:

She must have conceived this [child] after leaving her husband, and she tried to abort, maybe, because it spoils her marketability (kethone market) for getting younger men, maybe she loves younger men. It also denies her praise (kethone sifa) (informal conversation, August 2006).

Whatever the motive may be, once a decision was made not to keep the foetus/child, young women first sought advice on how to abort from their female peers. The most common method for abortion was ingesting very large doses of black tea leaves or swallowing a large quantity of washing powder (see also Koster-Oyekan 1998: 1306–1308). Others used traditional herbs, but, according to Elisa, some traditional doctors in Winam did not want or did not have the skills or knowledge to help with abortion. According to Ocholla-Ayayo’s (1997: 115–116) research, many presented at hospitals with septic abortions, which was a problem in both rural and urban settings. For this reason, JoWinam commonly recalled the good assistance of Dr. Martin, who ran the private Neema Clinic in Dhonam until he died in 2006, and who used to carry out a
number of abortions illegally. Youngsters often consulted him as the last option, when ‘traditional methods’ had failed. Although Dr. Martin asked a relatively high price (approximately 4000 Kenyan shillings, or 50 euro), without his expertise, the risks could be extremely high. Youngsters really appreciated Dr. Martin’s help: he kept their confidences, did not ask many questions, and did not inform their parents, as this would be too shameful. Although the youngsters could pay in instalments, the cost was an enormous burden, one that, in general, the young men involved were expected to shoulder.

Although many of the parents and grandparents warned young women against premarital pregnancies, once it was learned that she was pregnant, they tried to convince her to keep the baby. They feared (with good reason) the complications of abortion, which could result in the young woman’s death. Elisa’s mother had tried to threaten Elisa by saying: “If you become pregnant, you do not abort. If you abort, you go and get somewhere else to stay”. MinMercy’s parents also advised their daughter not to abort and promised to send her back to school once she delivered:

Ellen: And when you found out that you were pregnant, what did you do?

MinMercy: I did nothing, I wanted to abort.

Ellen: Why did you want to abort?

MinMercy: I knew our father would scold me, and I still wanted to finish school, so I was asking myself, “After I give birth, will I really finish school?” So I did not want this child.

Ellen: And when you went home, what did your parents tell you?

MinMercy: Our mother is the one who told me—I think our father talked to our mother because she told me that our father said that I should not be scared now, that I did it because it was nice to me, that I did something that I liked (she laughs), isn’t it? So [she told me that] I should not try something that I have heard about (abortion) or that I see other girls do. [She told me] that thing hurts people, can even kill and have someone buried. So she told me just to leave and after I give birth, I would be sent back to school and would then study at home (in-depth interview, March 2006).

5.1.3. Bearing the consequences

Being pregnant and having a child was not an easy option because it changed young women’s future prospects. MinMercy, for example, delivered her baby in Dhonam, at the home of Ochien’g, the child’s father. But afterwards, she had no money to get back to her parents’ home in Siaya, two hours away by bus, where she had planned to continue
schooling; it would take her two full years before she managed to get home. Then, being a young mother, she felt ashamed to return to primary school, and desired instead to pursue vocational training—but, again, there was no money for it. Although Ochien’g wanted to assume his responsibilities as a father, MinMercy refused, as she had been clear from the beginning that she did not want a child and she did not want to be married yet, at least not to Ochien’g.26

In or out of marriage, many of the young women that I followed had to bear the consequences of an ‘unwanted’ pregnancy in several ways, e.g., being expelled from school, delivering away from home, and needing to care for the child. Yet they rarely complained when the young men who impregnated them later decided not to marry them. As Elisa, whose boyfriend had left her once he found out that she was pregnant, explained to us:

Some people, once they have impregnated you, they don’t even know what the child is wearing or eating. You know that when you become pregnant, you will be shocked for one week, then you will tell him and he will refuse [to take responsibility], and that is when the friendship ends (informal conversation, August 2006).

Young women rarely protested their inferior position as pregnant, unmarried women in a society where people constantly reminded them about the social norms and values that placed responsibility and guilt on them. This may be because the young women felt some level of agency. During my fieldwork, it rarely happened that a pregnant girl or young woman was punished by being forced to marry an old man with a number of wives, as had been the custom in the past (see also Cohen and Odhiambo 1989). Instead, once the young woman had delivered, she usually stayed with her child at her maternal home, and often found some space to manoeuvre within this situation (see later on).

And it was not only the men who ended relationships after an ‘unwanted’ pregnancy: MinMercy left Ochien’g when the child was two years old. Elisa explained: “It is not a must that [the father] is the one I must stay with. I can still marry someone else”. Omosh, a 16-year-old musician, was left by his girlfriend, who married someone else soon after she had given birth to Omosh’s child. The reasons for this may never be clear, but his girlfriend might have chosen to stay with a man who was more financially responsible than Omosh, believing that he could take better care of them. She might have had a concurrent relationship with this man, and thus been able to convince him that he was the father—or he might have actually been the biological father. In this context of male superiority, women could still employ ‘hidden’ tactics to manoeuvre and choose a man they assumed capable of taking care of them. Van der Sijpt’s (2011: 163–
study in east Cameroon also finds that “pregnant women still have room for individual management and tactical manipulation”, i.e., they have agency to deal with pregnancy interruptions. Although many young women with whom I worked managed to use creative tactics to secure their position in society, it still was a very difficult situation to cope with since they had to bear the brunt of the consequences.

Many young men whom I followed were equally afraid of the consequences of a girlfriend’s pregnancy (and would therefore sometimes use condoms to avoid pregnancy), yet there was a clear gender bias about who should bear the consequences. Both parents and young men argued that the young women should drop out of school and care for the child. Even so, some of the young men tried to assign paternity to someone else. From the following excerpt from Onyango’s diary, it is clear that a number of young men had sex with a young woman who became pregnant, but none actually felt responsible for the pregnancy:

At around 10:30am, I went to the market to play draft. Before we started playing Odhiambo, Depo and his friends were story telling and the story was about Eddy. They were saying that Eddy has bad luck because every girl he plays sex with, becomes pregnant. I asked them to tell me the girls whom he impregnated. Depo said that he impregnated Scholastica. I told them that in my opinion, Rambo was the one who impregnated Schola. I told them that Eddy was just a messenger but they refused to listen to me and were convinced that Eddy was the one responsible for the pregnancy. After that, Nick also said that Rambo was the one responsible for the pregnancy because he used to see them together. After that, my former girlfriend Flo was passing by with her son. After they have passed, Okinyi asked to know the boy who impregnated Flo. I cheated them that I do not know but I knew. Ngota revealed and said that Erick is responsible for the pregnancy because Flo used to be his lover. Nick disagreed and said that Eddy is the one who impregnated her because the son resembles Eddy physically. After that they told me to prove that I was not responsible. I told them that a long time ago, Flo was my girlfriend but later, Eddy was in love with her. Flo cheated me that Eddy was in love with her but she never agreed. After a few days, I caught Eddy in their room. From then I handed it over to Eddy officially. “Maybe she conceived when she was still your girlfriend?”, Okinyi asked. “Don’t be illiterate, a child stays in the womb for nine months and Flo conceived two years later after we had broken our relationship”, I replied angrily and added: “by the way, we never had unprotected sex”. After that, Okinyi and the group said that they would do research and obtain the truth. I agreed and told them not to forget (December 2005).

