

Married Women and AIDS Vulnerability

Voices from Rural South Africa

Jenny Tolan

This essay examines the specific vulnerability of married women to AIDS, using voices of women from rural South Africa. Studies are beginning to reveal that married women are at a higher risk for AIDS than single women. This essay finds that three major factors contribute to this vulnerability: migrant labor, lobola – or bride price - and gendered economic inequality. These factors lead to heightened AIDS vulnerability by lowering the agency of married women and by increasing their sexual risk behavior. This essay argues that current AIDS prevention policies prove largely ineffective when applied to married women. To effectively combat AIDS, female-controlled prevention methods should be placed at the forefront of research efforts.

South Africa, Africa's wealthiest nation, faces one of the fastest growing rates of HIV/AIDS in the world. In the past 15 years, the nation has seen a huge jump in HIV prevalence, from one percent of the population in 1990 to 20 percent in 2001.¹ In 2004 these figures reached over 26 percent, making South Africa the nation with the world's highest rate of HIV/AIDS infection.² But HIV/AIDS does not affect all populations equally. As in most of sub-Saharan Africa, women in South Africa are 30 percent more likely to be HIV positive than men.³ Even more surprising, AIDS does not target all women consistently. Research has found that married women and women in long-term monogamous relationships run a greater risk of contracting HIV than non-married women.⁴ Because most cultures and policies encourage monogamy and commitment in the face of AIDS, these statistics are shocking. Why are women in South Africa, and particularly married women, more susceptible to HIV/

AIDS than men? What conditions of South African marriage make women more vulnerable to the effects of this global pandemic?

I argue that rural, married women in South Africa have specific vulnerabilities to HIV/AIDS as a result of three major factors: migrant labor, lobola, and gendered economic inequality. These three factors lead to heightened AIDS vulnerability in two ways: they lower the agency of women and they increase sexual risk behavior. Women experience lowered agency in that they have virtually no ability to refuse sex or to demand the use of condoms. They experience increased sexual risk behavior in that they have higher coital frequency, decreased condom use, and exposure to partners with higher rates of infection. Although women are also twice as biologically vulnerable to HIV as men, it is their lack of power and high risk behavior that has the largest impact on their HIV risk.⁵ The danger of this vulnerability lies not only in its impact on women, but also

on the population at large as women pass the disease onto their children.⁶ To conclude I argue that current AIDS prevention policies prove largely ineffective when applied to married women.⁷

Up to this point, little research has focused specifically on married women and HIV/AIDS. One study that looked specifically at marriage and HIV risk was published in September of 2004 by Shelley Clark. This study looked at adolescent girls and came up with the shocking results that—among girls aged 15 to 19—being married was associated with an increase of greater than 75 percent in the odds of being HIV-positive compared with the odds for sexually active unmarried girls.⁸ This statistic underscores the urgent need for further research on married women and AIDS.

In the summer of 2004, I spent eight weeks at the Masoyi Home Based Care Project in Mpumalanga, South Africa. The Masoyi tribal area is a rural district home to 220,000

black Africans, most of whom live in extreme poverty. The unemployment rate is nearly 75 percent, and approximately 32 percent of the adult population—an estimated 132,000 people—are HIV positive.⁹

During my stay I interviewed ten women and two men who work with the Masoyi program. All of my subjects were either married or in long-term relationships. Though the interviews did not reveal the HIV status of my subjects, the common themes that arose from their stories expose this group's particular vulnerabilities to HIV/AIDS and lead to a broader discussion of gender, marriage and disease in South Africa.

The Factors of Vulnerability Migrant Labor

The system of migrant labor leads to high sexual risk behavior for women by increasing their exposure to partners with high rates of infection.¹⁰ The migrant labor system is a consequence of overwhelming unemployment in rural areas where men seeking jobs are forced to travel to the mines or cities. The women of Masoyi described this scenario in their own words:

Jabulile:

My husband is working in Witbank, welding some broken things. He is working in a workshop. He has been there a long time – he got this job in 1987 – when I got the first child. He comes home month end. He says he's not enjoying working there, but because there is no work here, he is working there.

