Because of temptations : children, sex and HIV/AIDS in Tanzania
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Do you remember what we spoke about last time? I ask the class and Godfrey (my interpreter) repeats my question in KiSwahili. There are 20 boys and girls between 10 and 14 years of age sitting in the classroom. A boy of about 13 years of age stands up:

Boy: We spoke about the reasons why children start with sexual relationships.
Me: Exactly, and do you remember which reasons were mentioned?

The children start to reply:
Boy: Because of temptations.
Girl: Deception.
Boy: Learning from friends.

Then one of the girls stands up and adds: But it is a bad thing!
Her classmates start to nod and make sounds of agreement.
Me: Why is it bad?
Boy: Because our age doesn’t allow it, we are still young.
Girl: Because we are still students.
Girl: Because a girl might get pregnant and lose her chance for a school education.

Me: But if it is bad why do some boys and girls get involved?
Girl: Maybe they are being deceived, maybe their friends are telling her she should get a boyfriend to get material gains.
Boy: Maybe because of poor backgrounds, if the parents can’t fulfill their needs, girls have to seek for other means, they need money.
Girl: Some are just tempted to have sex…
Boy: Some want to find out what it is like and then they become addicted.

Another boy adds:
Yes, once you have tasted the honey, you cannot stop!

Me: Is that right?
Class: It’s true!
Me: So who of you have been approached, or have done the approaching?
[About all the boys in the class laugh and put up their fingers]
Me: What would you say to a girl?
Boy: I love you; I’ll buy you a car. I’ll buy you some clothes.
Other boy: Us as men, we approach and ask for their needs. And when you give it to her, you would get sex and then you would leave her alone.
Me: So the reason why you approach girls, is sex?
Boys: Yes!
Me: But would a girl believe you, would she believe you’d buy her a car??
Boy: If not, I’ll find other means. I tell her I’ve got a rich background; I’ll tell her if you’re with me I will fulfill your every need.
Other boy: I own a shop!
Third boy: You kind of lie so they believe you and have sex.
Second boy: Smart ones always say no.
First boy: With a smart one you have to use a lot of tactics.
Me: There is something I don’t understand… at the beginning you said it is bad behavior to get involved and now you are telling me that you yourselves have girlfriends and that you want sex from them…

[The boys seem a little confused and look at each other to see who would answer]

Girl: It’s the boys fault, blame it on the boys!

Boy: It’s bad, but I got involved with a girl because I was young. But now I don’t do that anymore.

Other boy: Sometimes you feel that it’s bad, but sometimes you feel like it’s good…

Me: Hmm, I understand. Remember I’m not blaming anyone; I’m just curious why is it sometimes a bad thing and sometimes a good thing… What makes you sometimes feel like it’s good?

Boy: The temptation of making love.

Other boy: You feel like there is a need of making love when physical changes occur.

Girl: Some have sex before physical changes take place…

Me: Why is that?

Girl: Because of temptations, or because she gets deceived…

Studying children and sex: Why?

This book addresses why children of primary school age (10-16 years) in northwest Tanzania engage in sex and what sex and sexual relationships mean to them. What exactly are the ‘temptations’ the children talk about and why do boys lie to girls and ‘leave them’ the moment they have had sex? What is the role of money and is there a role for love and attraction? How can the sexual behavior of children in northwest Tanzania (the Mwanza region) be understood? In the following chapters these issues and related questions will be explored.

The reason I pose these questions is because during previous research that investigated Tanzanian children’s perceptions of problems in their communities¹, children spontaneously expressed concerns about sexual issues. Girls mentioned how older boys and men waited for them outside the school compound and offered them money for sex when they walked home. Boys explained how they struggled with peer pressure to have sex. But the children also expressed a curiosity about sex and a wish to be sexually experienced. There was evidence that a considerable number of the primary school aged children in Tanzania were exposed to situations in which they had to make sexual decisions, even before reaching puberty. Yet the

¹ In 2001-2002 I conducted a research that focused on children’s agency and their potential role in development projects, investigating their perceptions of problems in their communities and what should be done about it. The research was executed for IREWOC foundation and financed by Plan International. See Van Reeuwijk (2003a).
children believed they could not turn to adults for ‘guidance’, as children called it, or to report harassment because of the dominant norm that sex is a taboo topic for discussion between children and adults.