Young men argue that young women are supposed to know their “safe days”, i.e., the less fertile days of the menstrual cycle when the chance of getting pregnant is reduced, and should inform a young man when having sex is ‘unsafe’. Okoth (19 years old, Class 3) and Jeremiah (17 years old, Class 8) expressed that a man should not need to worry about this:

Okoth: Conceiving doesn’t come to my mind because I know the time she comes is when she wants me to do it for her: she knows how her days are (when she is fertile). When you see her, you get aroused, then those issues you ask about
Even if a young woman warns her boyfriend that she is not in her “safe days”, however, he might still insist on having sex, and actually be in a position to get his will. Only a few young men whom I followed said that they would take responsibility for children fathered during adolescence. Many of them, especially those who were still in school, did not have the economic means to support a child. Many were familiar with women’s ‘tactical manipulation’ and argued that women were rarely faithful, making paternity impossible to determine. Petrus, a 17-year-old young man who had just finished primary school and who was one of the participants in the microloans program at Yeshica, told us: “Girls normally sleep around and have children with other men, then they come back saying it is your child. A girl who used to be Musa’s (his cousin) girlfriend, came back home recently with a child that she claims to be Musa’s. We chased her away and insulted her.” When Petronella asked him if the baby resembled Musa, he replied: “We don’t care about the looks. She should have gone back to tell Musa about the pregnancy before one month elapsed. I will also chase away a girl I have been with, who happens to conceive and comes back to tell me about it after one month” (informal conversation, June 2006).

Petrus’ words again illustrate the normalized power discrepancy that existed between young men and women. While it was common for pregnant girls to be expelled from school, the young men involved usually remained in school. There were ways to punish young men, but they were largely not pursued. If the young woman’s parents knew the young man who impregnated their daughter, they could call the police and have him arrested. If he refused to marry her, her father or guardian could take legal action and demand pregnancy compensation under customary law. According to Thomas (2006: 180–186), who did research among schoolgirls in East Africa, such court cases were often held to recoup the money spent on their daughter’s schooling. In Winam, the parents of a pregnant young woman seldom brought such cases into court because they could not afford the court expenses in the event they lost the case. The paternity of the child might not be known or the impregnated young woman might fear revealing it. Due to gender power imbalances and widespread social attitudes that blame women for
pregnancies, the burden of premarital pregnancy usually fell on the shoulders of young women.

With gender inequality being highly normalized, young men often flatly refuse to take responsibility for a premarital pregnancy and seldom faced punishment. Young women used a range of tactics to deal with the consequences of premarital pregnancies, including abortion and assigning paternity to a financially capable man. In a time when HIV is rampant, however, both partners bear the additional consequences of HIV. Young men may be able to literally run away from their girlfriends’ pregnancies, but both young men and young women feel that they can no longer escape HIV. One of the ways that young people attempt to prevent HIV infection is through the tactic of carefully selecting sexual partners. Locally, young people refer to it as “doing research” on their sexual partners, a practice that shows that they know that they not only need to consider their own behaviour, but that of others with whom they are involved.

### 5.2. Avoiding HIV infection by “doing research” on sexual partners

Several qualitative studies carried out in sub-Saharan Africa have documented how both young men and women use alternative, innovative tactics for HIV prevention (Moyer 2003; Dilger 2003; Watkins 2004; Smith and Watkins 2005; Poulin 2007), because they perceive international and national prevention strategies as unattractive and unrealistic. Few people in Winam had been tested for HIV at the time of my fieldwork despite the fact that testing sites have been widely expanded. In Winam, the young people with whom I worked preferred to study the physical appearance, social network, and rumoured behaviour of their sexual partner in the hope of minimizing their risk of exposure to AIDS. They tried to determine whether their sexual partner showed physical symptoms of HIV infection (e.g., change in hair texture, rashes, and the colour of the skin or lips). They trusted their ability to diagnose AIDS by figuring out their partner’s background and past sexual relationships using local knowledge. As Ochien’g, a 22-year-old fisherman, described it: one should not accept “porridge with lumps”. In this analogy, the porridge is the beautiful young woman; lumps are sexually transmitted diseases. Porridge without lumps can be consumed without worry, meaning that you can have unprotected sex. This metaphor nicely depicts why young people’s perceptions regarding disease and risk are sometimes counterproductive from an epidemiological point of view: Sex is compared to a safe, staple food served daily in school, and you only realize it has lumps when you are eating it, when it is too late. While young people ideally intend to “do research” on their sexual partner before they
engage in sex, the reality shows that many youngsters inquire about their partner’s background and past after they have already engaged in sex.

5.2.1. Inquiring about their sexual partner’s background and past

Many young men inquired about the background and past sexual relationships of young women through various communication channels, most commonly their social networks, which are gender- and age-based (see also Chimbiri 2007). Geoffrey, a 20-year-old carpenter who was only sporadically seen with a girlfriend, explained how he tries to carefully figure out a young woman’s past:

Now if you want to know a girl’s past, you just need to connect with a villager. [...] He will tell you the background of that girl. Or even some girl from there who also knows her walk (behaviour). [...] So those people are the ones you will just be asking slowly, slowly, and you do not ask it when you are very serious. Because when you are serious, someone may get alarmed (i.e., figure out that you are interested in the girl), so you just ask people slowly, slowly. So that is the way that you can know how a person is: maybe the girl is a witch or the girl’s movement (behaviour) is like this, or the girl has given birth. Maybe the girl lied to you that she does not have a child, but her child is big, is [already] herding [animals] at home, so she might only tell you this after you are married. So only the person who is close with her is the one who can tell you her cleanliness (the truth about her) (focus group discussion, June 2006).

