Because of temptations: children, sex and HIV/AIDS in Tanzania
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Citation for published version (APA):

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CONCLUSION

The aim of this study was to understand Tanzanian children’s sexual behavior, to assess their vulnerability to poor sexual health and to reflect on how this understanding might help to improve the success of sexual health interventions.

The central question of this study was why do children of primary school age (10-16 years) in the Mwanza and Magu districts in northwest Tanzania engage in sex and what do sex and sexual relationships mean to them? The narratives presented in this book indicate that children are confronted with situations in which they have to make sexual decisions beginning at a young age, often before the onset of puberty. The data produced and collected in cooperation with children show how meanings of sex are produced within these situations and how a wide range of socializing influences, personal goals and feelings, future projects and situational aspects influence decisions and experiences regarding sex. I theorize that these influences direct the actor’s ‘attentional focus’ and that children’s ‘temporal orientations’ are highly dynamic, incorporating the presence of multiple goals and demands and continuously refocusing in ever changing contexts. Using the ‘temporal orientations’ model for analyzing the empirical data provides a focus on the interplay of society and self, allowing for the analysis of individual patterns of sexual behavior and to explain differences in behavior between individuals who are under similar social influences. It also enables an analysis of structural elements and agentic reaction that shape broader patterns of sexual behavior. The model leaves room to explore sexual behavior that does not conform to the norm, investigate how new meanings are created and to determine how social structures are being reproduced and transformed.

The most important social contexts that are mentioned by children in which different meanings of sex are constructed are the family-, peer- and partner contexts. Children experience different situational demands, norms and expectations regarding their sexual behavior within these contexts. Throughout their narratives children show how they make sense of these demands and expectations, renegotiate meanings and make reflective decisions about sex in relation to what is at stake for them in an effort to construct a life of their own. Although some children experience unwanted forms of sex (e.g. in relation to power abuse by
schoolteachers) or engage in sex because of an immediate need caused by poverty, the majority of the children who say they engage in sex or want to engage in sex, say they do so because they feel it benefits them socially and personally. Sex is important for children because of their ideas and feelings about the self. These ideas and feelings include the wish to be (regarded) grown up, making decisions independent from parents or caretakers, feeling masculine or feminine or a wish or need to be accepted by others. Living up to expectations of specific sexual behavior generated in a particular social context can lead to self-esteem, peer status and the strengthening of social relationships. Not living up to those expectations can lead to the opposite and produce feelings of vulnerability. Boys and girls sometimes use sex as a form of resistance against parental or caretaker control or behavior. It provides girls with a means to take control of their own lives and become more independent from their parents or caretakers. But sex is also related to experienced physical impulses and powerful emotions and feelings that can emerge within specific social situations. The children experienced feelings of desire, attraction, infatuation, the temptation of money as well as feelings of rebellion or strong curiosity and a wish to test their bodies all of which influenced their sexual behavior. Such ‘temptations’, as they called it, competed with their intention not to engage in sex due to future goals such as the wish to escape poverty, to secure a good future and to be able to support parents in old age. The children believed that to achieve these future goals it was critical to finish their education and to obtain official employment. Sex and relationships had specific meaning in relation to these future goals. The strength of the intention to postpone sex until after finishing school was related to the hope or belief that the child held about their ability to pass Standard Seven and enter secondary education. If this hope or belief was high, the children said they made a conscious effort to avoid situations in which sexual feelings might emerge.

Other inhibitions to engage in sex were related to the fear of pregnancy or bringing shame upon the family. The strength of these inhibitions was associated with the children’s perceived benefits of engaging in sex or refraining from sex and to their beliefs about their ability to manage risks or to recover from negative consequences. I theorize that risk perception, just as meanings of sex, change with the shifting of an actor’s ‘temporal orientation’ and that abstract risks like pregnancy and diseases are personalized within the context of interaction between partners or potential partners. Emotions and feelings have a significant role in sexual activity and can ‘overrule’ concerns about risk. Furthermore, children actively assess the sexual history of their potential partner in order to reduce their
risk for STI. A critical element influencing the temporal orientation of children in their prioritization of risks and benefits of a sexual relationship are their experiences with and perceptions of vulnerability. Predominant in the children’s narratives were the social aspects of risk. Negative feedback from peers, parents, caretakers and partners and subsequent consequences on their feelings about the self, social support and relationships were considered a greater risk than more abstract health risks, or even pregnancy. Although children are aware that condoms reduce the risk for pregnancy and STI, their use is low. Condoms are difficult for Tanzanian children to obtain, they are negatively perceived and there are many misconceptions that make them unpopular. Most importantly, boys do not personalize the risk for pregnancy because they place responsibility of pregnancy entirely on girls. Although girls have a more positive attitude towards condoms, boys’ lack of incentives to use condoms makes it difficult for girls to negotiate usage. Gender norms and lack of money prevent girls from purchasing or providing a condom themselves.

The analytical model of ‘individual temporal orientations’ is useful to understand how social norms and expectations are internalized, guide behavior and inform personal goals that drive children to make sexual decisions in accordance with their sense of self and their hopes, fears and desires for the present and future. The conflicting sexual norms and expectations set by parents, caretakers, peers, partners and potential partners not only inform but also compete with individual goals and situational demands. Children use social strategies including impression management, resistance, negotiation strategies and risk management to manage these conflicts and to optimize their personal benefits. Concrete examples of children’s agency are secrecy, lying, silence, exaggerations, deceptions, skinning, seducing, flirting, and assessment of the potential partner. In addition, children demonstrate agency by seeking beneficial social relationships, such as friendships, and in partner selection. Children are skilled in adapting their self-presentation to the demands of the specific context, keeping their exact sexual experiences uncertain. This poses a challenge for research that investigates children’s sexual behavior and a reason to be cautious when relying on only one method or setting for data collection. Increasing triangulation of data by using various methods and settings and comparing data collected by adults with data collected by children allows for mapping and explaining contradictions, which increases reliability.