Data from literature indicates that unwanted pregnancies, abortions and coerced sexual experiences are common among youth in Tanzania (NBS 2005, Mgalla et al. 1998, Mpangile et al. 1993, Todd et al. 2004). HIV infection among adolescents in northwest rural Tanzania rises steeply from the age of 15, reaching 5% for girls by the age of 20 (Obasi et al. 2001). As elsewhere in Africa, teenage girls in Tanzania have about five times the prevalence of HIV compared to boys in the same age category (Obasi et al. 2001, Barnett & Whiteside 2002, UNDP2). This high prevalence in girls is suspected to be related to the so-called ‘sugar daddy’ phenomenon, whereby adult men have sex with young girls indicating an ‘age mixing’ pattern (Luke & Kurz 2002, Luke 2004, Obassi et al. 2001, Silberschmidt & Rasch 2001). Adolescent girls’ power to negotiate safe sex is believed to be limited by gender power differences, age and economic asymmetries and therefore increase a girl’s vulnerability to HIV infection (Luke & Kurz 2002, Mgalla 1998). Although these data indicate a high risk for sexual and reproductive health problems in adolescents and potentially children, existing sexual and reproductive health interventions and sexuality researchers rarely target children under the age of 14. A possible explanation could be the difficulty of studying childhood sexuality because of the perception that children are not sexual beings and that introducing the topic of sexuality through investigation or intervention will somehow create adverse outcomes (Coleman 2007). Another reason could be that sex research is still framed within the AIDS paradigm. Much research focus on quantitative data about individual risk related sexual behavior and on knowledge, attitudes and beliefs about sexuality that might be associated with the risk of HIV infection (Parker 2001, Spronk 2006, Taylor 2007). From this perspective children under 16 do not form a high risk group and therefore interventions target older youth. These sexual health promotion efforts focus on reducing risky sexual behavior by increasing knowledge about HIV transmission and prevention. The aims include promoting abstinence, delaying sexual debut, decreasing the number of sexual partners and initiating safer sexual practices. Interventions that target adolescents generally follow intervention designs based on biomedical models that conceptualize health and disease at the level of the individual. These designs depart from psychological theories of individual behavior change,

2 http://www.undp.org/hiv/publications/issues/english/issue27e.html
assuming rational behavior. It was expected that increased knowledge would lead to increased risk perception and behavior change (Taylor 2007, Parker 2001). It is becoming clear that research departing from such models limit a fuller understanding of sexuality and that prevention programs have largely failed (Nyanzi et al. 2001, Kalipeni et al. 2007 Taylor 2007, Parker 2001). Furthermore, current HIV prevention programs often use self-reported sexual behavior questionnaires to monitor and evaluate interventions. There are indications that this data is unreliable, particularly from adolescent girls who tend to underreport their sexual experiences (Plummer et al. 2004). In Part 3 of this book I will argue that interventions should include children and must modify their approach to address the daily reality of these children.

Understanding children and sex: Approaches

In order to investigate local children’s vulnerability to HIV and the reasons why their knowledge about HIV transmission and prevention did not lead to safer sexual behavior I collaborated with children from 10 to 16 years of age to determine what they believe is at stake in regard to decisions about sexual behavior. Using the empirical data I will analyze the role of risk perception, condom use and the elements that influence sexual decision making. The focus of this study is on understanding how the children experienced sexuality and sexual relationships and how these children interpreted and understood that experience. I will theorize how sexual meaning systems are formed through social interactions and shape both individual and social patterns of sexuality (Parker 2001, Parker et al. 2000, Farmer 1996).