Danny, a 19-year-old secondary school graduate brought up in Nairobi, discussed with Petronella how he would ideally approach the problem:

Danny: I take one month before bringing up the issue of intimacy with a girl I am interested in. I just talk to her generally without telling her I am interested in her, I just befriend her, get to know her friends, at least one of her relatives from home and ask them questions about her like if she has a boyfriend, about her character, for example whether she goes to the shamba (field) or not. During that period as well I take her home and introduce her as a friend to the relatives. At times, I ask her to go and visit me when I am not at home, the intention being to see how she reacts and talks to my family. When I go back home I ask if she came, what they talked about, how long she stayed and how she carried herself around. At times, I send my friends to give her a message, and I ask them what they think about the girl. From that I would find out issues concerning the girl’s temperament. After one month I then sit down with the girl and ask her to be my girlfriend, I tell her “an adwari” (I want you). I ask her before if she has a boyfriend.

Petronella: What if she says she had a boyfriend and they broke up but are still friends?

Danny: Even before I bring up the topic of love, I ask people close to the girl about her past and whether she has a boyfriend, then I would even go to the boy mentioned and ask indirectly to confirm if what I am being told is true. Once I confirm that she has no other boyfriend, then I can tell her I am interested in her but if she has other boyfriends, I will not bring up the issue of love. But of course, you will get different stories from her friends and other people close to her so it is up to you to analyse and judge what’s true and what’s a lie (informal conversation, November 2005).
The young men with whom I worked mentioned how they try to collect the opinions of different people to increase their chances to get accurate information. Yet, it is really difficult for young people to learn about the background of their sexual partners when there exists a lot of distrust in other people’s intentions. Other people’s interests—imagined or real—can potentially distort the truth, and some youth ignore their friends’ warnings about the HIV status of their lovers, thinking their friends’ motives suspect.

Young men assume that self-interest determines what information other youngsters give, e.g., if a young man talks negatively about a certain girl or young woman, his motivation for this might be that he is himself interested in her. Obiru’s friends tried to warn him about his lover’s potential risk of being HIV positive, given that her previous boyfriend had died of HIV. Obiru distrusted them and preferred to talk about the issue himself with his girlfriend. In his diary, Onyango wrote:

I saw [Obiru's girlfriend] in the distance. She was looking very disappointed. She just talked to me using gestures. I called to her and greeted her but she was in a bad mood.

“Onyango, why are you talking ill about me?”, she asked. “You and Joel, you are saying that I am HIV positive. Can you prove it?”

Surely, I was a little bit confused but I just nodded my head and explained to her all about the story. I told her: “We were three people: myself, Joel, and your boyfriend Obiru. We were arguing that you are HIV positive because your former boyfriend Omondi died of AIDS”. […]

We had heard rumours that Omondi was HIV positive. Somebody, who was a very good friend to Omondi, had told us that Omondi had died of AIDS. My [step-] brother and I then had decided to tell Obiru because his girlfriend could also be HIV infected and therefore he should take care (i.e., by using a condom). When we had told Obiru that his girlfriend might be HIV infected, he was challenged and wished to use a condom, but the problem was that his girlfriend was in a monthly period so they could not engage in sex at all.

But now Obiru had told his girlfriend what we had told him. This means that he did not want to listen to us. He loves the girl so much. […] We were just trying to help him because we know that he sleeps with his girlfriend without protection (without a condom) because they trusted each other.

Similarly, when a young woman gives negative information about her female friend to a young man, the young man might assume that she does so because she is interested in him and wants to discourage competition from another young woman. At the same time, her female friend might feel offended and even end their friendship. For instance, when Adhis was engaged with Rambo, one of the most promiscuous young men of Dhonam (see next chapter), my research assistant Petronella tried to warn her as we had already heard so many stories about him. Adhis did not believe Petronella and instead asked Rambo if it was true that he was used to have different girlfriends at the same time.
Rambo defended himself, saying that Petronella used to be in love with him and due to her jealousy about their relationship, she had probably “talked ill” about him. Consequently, Adhis broke off her friendship with Petronella instead of taking her advice seriously and inquiring with other female peers about her boyfriend.

It seems that inquiring about the background and past of sexual partners takes place more among young men than young women. It is culturally inappropriate for young women as they are expected not to show sexual interest in a man. Instead of directly investigating their boyfriend’s behaviour, women closely observed and discussed the behaviour of their female peers in order to find out about their boyfriend’s behaviour. They kept up an active system of social control through gossip and stories. Whenever they found out that their boyfriend cheated on them, they would blame their female peers as they imagined that they had seduced him. So they might insult their female friends instead of blaming their boyfriend for his promiscuous behaviour. Thus, women need to inquire about boyfriends in a more tactical and hidden way than their male counterparts.

5.2.2. The difficult games of detection and deception

When someone’s sexual partner is suspected of being HIV positive, their peers and other community members start to gossip. People say that it is risking life to engage with such a person. Omondi, a 16-year-old man, was challenged by an age-mate of his girlfriend: “Do you really value your life? You are handsome, but you have lost direction in life”, a question that made him realise he had to inquire about his girlfriend’s behaviour and HIV status. He described how he went about doing so:

I started to gather information from my friend who lives near Eve’s school. She explained that Eve was having a relationship with a matatu (local bus) driver who was HIV positive. All Eve’s age-mates were aware of this relationship: the driver would come and collect Eve every time the school closed. Eve’s age-mates knew that this man was HIV positive and according to them, Eve was being lured by money (since the bus driver is known to earn daily cash, people assumed that he gave her a share of his money or material goods). My friend, who had told me the real story, advised me to end the relationship with Eve for my own good. I knew the driver and I was aware of his health status though I did not know that he was having an affair with Eve. I decided to trick Eve to prove this allegation. Eve confirmed that she was having an affair with him. She even told me that she had been pregnant by him but the baby died during delivery. Later, the bus driver also died, and Eve attended the burial. Eve was embarrassed to confirm this to me. I had a good reason to end our relationship and Eve could never come after me again (informal conversation, September 2006).

Through gossip within young people’s informal social networks, young people receive a wealth of information (both correct and incorrect) about each other’s sex lives. For Omondi,
it was certainly embarrassing that almost everyone, except himself, was aware of the fact that his girlfriend was dating another man, and one who was HIV positive. It revealed his inability to do proper “research” about his lover, and affected his pride. As Watkins (2004: 689) in her research in Malawi highlights: “Those who do not consult local knowledge are considered foolish”. Yet, with distrust so rife and everybody “researching” sexual partners, there is bound to be a lot of misinformation, both intentional—in the form of outright deception—and unintentional.

In fact, it can go even beyond simple deception: some believed that HIV-positive people intentionally wanted to infect others. Some youngsters in my study raised this idea, arguing: “They (HIV-positive people) want many people to die after them. They don’t want to die alone”. Although Omondi at first believed that Eve was “seriously in love” with him, he later began to think otherwise:

Sometimes Eve could visit me abruptly at night and would insist on spending the night together. Sometimes she even demanded unprotected sex to prove my confidence in her. Why was she demanding unprotected sex? I believe that Eve did this with the aim to infect me: she wanted me dead and that’s why she never revealed her health status to me (informal conversation, September 2006).