While men are away from home, it is common for them to have multiple sexual partners.¹¹ This is a result of the conditions of their work



Jabulile (Joy) – Age 35 - Orphan Coordinator of Masoyi Home Based Care Project, at right with Yandisua – a child of one of the orphans



as well as the cultural acceptance of male infidelity. First, workers' housing in the mining and urban industries is often unbearable. Men live in single-sex barracks, often twelve to sixteen per room, with little space and no privacy.¹² Studies show that men say they can not stay celibate while separated from their wives for such long periods of time.¹³ Jabulile describes the norm of separation from her husband:

Jabulile:

Since I was married to him – we didn't stay together for a long time. He stay for three days and go – stay for three days and go. If there was work here for him to work every day and come home, he would stay. But there is none – And he's not somebody who is educated so he can find any job.

The practice of male polygamy is also culturally accepted by most men and women in South Africa. In a 2003 study by Ribiero Da Cruz about HIV and condom use in South Africa, the male participants described having multiple partners as acceptable and even desirable.¹⁴ Of the subjects interviewed, 59 percent of males had more than one sexual partner, and 22 percent had three or

more sexual partners.¹⁵ Most of my subjects were aware of this risk:

Jabulile:

About sickness – I'm worried about that. Because I know my husband – he is not someone who is faithful. Ah, I'm really worried.

Migrant men can be involved with women at work in several ways: engagement with prostitutes, short-term casual relationships, or long-term relationships with 'second wives.'¹⁶ The highest risk comes with prostitution. Commercial sex industries are rampant in mining and industrial areas. Caldwell et al. write, "In most of Africa it is rural migrants to the city who are most likely to be found in the slum and shanty town bars where the commercial sex workers are more likely to have uncured STDs and are probably more likely to have many different customers and be HIV positive."¹⁷ The culture of poverty and prostitution leads men to high exposure to STDs and HIV.

In 1993 it was already estimated that nearly half of the mine workers returning to rural areas after work were infecting their wives and other women.¹⁸ Since then, AIDS rates in South Africa have skyrocketed,

and so have the levels of infection of migrant workers. Caldwell et al. write, “With the exception of [mother to child and infected blood transmission] the HIV levels in rural areas may be almost entirely the result of persistent reinfection brought back from the towns by returning migrants.”¹⁹ Because migrant workers generate income, they are more likely to be able to afford brides and are therefore more likely to be married.²⁰

Lobola

The custom of paying a bride’s family in exchange for marriage is a lingering element of traditional patriarchy. Lobola as a tradition dates back to the founders of the Zulu nation. In the past century, however, it has shifted from traditional symbolism to a commercial practice often paid in cash.²¹ As the marriage transaction has grown more commercial, the woman has become more like the property of the man.²² Today, the payment of lobola is extremely widespread. Likhapha Mbatha of the University of Witwatersrand studied women in three South African provinces and found that bride price had been paid for 98% of the wives.²³

The tradition of lobola lowers female agency by creating a sense of male ownership that leaves the wife subject to her husband’s demands. Von Kapff writes, “No wife will dare to oppose her husband as she would be sent home, and her father would have to return most of the cattle.”²⁴ Though divorce is accepted in South Africa today, a woman is responsible for repayment of the lobola to her ex-husband. This is largely impossible in poor areas when the woman’s family has already ‘eaten’ the lobola.²⁵

Lobola payment gives the husband full rights over his

wife’s productive and reproductive capabilities.²⁶ According to Barbara Klugman, the director of the Women’s Health Project at the University of Witwatersrand, “If a husband initiates sex, his wife may not refuse him.”²⁷ This standard also applies to condom use. According to customs of traditional marriage, a woman may not use contraceptives without the consent of her husband.²⁸ Unfortunately, studies have shown that women have a greater desire for condom use than their male counterparts.²⁹ For men in South Africa, a deep stigma surrounds the use of condoms. One subject in the study by Da Cruz stated “My boyfriend says using a condom is like eating a sweet with the wrapper on it.”³⁰ Because husbands do not like to use condoms, the women are forced to agree.