Social structures, such as sexual norms and expectations, and agentic reactions including impression management and secrecy help to shape the social patterns of sexual behavior
among primary school aged children in northwest Tanzania. Restrictive norms and adult control and regulation do not allow adequate space for boys and girls to interact outside the school or family context. This limits the children’s options to develop intimacy through ‘dating’. The idea that love is ‘like an accident’ or ‘a bonus’ indicates that children attribute experiences of love to fate or luck and is not seen as something one can or should pursue or aim for in a sexual relationship. This belief likely contributes to limiting development of non-sexual intimacy in children’s sexual relationships.

Children have to keep their sexual interactions short and hidden. The children have to rely on information from others, observations and short interactions during courtship to assess the compatibility and intentions of a potential partner. Boys generally initiate courtship, which is characterized by a short script-like dialogue followed by an offer of money, gifts, or promises of support. Thereafter the offer is followed by a question to the girl to determine if she ‘agrees’ and then a time and place for sex is arranged. Boys use money and gifts to convince girls of their love and commitment and as an incentive to have sex. Boys and girls both employ complex negotiation strategies to assess each other’s intentions, including strategies of self-presentation, deception and ‘skinning’ (accepting money but not giving anything in return). Money plays an ambivalent but fundamental role in the negotiation of sexual relationships. If a certain amount of money is accepted, there is a shared expectation among Tanzanian children that the girl has to reciprocate with sex otherwise the boy is entitled to put pressure on her which can range from persistence and threats to physical force.

Children describe relationships that are characterized by a short duration, deceit, skimming, transaction and sometimes multiple partners. This is discrepant from the children’s described ideal of long-term relationships based on commitment, trust, faithfulness and, if lucky, love. Children come to terms with this ambiguity by the construction of temporary and permanent sexual relationships. Because every new sexual encounter needs to be negotiated, temporal relationships can follow each other quickly, sometimes with the same partner or partners or exist simultaneously with a permanent relationship.

Conflicting norms, expectations and changing realities necessitate that children construct meanings of sex that are relevant to them and that fit with their own experiences, needs and realities. These meanings and related sexual behavior are not a passive copy of adult sexual culture. The meanings that children attach to sex and relationships shift along with their own
development and changing circumstances. However, sexual taboo, poverty and gender norms in the context of children in northwest Tanzania support the continuation of gender inequality and frame how courtship and relationships develop and intimacy and sex are experienced, leaving little room for social change. Unless these structural factors that condition children and youth’s sexual choices are addressed, children and young people’s ability to change their sexual behavior will be limited, even if they have sufficient access to information and condoms.

Tanzanian children of primary school age are at considerable risk for unwanted pregnancies and exposure to sexually transmitted infections including HIV due to the early onset of sexual activity, the short duration and multiplicity of relationships and low use of condoms that characterizes their sexual behavior. Girls’ vulnerability for unwanted sex and harassment, which are difficult for girls to report, are increased in a context of poverty, secrecy and expectations of reciprocity. It is hypothesized that school attendance provides children with relative protection from damage to their sexual health (although it increases the risk of abuse by teachers) as it appears to be a reason for many children to postpone sexual activity. Once primary school is finished and/or it is known that secondary education cannot be obtained this protection disappears and sex becomes the next best strategy for girls to achieve a ‘good future’, and for boys to increase their self-esteem.

Children should be included as a target group in sexual health interventions because they face situations in which they have to make sexual decisions and because they form a considerable risk group for poor sexual and reproductive health. Furthermore considerable gains could be made in the promotion of sexual health of youth if children were reached before the onset of sexual activity when sexual meanings and practices are still being developed, rather than at a later stage when these are more fixed. The results of this research provide insight into why prevention programs and health interventions in Tanzania are of limited success. Many interventions are insufficiently adjusted to children’s realities and do not take into consideration what is at stake for them. Interventions focus almost exclusively on the dangers of sex and do not take into account the experienced benefits and risks of sexual relationships, adding to the range of conflicting messages. Furthermore, adults responsible for the sexual education of children and youth are often inadequately trained and do not sufficiently support the contents of the program. This is due to local ideas about respectful adult-child interaction and beliefs that introducing topics related to sexuality can create adverse effects. The
provision of incomplete or incorrect information to children contributes to the production or reinforcement of misconceptions. If sexual and reproductive health interventions want to have a chance to address determinants of sexual behavior in children, they have to ensure they reach the children with their information and messages. This means that the messages and information should be complete, fit with the perceptions and experiences of children and is communicated by persons who are accepted and listen to by the target group. Lastly, interventions do not sufficiently address structural barriers that condition children’s sexual choices, such as poverty, gender inequality, limited prospects for further education or official employment, secrecy and sexual taboo.

I suggest that a participatory rights-based approach in interventions, based on research that actively involves children, could be a first step to increase the quality and success of sexual health promotion projects. I argue that such interventions should include a positive approach towards sexuality and relationships. Such an approach could address structural barriers on a micro-level, promoting mutual respect for rights and responsibilities and communication about wishes and boundaries among children in Tanzania. If active participation of children in research and interventions can be achieved, children can become important agents for change.