Once the damage is done to somebody’s reputation, it is hard to repair. Ending his relationship with Eve was not enough to stop the gossip about Omondi’s health status. He had to convince his peers and other community members that he was still HIV negative:

People from [Winam] knew that we had been dating each other and some people started to murmur about my health status once they also realised that Eve was HIV positive. Even my brother questioned my health status, and that forced me to visit a VCT centre and invite my brother to witness the result. I had been visiting VCT centres on a regular basis and always obtained negative results, so I was not surprised when I received that time a similar result. However, my brother was not convinced that I was HIV negative until he could witness my negative result for a second time (informal conversation, September 2006).

On other occasions, my research assistant Petronella and I heard young people gossiping about their peers who they believed were HIV positive. This was based on their physical appearance and on their past relationships with HIV-positive persons who might have died in the course of the time. Young people knew that engaging in a sexual relationship with a widow or widower (who might still be teenagers) might increase their chances of getting HIV, since the chances were high that the deceased had died of AIDS. Knowing a partner’s origins could provide insight into their reputation within the community, but background information is hard to uncover, especially about (young) widows. During my fieldwork, some moved rather than remaining in their deceased husband’s home, which made it easier to conceal their widowhood and their consequent chances of HIV
infection, and increased their ability to start a new life and create new livelihood networks, even perhaps with a new husband, instead of being inherited by their deceased husband’s brother as has long been commonly done.²⁷

5.2.3. Avoiding sexual partners with promiscuous behaviour

Both young women and men mentioned that they tried to avoid being in a relationship with someone who had a reputation of promiscuity because of the increased risks of HIV infection. Young women often generalized that many Kenyan men are promiscuous, and reasoned that they could not therefore make a big issue about it. Young men, on the other hand, tried to select girlfriends with relatively little experience in sex:

Petronella: What kind of girl would you prefer?

Danny: I’m looking for a girl who does not know a lot (ok ong’eyo mang’enyi).

Petronella: What do you mean by that, “a girl who does not know a lot”? Does it mean to be a virgin?

Danny: One who has not had many boyfriends and does not go with many men (smiling). People misuse the term “virgin”. I believe there are no virgins once a girl is more than eight years old (informal conversation, October 2005).

Promiscuity is inferred from clothing choices, as well. Young women are expected to conform to a conservative style of dress, keeping legs and shoulders covered. Miniskirts or tight jeans for instance, which clearly show the lines of a woman’s body, transgress the social norm of covering the body and wearing loose fabrics. According to the young men I worked with, young women and girls with a provocative dressing style are ostensibly inviting men to have sex with them; they are therefore seen as ochot or prostitutes. Axel, a 20-year-old boy and a student in secondary school, explained:

We call them ochot because they are forcing themselves to be loved by the boys, because you know, if you want a boy, just put on well (i.e., dress yourself well). It is not a matter of you putting on a miniskirt, maybe leaving some parts so to be seen by boys, to attract them (in-depth interview, May 2006).

Women are denigrated with terms like ochot if their dressing style is thought provocative or if they are found to be “moving around” too much. Men on the other hand, can have many sexual relations and hardly any woman would talk about male ochot. In this way, the dominant gender double standard that demands that young women abstain from sex while normalizing young men’s sexual activity is reproduced again and again.
The youngsters whom I followed believed that the young women who are referred to as *ochot* are assumed to “carry death”, because they presumed such women have already run the risk of getting infected with HIV. Young men differentiated between young women who have many boyfriends simultaneously and women who earn a living by selling sex, although both are called *ochot*. Women who sell sex usually hang around at discos and the bars close to the lake in Winam, sometimes being hired by disc jockeys to stand in front and dance. Both young men and women assumed that sex workers are HIV positive. Newcomers to the village or visiting fishermen, who did not know about their ‘bad reputation’, might have a one-night stand with them for about 200 Kenyan shillings (2.5 euro). Others, like desperate older men and drunken young men, might also hire their services.

To minimize their exposure to HIV/AIDS, youngsters expressed that they often tried to have at least one ‘trust relationship’, in which it was possible to enjoy sex without the use of a condom. In addition, marriage or cohabitation was for some male youngsters the ideal way to avoid HIV infection. Ouma (24 years old) who was earning his living with his *kinyozi* (barbershop), for instance, tried out two different girlfriends by having them stay at his house, in order to decide which one to marry. According to him, “having a girlfriend in the house” (i.e., cohabitation) allowed him not to use a condom and prevented him from being promiscuous. Thus for some youngsters, marriage or cohabitation was seen as a tactic to prevent HIV; a multicentre study carried out among four urban populations in sub-Saharan Africa shows, however, that marriage does not diminish chances of HIV infection for women (Auvert et al. 2001). The National AIDS Control Council (NACC) in Kenya states that 44.1 percent of new adult infections happen within unions/regular partnerships (NACC 2009: 7). The relationship between marital status and HIV infection seems to be more complex than the youngsters imagined during my fieldwork.

5.2.4. The ‘invisible’ sexual network

For young people, the purpose of “doing research” on their sexual partner is not to reduce the number of sexual partners or to change behaviour—the goals of public health campaigns and NGOs—but rather to carefully select lovers in order to minimize risk. Through informal conversations within a person’s social network, a potential partner’s sexual and medical history is reconstructed. My data show a gendered pattern in the way young people manage to gather local knowledge on their sexual partner: while young men directly inquire about young women’s sexual histories, young women cannot do so because
it is culturally inappropriate. Instead, they closely observe their female peers’ behaviour to see if they have been trying to seduce their boyfriend, which would mean that their boyfriend might have been promiscuous and might have run the risk of getting HIV infected. It is clear that young people’s “research” relies highly on gossip, and this produces situations in which contradictions, distrust, and misinformation concerning sexual relationships are common. This is an imperfect tactic, but better than none: as Watkins (2004: 696) points out: “People may make mistakes in selecting partners, but avoiding potential partners with risky sexual histories is likely to be better than not consulting social networks to gain such local knowledge”. Additionally, although some young people only start to “do research” once they have already engaged in sex with their partner, it is still better than not doing so at all. Nevertheless, the fact that youngsters do not consistently “do research” before they engage in sex means they might have already incurred the risk of being infected before they learn much about their partner. As I will discuss later, youth might at times engage in ‘risky sex’ if they believe it can lead to a better future. This certainly holds for women, because when the sexual partner is a financially, capable man, they might consider “doing research” no longer important.