Jabulile:

At one time I didn't want my husband to come to me without a condom. In that moment he saw that I was cross, so he accept the condom – he accept it. But as time goes on he say “I'm tired. I'm tired – I've paid lobola for you – you're my wife.” And – there was a fight. In the end – he wins the fight. We don't use the condom. At the moment – I'm just afraid – I don't know my status.

As Jabulile’s story makes clear, lobola can reaffirm male sexual dominance and deny women the right to request condoms. A shocking study from Zambia found that only 11 percent of women believed they had the right to ask their husbands to use a condom—even if he had proven himself to be unfaithful and was HIV-positive.³¹

In addition to lowering a woman’s agency, lobola also contributes to HIV risk by increasing

the sexual risk behavior of women. The first example of this is simply higher coital frequency. A study in Kenya and Zambia found that married girls have unprotected sex much more often and have been engaged in sexual activity for a longer period of their lives than have unmarried girls.³² Considering that many partners are HIV positive, the mere reality of coital frequency is a sexual risk behavior.

A second instance of sexual risk behavior involves condom use. Lawson writes, “In rural communities social control, particularly over the sexual behavior of women, is strong because women are regarded as childbearers, whose duty it is to perpetuate the lineage of the husband’s family.”³³ With this high emphasis placed on producing children, Schoepf writes, “Couples that have not reached their desired family size will reject condoms, even when one spouse is HIV positive.”³⁴ This reality compounds the HIV risk for married women.

A final factor of sexual risk behavior stemming from lobola is the tendency for women to be ‘bought’ and married by men who are significantly older and therefore able to pay. At least two studies, by Gregson et al. and Kelly et al., have shown that the age of a woman’s partner is a major risk factor, and that having an older partner substantially raises HIV rates among adolescent girls.³⁵

Despite these connections of lobola with gender inequality and AIDS, a contrasting viewpoint argues that lobola can actually benefit women. A thirteen year old girl told me in an interview that she did not like men having ownership over their wives. When I asked her why the community did not end the practice of lobola, however, her response was strong:



Left to Right: Thanduxolo – Age 13, daughter of Masoyi Project Coordinator; Busisiwe (Blessing) – Age 38 - Preschool Teacher, Masoyi Home Based Care Volunteer; Mumsy – Age 36 - Childcare worker for Masoyi Home Based Care Project, with her children outside her two room house

Economic Inequality

Thanduxolo:

We cannot get rid of lobola! If there was no lobola, men could just go from wife to wife. Once the man pays lobola he has given his money so he will stay with that wife. He has paid for her, so he must stay. Without lobola, men would never stay with one wife. They could just go.

In this way, the tradition of lobola may actually give women some social power. Scholar Von Kapff writes, “The more cattle paid, the better the marriage seems to work in the long-term, as the bridegroom frequently has to save over several years for the lobola and therefore chooses his bride carefully.”³⁶ For these reasons, many South African women want to keep the custom alive.

This dichotomy surrounding lobola creates an extremely difficult situation. A policy solution would have to confront the gendered norms while somehow preserving the positive components of lobola that are part of African cultural tradition.

The final way that married women are at high risk is through their economic dependence on men. Rural African women form the majority of the poorest of the poor in South Africa with an average income of between R400 and R700 (\$64-\$112) per month.³⁷ In an area like Masoyi where the majority of those employed are migrant workers, women are unlikely to find employment. The mining industry, for example, employs 97 percent men and only three percent women.³⁸ Furthermore, while men are away for long periods of time, it is the woman’s duty to stay at home to care for the family. Busisiwe speaks of her lack of money and subsequent reliance on her husband:

Busisiwe:

I need money. I want enough money to send my children to school. I get R280 (\$45) for volunteering. My husband he is working at Kinrose mine. Do you know this mine? It is a gold mine. I think he is getting R1000 (\$160) a month.

This economic reality leaves women little agency to stand up

to men in fear of losing financial support. Catherine Albertyn writes, “The prevalence of women seeking sexual relationships to ensure food and shelter for themselves and their families is a widespread consequence of gendered poverty and inequality in South Africa.”³⁹ This situation was common among women of Masoyi.