To understand how meanings are negotiated in social interactions children must be firmly contextualized in their social worlds. This implies two approaches: First, in order to collect data that represented the children’s individual ideas, experiences and (reported) actions, I included the children as the central informants of this study and some children as co-researchers (see next chapter). Second, I addressed the children not as passive recipients of an adult culture who simply assimilated and reproduced it, but as active social agents in their own right, with their own experiences, perceptions and actions in the social and cultural world (Caputo 1995, Christensen 1998 & 2000, Van der Geest 1996, Hardman 1973, Matthews 1999, James et al. 1998, Prout 2002). Instead of viewing children as passive subjects of social structures and processes, I consider them as having an active role in the construction and determination of their own social lives, the lives of those around them and of the societies in
which they live (Prout & James 1997). Some researchers have shown that female children are not always passive victims of male sexual exploitation by stereotypical ‘sugar daddies’ or engage in transactional sex out of economic necessity or survival (Silberschmidt & Rasch 2001, Nyanzi et al. 2001 and 2004, Kinsman et al. 2000). The girls in these studies were described as exerting agency in actively pursuing relationships because they believed it benefited them personally and socially.

I chose to study the process of how boys and girls come to an appraisal of benefits in northwest Tanzania. I am interested in how certain social structures, such as norms and poverty interact with personal goals and feelings and lead to an appraisal of risks and benefits that result in a choice for a certain action or inaction. This choice for (in) action is frequently referred to as agency. Agency is described as having a degree of free choice, in the sense that the actor, as Giddens formulated, ‘could have acted otherwise’ (1984). Yet the choices at an actor’s disposal are circumscribed by social structures, ‘the durable elements of a society’, that restrict and enable human thinking and action by limiting or influencing opportunities for choice. Following this line of thinking, choices made by agents usually tend to reproduce those structures. According to Hays however, this is not a stable process and sometimes the structured choices that agents make can have a more or less transformative impact on the nature of structures themselves (Hays 1994). A focus on the interplay of society and self allows us to explain differences in behavior between individuals who are under similar social influences and in similar situations. Furthermore, it leaves room to explore sexual behavior that does not conform to the norm, to investigate how new meanings are created and how change might take place. Insight into these processes makes it possible to understand risk-taking behavior and offer potential entry points for intervention efforts. Such efforts could aim “…at transforming social norms and cultural values, and thus at reconstituting collective meanings in ways that will ultimately promote safer sexual practices” (Parker 2001:168).

According to Bourdieu (1977) it is through the link between the self and society, between social expectations, individual choice and decision making, that we can learn most about the dialectical relationship of structure and agency (Bourdieu in Stein 1989:12).
For this approach towards understanding children and sex it is insufficient to define sexuality as only a product of biological instincts, drives and hormones\(^3\). WHO (2005) has proposed the following broad definition of sexuality\(^4\):

> Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Such a broad definition of sexuality fits within a social constructionist\(^5\) approach, which assumes that sexuality is constructed differently across cultures and over time. A social constructionist approach to sexuality examines the ways in which cultural, political and economic factors have been linked to the construction or constitution of sexual experience in different settings (Parker & Easton 1998). Although I think that this approach allows for a better explanation of sexual behavior than bio-medical models alone, based on the information from the children I spoke to, I cannot ignore the physiological and emotional influences on their sexual behavior. I therefore start from the WHO definition and present a theoretical model that allows me to incorporate all the factors that the children indicated had an influence on their sexual decisions and behavior.