The tactic of “doing research” might give the impression that many of the youngsters with whom I worked are practicing ‘zero grazing’, in the sense that they might have sex with multiple partners but stay within their own ‘paddock’, close to home. “Doing research” on their sexual partner is a way of constructing, on a small-scale level, a ‘visible’ network of sexual relations (Thornton 2008). However, this is only true to an extent. The young women and men I worked with were aware that they may not know the entire reach of the network to which they belong, because their sexual partners might have been “unknowing participants” (Thornton 2008: xx) of other sexual networks simultaneously.

Based on young people’s narratives about their own and their peers’ sexual relationships, combined with their “doing research” evidence, I was able to depict the structure of their local sexual network, which was highly clustered: different small groups of sexually active people are further gathered into progressively larger groups. Figure 3 shows how such a structure of a local sexual network within Winam looks like if young people would do “research” on a systematic basis: they could come to establish a ‘visible network’:
Figure 3. The structure of a local sexual network of some of the young people from Winam

This network shows that (a group of) young people (where 11 persons belonged to my research group) in Winam were, one way or the other, sexually connected to each other even though they did not directly have sex with each other.

The structure of this local sexual network also includes at least some links to outside clusters and thus reflects the mobility of young people. For a long time, there were probably few long-distance links across the population as a whole, but once male labourers were recruited from Nyanza Province to work on the white, colonial farms, this picture changed, and JoWinam became connected to more places, communities, and people. Dhonam, in particular during its peak as a popular trading centre in the 1980s, was constantly connected to cities through people who travelled back and forth (see
Chapter 3). At the time of my fieldwork, youngsters’ sexual relationships extended far beyond Winam since they were very mobile. Also within the local sexual network of Figure 3, a number of people have (sometimes concurrent) relationships with teachers from Kisumu, a music band player from Kisumu, a concurrent partner from Mombasa (like Akinyi (with the red dot) — see Chapter 6), CDC staff member from Kisumu, or a European person working for the construction company ‘Put Sarajevo’ from Kisumu. Thus, several people in the local network had contact with people both close and far away. This results in cross-linkages between the different clusters within and outside the local sexual network. For instance, person A may be very faithful to person B, but during their relationship, person B had a one-night stand at a church meeting with person C without using a condom. However, person C, the evening before her encounter with person B, had sexual intercourse with person D, who happens to be ‘the playboy of the village’. In the case of Dhonam, that playboy was a young man named Rambo (see also the next chapter), who in Figure 3 is highlighted in a dark blue colour. At times, I understood from JoWinam that Rambo has had more than four sexual partners simultaneously (who could not all be drawn on Figure 3), both from within the village and from town, as he moves on a very regular basis between rural and urban areas. In this way, person A gets linked to other sexual networks, even from far away. The links between the clusters act as transmission lines of HIV. Thornton (2008: 78) refers to such situations as “densely intralinked clustered subnetworks”, as was the case in Uganda after 14 years of war.

Since young people in Winam are all connected to each other, this means that if one person moves to town for a couple of months or just for a short visit, picks up the virus, and then moves back to Winam and transmits it further, the results are likely to be explosive. This is especially the case when the infection is newly contracted. Brown estimates that “newly infected people with high levels of HIV in their blood are up to ten times more likely to infect others than are people with older infections” (cited in Thornton 2008: 34). Local sexual networks in Winam are not isolated: they are linked to other networks through the many connections young people have to other networks. Thus one may conclude that having concurrent partnerships in a short period of time that link different networks might result in explosive epidemics. The challenge for HIV prevention is therefore to analyse how to reconfigure such a “densely, intralinked clustered subnetwork” in order to reduce HIV transmissions. According to Bearman et al. (2004: 75), “the most effective strategy for reducing disease diffusion rests on creating structural breaks” (between networks). Thornton confirms this approach in
analysing the Ugandan case: it is likely that the overall HIV prevalence declines rapidly when the sexual behaviour of certain individuals, who serve as HIV transmission links between subnetworks, changes. In the case of Dhonam, if the behaviour of certain persons, for instance Rambo and a few others, would change, overall prevalence might thus decline. So how is this feasible in practice? Does such a practice not result in stigmatising certain persons? How could we best tackle this problem? Thornton (2008) suggested the “one, one, one approach” in order to make sexual networks more resistant to HIV transmission: First of all, one should only have sex one partner at a time; Second, before shifting to a new partner, one should give it a break of at least a month (i.e. new infections are more likely to occur in the first month), and third, keep it close to home in order to avoid long-distance links in the sexual network. Again, this is not really realistic.

In sum, the kind of pragmatic choices young people make about sexual partners shape the macrostructures in which individuals are embedded (Thornton 2008). Although ‘zero-grazing’ might have some protective effect on a population level, it can be much more deadly on a local level where migration is very common, as in Winam. We are all part of an “unimagined community” (Thornton 2008: xx), which makes it impossible to know all the cross-links between different clusters and sexual networks. Therefore, trying to grasp the possible structure of the sexual network at stake is critical for understanding the potential for disease transmission and the determinants of individual risk (Thornton 2008: 56–59; Bearman et al. 2004: 44–52, 80).

In addition to comprehending the configuration and dynamics of a sexual network, it is also important to understand how young people perceive biomedical practices (Thornton 2008). The next section examines why youngsters do not perceive condom use and participating in Voluntary Counselling and Testing (VCT) as effective tactics in minimizing HIV exposure. I further examine why living with uncertainty regarding AIDS is sometimes preferable in a time when ARVs are not yet easily available.

6. Living with uncertainty

6.1. “Why should we use condoms and go for VCT?”

For many youngsters, using condoms and “going for VCT” are not part of their tactics to prevent HIV. Ochien’g recalled how his sexual relationship with MinMercy started:
Ochien’g: Our closeness developed and one day I had sexual intercourse with MinMercy (*wariwore gi MinMercy*). That day she returned with my washed and ironed clothes and spent the night at my place.

Ellen: Did she go for the test (VCT) before?

Ochien’g: I just did it because I trusted her and I knew how she lived: she shared the same bedroom with her sister (meaning sleeping elsewhere was out of question) and her sister is very strict and never let her hang around (informal conversation, September 2005).

Many youngsters fear testing their HIV status. Some only “go for VCT” when they feel ill; others have gotten tested when, according to their research, they feel that they have engaged in ‘risky sex’. Sharing one’s HIV status is considered to be very difficult due to the stigma of having HIV/AIDS. Due to the high degree of distrust between sexual partners, both young women and men believed that their sexual partner would show them faked HIV-test results. In Winam, few of the youngsters that I worked with actually knew their HIV status; if they knew, it did not necessarily lead to a change in their sexual behaviour. Many actually believed that they were already HIV positive without getting tested. According to Weinhardt et al. (1999), HIV testing and counselling occurs more often among people who have tested positive and is used less as a prevention strategy among uninfected people. HIV testing still seems to be most successful for the prevention of mother-to-child transmission (Kabiru et al. 2010).