Mumsy:

In my family I was suffering. My husband – he was at Joburg since March – not coming back. No money to give me to buy some food. So my children are suffering. My husband is working at Kinrose mine. Since 1988 until today – it’s a long time. He is making good money there, but he gives me little money. He is getting R1200 or R1300 (~\$210) and he is giving me R400 (~\$66) – is a little money – to buy some food.

Mumsy’s words present a classic case of a migrant husband who refuses to give his wife a fair share of income. Already she lives in the most basic conditions, but at least if she stays with her husband, there is the possibility he will one day use his money to build a third room on her house. If Mumsy’s husband does not

want to use condoms, she has little agency to demand otherwise.

Mumsy:

Ohhh! My husband doesn't like the condom. He doesn't like! So I'm scared about this. I advise him long time, but he say condom is a plastic. He doesn't like, he doesn't use. I say use a condom, he say no. I don't know what I can do.

Kalipeni et al. affirm, "Women are not always in the economic position to say no to partners who will not assent to using condoms."⁴⁰ This is true regardless of women's knowledge of HIV risk. The women of Masoyi were all aware of the risk of AIDS, but they were more concerned with the immediate necessity of feeding their children. The most common question surrounding married women and AIDS was the following: "If it's a choice between leaving a man to lower the risk of AIDS and putting food on the table for your children, what would you choose?"⁴¹ The answer for most women was simple: stay with your husband, accept his demands, and pray you do not fall victim to AIDS.

Implications for Policy and Female-Controlled Prevention

In view of all of these conditions, the current policies for HIV/AIDS prevention prove widely ineffective for married women. Today's dominant global strategy is called the "ABC Strategy," and stands for "Abstain, Be Faithful, Use Condoms." Apparently successful in Uganda, this policy was adopted by the United States for the Bush

Administration's global AIDS effort.⁴² Unfortunately, married women cannot abstain from sex, cannot control their husbands' faithfulness, and cannot demand the use of condoms. Today's relatively high AIDS rates for married women may in fact be a sign that prevention methods have been effective for single women. To target married women, however, an innovative solution must bypass the control of the husband and give the woman agency.

The most promising strategy to decrease women's HIV risk is 'female-controlled prevention.'⁴³ One option that exists today is the female condom. Though a condom would still prevent procreation and might be problematic, research by UNAIDS in Costa Rica, Indonesia, Mexico and Senegal found that men are more willing to accept female condoms than male condoms.⁴⁴ Female participants in a study by Susser and Stein felt they could not insist that men used condoms, but seemed more confident that they could use a female condom.⁴⁵

A second method with enormous potential is the microbicide. A microbicide is a spermicide-type gel that women could apply before intercourse to protect against HIV and STDs.⁴⁶ This option would give women full agency over their HIV risk because they could use the gel without consulting their partners.⁴⁷ There are currently 40 microbicides under development, but none has a major pharmaceutical sponsor.⁴⁸ According to UNAIDS, a first generation microbicide could be ready for distribution in as little as five to seven years.⁴⁹ A significant amount of investment and political

will would be necessary to drive this. The Rockefeller Foundation estimates that roughly US\$775 million would need to be invested in research and development to guarantee a successful product by the end of the decade. As of 2002, however, microbicide funding totaled only US\$343 million.⁵⁰ I believe that a wide distribution of a successful microbicide could have huge impact on women and HIV/AIDS and must be put on the global AIDS agenda.

Conclusion

In this paper I discuss the many ways married women are especially vulnerable to HIV/AIDS. The circumstances involving migrant labor, lobola, and economic inequality lead to lowered agency and increased sexual risk behavior that in turn leave women highly susceptible to becoming the victims of infection. Effective policy must abandon current trends and put greater resources into female-controlled prevention.

In conclusion, I want to note that the subordination of women discussed in this paper by no means implies their weakness. The women I met in South Africa were some of the strongest women I have ever encountered. They bore and raised children, cared for the sick, endured tremendous suffering, held their families together, and still managed to be always singing. Women form the backbone of South African society and have a tremendous strength that – if channeled properly – could become a huge force for change.