**Self, society and sexuality: Theoretical framework**

Both the WHO definition of sexuality and the opening discussion with Tanzanian boys and girls at the start of this chapter demonstrate that there are multiple elements that influence a person’s decision to engage in or to refrain from sex. The children mentioned social influences such as peer pressure and culturally normative ideas about good and bad behavior. Elements related to the interaction itself included deception and money. Hopes and fears for the future were described in terms of being a student, the risk of pregnancy, and hope for

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\(^3\) Frequently referred to with the concept of ‘essentialist model’ of sexuality  
\(^4\) This is a WHO working definition and does not represent an official WHO position  
http://www.who.int/reproductive-health/gender/sexualhealth.html  
support. The boys and girls also indicated that there were physical and emotional elements that influenced their decision to have sex including desire and even ‘addiction’. To understand how these elements interact and lead to particular sexual behavior, I will analyze the children’s decision-making. The difficulty of such analysis is the complexity and multitude of the elements and the risk of creating a static picture of a rational actor making cognitive decisions. Based on the information that the children provided, I choose an analytical model to include these elements in a dynamic way providing insight on how their interactions shapes individual and social patterns of sexual behavior. For the analysis of the ethnographic data, I use the theoretical model of ‘individual temporal orientations’ in the conceptualization of agency (Hitlin & Elder 2007, Emirbayer & Mische 1998). This model provides an analysis of behavior by looking at how goals (whether socially, biologically or personally defined) inform individual decision-making by considering the temporal horizon of these goals and how external circumstances direct the actor’s attentional focus. I apply this model to the empirical data on children’s sexual behavior and experiences. The model helps to explain how and why strong emotions, physical desires or peer pressure can ‘overrule’ other considerations in one situation, but not in another. I will explain more about this model in Chapter 10. The model is useful to demonstrate how social norms and expectations inform but also conflict with and compete with individual goals, feelings and situational demands and how children manage contradictions. It is within this ‘management’ that I believe the concept of agency becomes most concrete. My aim to study children as social agents is not to explore if children have agency, but how it is exerted and constrained and how it is socially manifested within the context of children’s sexual behavior. I will examine how these manifestations of agency shape the characteristics of courtship and sexual relationships and their role in changing and reproducing social structures. I will relate the analysis of sexual decision making to children’s experiences of vulnerability and appreciation of risk. My argument is that risk perception, just like meanings of sex, can be understood as a temporal orientations and that abstract risks like pregnancy and diseases are personalized within the context of interaction between (potential) partners. I will use the insights from this research and theoretical analysis for a reflection on children’s vulnerability to poor sexual and reproductive health and to help explain why sexual health interventions in Tanzania have had limited success. I end with recommendations to increase the success of sexual health promotion efforts.
I am looking at Zimake, how he is grinding the bones of his fried fish and devouring it almost completely. While the ten year old boy is eating, he tells me about his concerns, for his future, his wish for education. How HIV killed some of his family members and his concern that people are not using condoms. I am no longer surprised to find out that such a small boy of only ten years of age has insights into the problems he and the people around him are struggling with, nor his ability to express these to me. For some months now I have encountered other children like him. But then he says: “I try to use a condom with my girlfriend, but they are too big. I can’t find one that fits me”. I can’t help thinking that he’s pulling my leg. But when he goes on with his story my disbelief starts to be replaced by surprise and wonder. Zimake’s physical appearance makes it hard for me to see such a small and young boy as a sexual being. I doubt whether he really is having sex. Maybe he means something else? But if not, or if he is trying, what are his reasons? Or if he is lying, why would he tell me this?