Using a condom is considered a sign of distrust or distance: the young men and women with whom I worked said they would use a condom when the relationship is not (yet) based on ‘trust’ or ‘love’. But young people seldom use condoms, no matter the level of trust or love: “At times, the excitement is so high that one even forgets to put one on” (Danny, 19, informal conversation, November 2005). Atieno, a 17-year-old young woman, also made this clear:

Ellen: How do you know about Sylvester’s background: Do you go for VCT, or do you use condoms?

Atieno: (laughs.) Sylvester, I know all his background, all of it, very, very well: I know the way his home is, the way they are, how many children are left behind, I know, I know them all, all, all, and that part—for VCT we have never gone, and that other part…?

Ellen: CD [condom].

Atieno: Ah that—just leave it like that (laughs, implying there is no need to talk further about this issue because they do not use condoms) (in-depth interview, June 2006).
The numerous campaigns to promote condom use happen with the simultaneous condemnation of their use by the Catholic Church. As a result, there is a lot of ambiguity about and aversion to the use of condoms. Both young men and women disliked condoms because they preferred to have “skin-to-skin sex” and did not want to “eat a sweet with the wrapper on” (see also Preston-Whyte 1999; and MacPhail and Campbell 2001 on the ‘condom dilemma’ in South Africa). A condom prevents the moment of bodily union, “the moment of difference being brought into touch (riwo)” (Geissler and Prince 2007: 130). It prevents “the sharing of the substance of the other” (Geissler and Prince 2007: 130). Young women stated that the flow of sperm inside their body is necessary to strengthen their fertility. Additionally, male youngsters expressed their distrust about certain brands of condoms or the condoms distributed for free at public hospitals. Ouma, a 22-year-old young man, who had only reached Class 3 of primary school and was operating a kinyozi (barbershop) at the time of my fieldwork, stated:

Ouma: It has been so long since I used condoms and I do not like them because they are fake, they do not help. I can only use one brand called “Sure” because it is the only nice one. The one called ‘Trust’ is very fake.

Petronella: Then how come I am still alive and I use ‘Trust’?

Ouma: (laughs, looks at Petronella with surprise) (informal conversation, April 2006).

Otoy (a 17-year-old young man and secondary school leaver), who used to participate at Yeshica, also expressed suspicions about the quality of condoms:

Petronella: Do you use condoms?

Otoy: I do but not always, only if the condoms are from a good company with a label like Rough Rider but not the ones given for free in hospitals and in public dispensers.

Petronella: What is wrong with the ones given for free?

Otoy: Those are rejects. They are the ones that white people have used and are repackaged, just like the biscuit I see being sold for one shilling in the shops, these biscuits are rejects from the port in Mombasa. Those biscuits are normally thrown away at the port as rejects but some people come and collect them and repackage them and sell them to innocent people (informal conversation, October 2005).

Here, notions about condoms exemplify larger concerns. People from western Kenya have long been ignored by governmental aid, and many feel like they are treated like
the dustbin of the country, not only by the Kenyan government but also by foreign aid workers.

Among young people in Winam, one can assume that condoms are not used. When they are, it appears to be exclusively the man’s decision. Nancy Luke’s (2006: 338) research in urban Kisumu found that men’s education level is positively associated with condom use whereas income is not, and that divorced, separated, and widowed men are less likely to use a condom than other single men. Women are not always in a position to negotiate condom use due to the widespread gender inequality and the association of condoms with immorality (see also Silberschmidt and Rasch 2001). Even when a woman might suspect her boyfriend has been unfaithful, it is hard for her to refuse unprotected sex when he asks for it. Some of the young women also revealed that they were not always aware if their boyfriend really had put on a condom when they said they had. They mentioned that, according to Luo cosmology, touching one’s genitals is not allowed and since sexual intercourse usually takes place in darkness (some youngsters mentioned they feared eye contact during sexual intercourse), it is difficult for a woman to observe or feel with her hands when a man puts on a condom (see also Geissler and Prince 2007). Only after ejaculation can a young woman be sure whether or not the young man has used a condom, but then it is of course too late to react.

According to Luke (2006: 339), women in urban Kisumu engage more frequently in unprotected sex in “informal exchange relationships” when money and gifts (“transfers”) are given: there is “a significant negative correlation between the level of transfers and the probability of condom use [...] where even a small transfer is associated with a substantial decrease in the probability of condom use”. In her analysis, Luke does not take into account that in ‘trust relationships’, transfers of money and gifts are very common and even a must if a man wants to show that he cares about his lover (see next chapter). Thus, when a transfer is observed in informal relationships, these relationships are based on trust, which means that no condom is used. This probably partly explains the negative correlation between the level of transfer and condom use.

The question that remains for many youngsters is: Why should they use a condom if so far they have not contracted any disease? The same holds for VCT: Why should they go for VCT if so far they have not felt ill? More fundamentally: Why should they need to be certain about their HIV status?
6.2. Certainty or uncertainty in regard to AIDS

Since many of the youngsters had already had sex without a condom and did not experience any harm immediately afterwards, they did not see a need to use one, nor a need to go for VCT. Opiyo, the anthropologist formerly employed by Yeshica, explained:

They (young people) experiment with sex and they realize that first of all, it was enjoyable, nobody harmed them, nothing happened and they can even do it for some time. Then they realize that they are not becoming pregnant, they never even got syphilis or gonorrhoea. So you know, they go back to their peers and tell them: “No, this thing that parents just know, it is a sweet thing, that is why they are scaring us. Me, I tried it. I have my boyfriend and nothing has happened to me. How come I have never had syphilis, how come I have never become pregnant, how come I have never had HIV?” (in-depth interview, September 2006).

The youngsters themselves often attributed the low impact of HIV/AIDS prevention interventions to their own fatalistic or ignorant behaviour. During a focus group discussion, a small group of young men expressed many different ideas about AIDS:

Kenny (24 years old, secondary school graduate): People really do not care about contracting HIV.

Petrus (17 years old, primary school graduate): AIDS is just like any disease and cannot deter me from having sex.

Augus (22 years old, a matatu conductor): AIDS is just a sickness like any other, and any way, everyone will die. It is not necessarily AIDS that will kill you, you can die of anything.