Works Cited

Interviews and Participant Observation

- Interview with Busisiwe Lekhuleni. Mthimba, South Africa, July 27, 2004.
 Interview with Mumsy Sibeko. Mthimba, South Africa, August 12, 2004.
 Interview with Jabulile Nxumalo, Masoyi office, August 17, 2004.
 Discussion with Thanduxolo age 13, home of Florence Mbokazi, August 2004.

Books

- Herdt, Gilbert, Ed. *Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives*. Oxford: Clarendon Press, 1997.
Lobola: It's implications for women's reproductive rights. Harare, Zimbabwe: Women and Law in Southern Africa Research Trust: Weaver Press [distributor], 2002.
 UNAIDS / UNICEF / USAIDS Report: Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies. July 2002.
 Von Kapff, Uli Zulu: *"People of Heaven."* South Africa: Holiday Africa Publications, 1997.

Journals and Articles

- Albertyn, Catherine. "Contesting Democracy: HIV/AIDS and the Achievement of Gender Equality in South Africa." *Feminist Studies* 29, no.3, Fall 2003.
 Caldwell, John C., John K. Anarfi, and Pat Caldwell. "Mobility, Migration, Sex, STDs, and AIDS: An Essay on Sub-Saharan Africa with Other Parallels." In Herdt, Gilbert, Ed. *Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives*. Oxford: Clarendon Press, 1997.
 Campbell, Catherine. "Migrancy, Masculine Identities, and AIDS: The Psychosocial Context of HIV Transmission on the South African Gold Mines." In Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong, and Jayati Ghosh, eds. *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, MA: Blackwell Publishing, 2004.
 Clark, Shelley. "Early Marriage and HIV Risks in Sub-Saharan Africa" *Studies in Family Planning*. Vol 35, No 3, Sept 2004.
 Da Cruz, Claudia C. Bermudes Ribiero. "From Policy to Practice: the Anthropology of Condom Use." In: Kauffman, Kyle D. and David L. Lindauer, Eds. *AIDS and South Africa: The Social Expression of a Pandemic*. New York: Palgrave Macmillan Ltd, 2004.
 Gregson, Simon, Constance A Nyamukapa, Geoffrey P. Garnett, Peter R. Mason, Tom Zhuwau, Michel Carael, Stephen K. Chandiwana, and Roy M. Anderson. "Sexual mixing patterns and sex differentials in teenage exposure to HIV infection in rural Zimbabwe." *Lancet*, Vol 359 (9,321) 2002.
 Jochelson, Karen, Monyaola Mothibeli, and Jean-Patrick Leger. "Human Immunodeficiency Virus and Migrant Labor in South Africa." *International Journal of Health Services*, Vol 21, No 1, 1991.
 Kalipeni Ezekiel, Susan Craddock, and Jayati Ghosh. "Mapping the AIDS Pandemic in Eastern and Southern Africa: A Critical Overview." In: Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong, and Jayati Ghosh, Eds. *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, MA: Blackwell Publishing, 2004.
 Kelly, Robert, Ronald Gray, Nelson Sewankambo, David Serwadda, Fred Wabwire-Mangen, Tom Lutalo, and Maria Wawer. "Age differences in sexual partners and risk of HIV-1 infection in rural Uganda." *Journal of Acquired Immune Deficiency Syndromes*, Vol. 32, No. 4, 2003.
 Klugman, Barbara. "Sexual Rights in Southern Africa: A Beijing Discourse or a Strategic Necessity?" *Health and Human Rights*, Vol. 4, No 2, 2000.