My response to Zimake’s remark of being sexually active reflected my assumptions about the norms and explanations about sex, sexuality and childhood at that time. My initial response of disbelief was derived from a general (Western) perception that sex is not for children and that it would be harmful in some way. If Zimake had been a girl, my feelings would have even been stronger, exposing my gendered assumptions about sex and vulnerability. If the sex had taken place with someone considerably older, I would definitely have condemned it. These perceptions are related to the idea that sex is, in principle, for reproduction and a consequence of bodily processes that involve libido and hormones, making it an inappropriate domain for those who are immature, not fully grown up, or pre-pubertal. Sometimes not only the sexual act, but anything related to it is considered inappropriate or even harmful for children. This is not only due to ideas about sex and sexuality but also influenced by the idea that children can have misguided trust in the intentions and actions of others or a lack of understanding of harmful settings and situations (Frankenberg et al. 2000). Power is easily exerted over children by adults, because of the children’s age, physical strength and position in society. This adds to the image of the (African) child as a powerless victim of abuse, war, poverty and disease that is so frequently exploited by fundraisers. Children are regarded as vulnerable and innocent due to their immaturity and naiveté. These key properties are considered to be intrinsic to children’s identities (Christensen 2000, Frankenberg et al 2000). In Western perception and in accordance with the psychological and developmental approaches to childhood, children are in need of a protective environment for healthy growth and
development until they reach maturity (Frankenberg et al. 2000, Christensen 2000). Adults are responsible for providing such an environment. Until children reach maturity, they cannot be held fully responsible for their decisions or actions. This is reflected in criminal law and, for example, in the age of consent for medical procedures, sex and alcohol. The number of laws devoted to protecting young people from premature exposure to sexuality is enormous (Rubin 1999). In many Western societies, and in Tanzania, children under the age of 18 are not able to give their consent for sexual relationships (this is however conflicting with the legal age for marriage in Tanzania, which is 15, Interpol 2002). If something goes wrong (i.e., early sexual activity, drinking or criminal behavior) the behavior is explained as pathological or those adults responsible for the child’s protection against ‘bad’ influences are blamed.

In agreement with Christensen (2000), I do not challenge the idea that children may be vulnerable. Nor do I deny my initial feelings and thoughts when I am confronted with very young children, or other children I regard vulnerable, who are sexually active. However, I am aware that the construction of children as essentially vulnerable might not consider the cultural and social context in which the vulnerability is constituted (Christensen 2000). Rather than viewing vulnerability as an enduring property of individual children, I view it as situationally and relationally determined, as proposed by Frankenberg (2000). Childhood in Tanzania is defined differently from childhood in the West, and again varies according to the setting and situation. The roles attributed to children differ substantially from the roles of children in Western societies. Furthermore, the perception of children as vulnerable represents an adult viewpoint, rendering children’s own understanding of themselves and their bodily experiences as unimportant (Christensen 2000). Because I depart from the children’s perceptions and investigate what is at stake for them, in Part 3 of this book I analyze how vulnerability is experienced. I will compare this with public health views on vulnerability to poor sexual and reproductive health (SRH) including infections like HIV.

**Children and sex: Definitions**

The general discourse about sexuality and children younger than 18 years old reflects ideas about innocence, vulnerability and the inappropriateness of sex for children. The United Nations Convention on the Rights of the Child (1989) defines a child as “every human being below the age of 18 years unless under the law applicable to the child, majority is attained
earlier”. Yet in a context of sex the term ‘children’ is rarely used. Instead there is a shift to using the terms *youth* or *adolescents* suggesting a state of puberty that makes the context of sex more acceptable. Using the term children in sexual discourse is problematic because it connotates abuse. However, I choose to refer to the young informants of this research (10-16 years old) with the term children and not with the terms youth or adolescents. The term youth is generally used to indicate a group of people between the ages of 15 and 24 (UN and World Bank) whilst the term adolescents usually implies having reached the stage of puberty and up to the age of 18/19. Since the mean age of my research population is 13-14 years and some of the (sexually active) interviewees had not yet reached puberty at the time of research, were younger than 14 or reported onset of sexual activity before puberty, I choose to use the term children when referring to the research population and the population that they represent. I made this decision in order to emphasize the young age at which children in this region are confronted with situations in which they have to make sexual decisions. The informants had no consensus for self-identification as youth, adolescents or children (for them it appeared to depend on the context). Some thought they were children (*watoto*) but most tended to call themselves ‘boys’ (*wavulana*) and ‘girls’ (*wasichana*); youth (*vijana*) or pupils/students (*wanafunzi*). There was a shared opinion that one (boy or girl) was not truly an adult until he or she was no longer dependent on parents or family. Therefore, boys and girls who were going to school were by definition minors. Yet in the discussion at the beginning of this chapter it is apparent that boys referred to themselves as men (‘Us as men, we approach and ask for their needs”), indicating how their perception of themselves shifted according to the context. In the following text I will use the terms children, boys, girls and pupils interchangeably.