Otoy (17 years old, working at his uncle’s battery charging place): AIDS is just a sickness like any other and if I get it, I would simply commit suicide instead of dying a slow death, and if I contract an STI, then [the nurses at Yeshica] are there to treat me.

When I asked the youngsters if they were afraid of contracting HIV, they usually stated that though they were, they would “rather die with sweet grass in [their] mouths,” making reference to the Dholuo proverb, Dhiang’ tho gi lum e dhoge (A cow dies with grass in the mouth). The proverb is usually used in the context of sex and means to die for something you love or enjoy. Young people feel that sex (i.e., the grass) is sweet and if having sex means that it may kill them, then they prefer to die from that “sweet” thing rather than abstaining.

Young people are not ignorant, or, as I often heard from public health activists or elders, victims of “their Luo culture”. Young people are informed about the negative consequences of engaging in unprotected sex, but primarily experience the sexual act as very pleasant and enjoyable. They also have pragmatic reasons for engaging in sex, as elaborated in the next chapter. It is true that some youth only thought about the
possible consequences of their actions after having sex. Others are more concerned about the short-term risk of getting an STI or an ‘unwanted’ pregnancy than the long-term, life-threatening risk of HIV, as Opiyo further explained:

Now, if we talk about syphilis or pregnancy, these are immediate things and their consequences are known: if you become pregnant, you drop out of school; you are even chased out of your home to go and stay with a relative. But before the consequences of HIV infection are seen, years may have passed by. HIV is a long-term illness. Somebody will tell you: “Me, I started having sex 20 years ago but I have never had HIV”. It depends with the person you are with, because they look at it [the physical appearance]—because nobody goes for testing, that is what they do. That is the real problem. The real problem is that these people are being told to come and sit somewhere and you tell them how HIV is bad, killing people and HIV comes through sex—but they have been having sex, even when they were very young. They have never had HIV because they have never gone for testing and you know, in our community, people go for HIV testing when they are sick. And these are young people who are not even getting sick, and they even conceive, give birth to these young children, and even continue walking. Maybe the CD4 count is already very high but they are still strong (in-depth interview, September 2006).

The fact that young people rarely or inconsistently use condoms, and do not change their behaviour once they know their HIV status should not be interpreted to mean that young people are not scared of HIV. Instead, it shows that the biomedical messages are not adequate and do not match well with the daily reality of the youngsters.

There clearly exists a tension between the biomedical or public health messages and the tactic of “doing research” that is anchored in locally meaningful modes of reasoning. Long-term concerns such as developing AIDS mean very little in a setting where people’s life expectancy has dramatically decreased—from 60 years in 1990 to 50 years in 2002 (UNAIDS 2004b)—and where people die in large numbers. In an environment where young people’s daily lives and livelihoods are shaped by enormous uncertainty and lack of reliable livelihood opportunities, young people prefer to live with uncertainty regarding AIDS by not going for VCT.

Whyte (1997: 214) writes: “Many people are unwilling to acquiesce in a biomedical monopoly on certainty, especially when the consequences are overwhelming. [...] In the case of AIDS, silence and uncertainty are preferable”. Why should the young people of Winam need to know for sure that they are HIV positive? They know that their chances of being HIV infected are very high, so why confirm it with biomedical truth if life can be better without? For a number of youngsters in Winam, living in “uncertainty is sometimes preferable to a certainty that is too painful” (Whyte 1997: 208). The problem with an AIDS test, as Whyte (2002) further argues, “is that it does not show the way forward”; it does not show ‘a plan of action’ (Whyte 1997), certainly not in a time
when ARVs are not easy accessible. Whyte (2002: 186) uses the term ‘subjunctivity’ to describe how people are negotiating and dealing with uncertainty:

The concept of subjunctivity [is] a way of focussing on the intentions, hopes and doubts of people looking toward an immediate future whose concerns [a]re not certain. I pointed to the situated concerns of subjects facing problems and to the directionality of their efforts. Subjunctivity is not just about uncertainty: it helps us attend to purposes and consequences. It asks us to take seriously the question of what people are trying to do.

People are ‘intentional agents’, struggling to make a change, even though they may fail. It is not about knowing the truth, but rather how to alleviate it by acting upon it (Whyte 2002). So is VCT futile? It could be but it is not, since the youngsters of Winam tactically engage in pragmatic actions in order to prevent themselves from HIV infections: “doing research,” cohabiting and marrying, having at least one ‘trust relationship’, and using condoms when they find it necessary.

7. Conclusion: Young people’s pragmatic actions

This chapter examined the issues of risk in Winam, and the ways young people deal with the risky and uncertain world in which they live. Whyte (1997) nicely describes from an actor perspective how the pragmatic approach to uncertainty helps us to understand how people deal with AIDS. Instead of having clear plans for action in mind, young people are searching “for whatever measure of security they may be able to grasp” (Whyte 1997: 215). People’s local modes of reasoning for minimizing risks may be more illuminating than convictions about truth, allowing them “to remain in the subjunctive mood of possibility and hope” (Whyte 1997: 215). While young people devise creative tactics to avoid infection, they ultimately do not want to know how effective these tactics are. They prefer to assume that the tactics work to a great extent, understanding at the same time that their risk of infection continues to be high. Many youngsters prefer to live in uncertainty instead of knowing the biomedical truth.

In a context that is shaped by enormous uncertainty, young people realise that in order to live, they need to take risks on various fronts, including in sexual relations. In addition to being pleasant and enjoyable, engaging in sex also promises economic security for many young women and status enhancement for young men. Thus, the question then is NOT why do young people take risks with HIV despite their knowledge, but rather: Why should young people avoid risks if they hold the promise of a better life in the future? The next chapter examines the transactional nature of sexual liaisons and
the related power discrepancies of gender relations, and shows how young people see sexual liaisons as a way to improve their daily lives and livelihoods.

1 There are several verbs in Dholuo that young people use to refer to sex, namely: *nindo*, *nindruok*, *diyo* (or *doch* – as in *jodicho* (the people of having sex), discussed in Chapter 7), *kayo*, and the (vulgar) verb *ng’otho*. When speaking in English, youngsters usually used the phrase "playing sex" and because that is a term that encompasses most of the Dholuo terms, I decided to follow the youngsters’ use.

2 While in the past there was also a preoccupation with contracting sexually transmitted infections (STIs) (see also Setel 1999b), at the time of my research, there was more concern about contracting HIV/AIDS than other STIs that are known to be curable, and I therefore focus in this chapter on HIV/AIDS prevention.

3 The term ‘research’ is derived from the many medical research projects that are going on in Winam (see Chapter 3). A number of people from Winam who spoke almost no English also made use of this term.

4 Not all the youngsters with whom I worked were familiar with the term *siwindhe* and just called it “*ot pim*” or “*ot dayo*” (grandmother’s house). The practice of staying in the grandmother’s hut while young was still practiced by some families in Winam.

5 At the time of my fieldwork, it was no longer possible to build another *simba* for each son due to financial limitations; today, younger brothers usually take the *simba* built by the eldest son once he moves to his own homestead.

6 A similar practice of *chodo* was observed in Kwa-Zulu Natal, described as *ukusoma* (Hunter 2002). Also in Owamboland, unmarried people could enjoy an unrestrained sexual freedom until the *efundula* ceremony marked the transformation from free, playful sexuality to a different stage where women and men must take responsibility for procreation (Becker 2004).

7 On their wedding night, young women could prove their virginity by showing blood on their bed sheets. The blood proved that her hymen had been broken during sexual intercourse, and that she had therefore been a virgin (see Ominde 1952).

8 In Winam, children only get kinship affiliation if the man marries their mother and has paid bridewealth to the mother’s father. That’s why some parents ‘forced’ their daughter to get married if she became pregnant before marriage. This also freed maternal kin from any form of responsibility towards the child.

9 It is possible that *chodo* had already been abandoned before these grandparents were themselves youths.

10 We also have to take into account that when the grandparents of the youngsters were teenagers, girls used to marry at an earlier age (12 or 13 years old) whereas at the time of my fieldwork, they were usually around 20 years old, or, for those who had studied further, 25 or 30 years old. There were probably fewer pregnancies outside marriage because people married younger. Data from 1979 shows that up to 31.9% of the children were born to women between 15 and 24 years old and about 93% of the women in this age bracket had never been married (Government of Kenya 1979, cited in KDHS 2003: 81). The age-specific fertility rate for five-year periods preceding the KDHS 2003 shows that fertility seems to have declined steadily for women aged 20–24 and 25–29 while it tended to increase between the most recent periods for women.
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11 The lowest median age at first birth (18.4 years old) among women aged 25–49 in Kenya was recorded in Nyanza Province (KDHS 2003).

12 “The proportion of teenagers who have begun childbearing increases dramatically from 4 per cent at age 15 to 46 percent at age 19. Not much disparity, though, is observed in this parameter between rural and urban women. Teenage fertility is much higher in Rift Valley, North Eastern, Coast, and Nyanza provinces, where at least one-fourth of women age 15–19 have begun childbearing” (KDHS 2003: 86).

13 As Ocholla-Ayayo (1997: 116) writes: “Similar statements have been made about the Gusii, Akamba, Logoli and Bukusu in Kenya”.

14 It is believed that djinis reside in the Indian Ocean, and thus there are many in Mombasa. It is said that you should not kick a cat in Mombasa since it might be a djini.

15 During an eulogy, relatives can tell stories about the deceased person’s life, and these include not only positive memories, but also the sad and bad moments from his/her life.

16 As explained earlier, when boys in Winam are assumed to be sexually mature, around the age of 11 years old, they build a simba (bachelor’s hut) in their father’s compound, and, in this way, they can enjoy sexual freedom and invite girls and young women to “play sex”. Joel and Onyango were advised against building a simba in their father’s compound because the community believed that the compound was cursed.

17 Although polygamy is practiced among the Luo, young men are aware that polygamy is no longer the norm since economically, it is hardly possible.

18 Quite a number of the youngsters who were participating in Yeshica lied about their age since Yeshica only offered activities to young people under the age of 20 (except for the ‘livelihood intervention’ where they extended the age limit to 22 years old) (see Chapter 7). Petrus was born in 1974 and was 31 years old during my fieldwork in 2005.

19 In Dholuo: “Kasto gimoro ka isebilo ma iyudo ka olungre ni, to ok inyal weyo” (Once you taste something and find it sweet it’s difficult to quit).

20 Although in the past the term ‘ochot’, which is derived from chodo (playing between the thighs), did not have a bad connotation, nowadays it indicates an immoral, sinful practice associated with prostitution (see also Geissler and Prince 2007: 131–132).

21 Premarital pregnancies are also social affairs since the pregnancy may be wanted by some but not by others within kinship dynamics (see also Van der Sijpt 2011: 97–98).

22 While premarital pregnancy is a common concern among young mothers in Winam, the public health literature devotes more attention to ‘teenage pregnancy’ due to higher risks of illnesses, death, and complications during pregnancy.

23 Pills were available at every kiosk or chemist, and injections could be obtained at every public hospital, both free of charge. Many young women in my study favoured injections because they could easily forget to take a pill, and because they had less control in the use of condoms due to the widespread gender inequality and the association of condoms with immorality (see also Silberschmidt and Rasch 2001). According to the KDHS (2003), injectables are the most widely used contraceptive (14%).
24 The proportion of currently married women using contraceptives in 2003 was 39% (KDHS 2003), the same proportion as in 1998 (KDHS 1998). Forty-eight percent of the women who used contraceptives had already three or four children (KDHS 2003).

25 According to MinMercy, she could not deliver at her maternal home because her mother had not yet entered menopause. 'Luo rules' prescribed that young ones should not be touched by those who had not reached menopause (Parkin 1978: 149–151; see also Nyambedha et al. 2003b: 33), otherwise MinMercy and her baby could be affected by chira.

26 MinMercy accepted a proposed relationship out of fear of physical abuse and beating: her sister had convinced her that Ochien’g could protect her from being bothered by other young men, and especially fishermen.

27 During my fieldwork, a number of young women of Winam refused to be inherited by the brother of their deceased husband as it has been postulated that the practice contributes to the spread of HIV (Agot 2005).

28 See Chapter 2 for a discussion of the notion of ‘zero grazing’ in the context of public health campaigns against HIV/AIDS.

29 Even the members of the Post-Test Club of Yeshica never shared their status with each other, although the purpose of the group was to encourage young people to know and share their HIV status with each other (see Chapter 7).

30 However, sometimes young women also used their lack of knowledge about whether the young men had put on a condom to excuse their unwillingness to use condoms (Geissler and Prince 2007: 146).

31 When caring for their siblings, girls were taught not to touch their little brother’s genitals because it might affect the boy’s ability to reproduce in the future (Geissler and Prince 2007: 130).

32 Some of the youngsters that I followed told me they believed that sex ought to take place in darkness because either of them might have a genital abnormality and they wouldn’t allow the partner to observe or touch it.

33 Luke (2006: 230) uses the term ‘informal exchange relationships’ to describe “non-marital sexual partnerships where material items are given by a male to his female partner”.

34 Some of the young people had not become ill so far, or, at least, did not associate any illness they might have had with the opportunistic infections of HIV since they did not go for an HIV test.