Similar to the definition of sexuality, I departed from a broad definition of sex, allowing the children to define sex according to their understanding of the term. In KiSwahili, sex is frequently referred to as *mapenzi*, which also means *love*. A major challenge therefore was to determine whether informants were speaking about love or sex. Yet after discussion it was apparent that when they spoke about sex (*kufanya mapenzi* – to make love; or KiSwahili slang...

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6 [http://www2.ohchr.org/english/law/crc.htm](http://www2.ohchr.org/english/law/crc.htm), article 1  
9 [http://www.youthspecialties.com/articles/topics/adolescent_development/adult_or_not.php](http://www.youthspecialties.com/articles/topics/adolescent_development/adult_or_not.php) *Am I an adult or not? There’s more to being a teenager than just growing up*. Mary Pepper, Youth Specialties, 2005
or synonyms for sex\textsuperscript{10} the children referred to penile-vaginal intercourse. The children did not give accounts of experience with anal or oral sex and most children actually condemned such forms of sex as ‘dirty’. Kissing and manual stimulation was believed to only happen between two people who ‘really loved each other’ and was rarely mentioned as part of courtship or as occurring with new or ‘temporary’ girl-/boyfriends (see chapter 6). Therefore, when I use the term ‘sex’ in relation to the children’s accounts in the second part of the book, this should be understood as (attempt to) penile-vaginal intercourse, unless stated otherwise. However, in Part 1 and Part 3 of the book I use the word sex more broadly and refer to all activities related to sexual stimulation.

**Structure of the book: Overview**

In the next chapter I will give a more detailed description of my methodological approaches and the ethical challenges of studying children and sex in Tanzania. In Part 2 of the book, Chapters 4-9, the greater part of the ethnographic data is presented. However, in chapter 3, which includes adult perceptions of upbringing and childhood sexuality in the researched area, I give a description of childhood, gender and sexuality in Tanzania. The description should establish a framework for understanding the children’s sexual behavior and experiences, as described in Part 2. The narrative of the children’s perceptions and experiences of sex starts with their general perceptions of the motivation to engage in sex and is followed by accounts of the influences of peers and parents. Then a description of courtship, negotiations, expectations and how situations of force can occur are detailed. Personal accounts of relationships and partner choice and the role of love and attraction follow including perceptions of responsibility and risks. Because many prevention efforts take place in the form of sexual education in schools the ethnographic section ends with a reflection on the role of teachers and sexual taboo in the formation of children’s sexual behavior. I give particular attention to the problem of sexual harassment by teachers. Part 3 includes an analysis using the theoretical model of individual temporal orientation. This model conceptualizes how agency and structure interact in the process of shaping sexual

\textsuperscript{10} A wide variety of words were used to indicate sex, including; kucheza (to play), kutiana / kutomba (to fuck), kumaliza (to finish), kugonga (to knock / mark / bang), kuchapa (to whip / beat / hit), jigijigi (slang word used in rap or hiphop songs to indicate sexual feelings and used by some children to indicate sex). Other expressions related to having or getting raha (bliss / joy) or starehe (pleasure / enjoyment).
meanings leading to individual and social patterns of sexual behavior in children in Mwanza region of Tanzania. I analyze the various social influences, situational aspects and reasons that children indicate are informing their decision to engage or refrain from sex and how these shape the meaning and characteristics of courtship and relationships. In the end, I suggest an answer to the central question of this study: *why do children engage in sex and what do sex and relationships mean to them?* I ultimately relate these insights to the children’s risk for poor sexual and reproductive health, including HIV infection, and offer recommendations for sexual and reproductive health and rights (SRHR) promotion.