- Lawson, Agathe Latre-Gato. "Women and AIDS in Africa: sociocultural dimensions of the HIV/AIDS epidemic." UNESCO, Blackwell Publishers, Oxford and MA, 1999.
- Moleke, Percy. "The state of the labor market in contemporary South Africa." In: John Daniel, Adam Habib and Roger Southall, Eds. *State of the Nation: South Africa 2003-2004*. Cape Town, South Africa: Human Sciences Research Council, 2003.
- Schoepf, Brook Grundfest. "AIDS in Africa: Structure, Agency, and Risk." In: Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong, and Jayati Ghosh, eds. *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, MA: Blackwell Publishing, 2004.
- "South African Wimmin." *The Economist*, Vol. 341 Issue 1986, p79, 10/5/96.
- Susser, Ida and Zena Stein. "Culture, Sexuality, and Women's Agency in the Prevention of HIV/AIDS in Southern Africa." In: Notes on: Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong, and Jayati Ghosh, eds. *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, MA: Blackwell Publishing, 2004.

Web Sources

- Avert.org Adverting HIV & AIDS <http://www.avert.org/safricastats.htm>
- Global Policy Network, Country Report: South Africa <http://www.gpn.org/data/southafrica.html>
- Harter, Emily. "Women's Vulnerability to AIDS Key Element in UNAIDS Agenda." Washington DC. AllAfrica.com/stories/200411160799.html
- International Women's Health Coalition – Women and HIV/AIDS Fact Sheet <http://www.iwhc.org/resources/hivaidfactsheet.cfm>
- Loconte, Joseph. "The White House Initiative to Combat AIDS: Learning from Uganda." September 29, 2003. The Heritage Foundation. <http://www.heritage.org/Research/Africa/BG1692.cfm>
- Masoyi HBC History of the Organization www.masoyi.org
- Maharaj, Zarina. "Gender Inequality and the Economy: Empowering Women in the new South Africa." Keynote speech at Professional Women's League of KwaZuluNatal, August 9, 1999. www.africaaction.org/docs99/gen9908.htm
- "Microbicides, Women and AIDS." UNAIDS The Global Coalition on Women and AIDS. www.unaids.org/html/pub/una-docs/GCWA_Microbicides_02Feb04_en_pdf/GCW...
- UNAIDS 2004 Report section on "The Impact of AIDS on People and Societies." <http://www.fightglobalaids.org/files/phatfile/New%20AIDS%20Statistics%20from%20UNAIDS.doc>
- UNAIDS 2004 Report on "Women and AIDS." http://www.unaids.org/wad2004/EPIupdate2004_html_en/Epi04_04_en.htm#P28_3962

Footnotes

- ¹ UNAIDS / UNICEF / USAIDS Report: Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies. July 2002.
- ² Avert.org Adverting HIV & AIDS <http://www.avert.org/safricastats.htm>
- ³ UNAIDS 2004 Report section on "The Impact of AIDS on People and Societies." <http://www.fightglobalaids.org/files/phatfile/New%20AIDS%20Statistics%20from%20UNAIDS.doc>
- ⁴ International Women's Health Coalition – Women and HIV/AIDS Fact Sheet <http://www.iwhc.org/resources/hivaidfactsheet.cfm>
- ⁵ Albertyn, Catherine. "Contesting Democracy: HIV/AIDS and the Achievement of Gender Equality in South Africa." *Feminist Studies* 29, no.3, Fall 2003, 597. (Women are said to be two times more likely than men to contract HIV from a single act of unprotected sex.)
- ⁶ Lawson, Agathe Latre-Gato. "Women and AIDS in Africa: sociocultural dimensions of the HIV/AIDS epidemic." UNESCO, Blackwell Publishers, Oxford and MA, 1999, 393.

⁷ This set of arguments is not exclusive to South Africa. South Africa as a nation shares many cultural and historical commonalities with neighboring countries, and the majority of my findings apply to regions throughout southern Africa. In this paper I look at some factors specific to South Africa as well as many broader topics that apply to married women across the region.

⁸ For a review of past research mentioning married women and HIV see: Clark, Shelley. "Early Marriage and HIV Risks in Sub-Saharan Africa" *Studies in Family Planning*. Vol 35, No 3, Sept 2004, 150.

⁹ Masoyi HBC History of the Organization www.masoyi.org

¹⁰ Herdt, Gilbert, Ed. *Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives*. Oxford: Clarendon Press, 1997, 48.

¹¹ Caldwell, John C., John K. Anarfi, and Pat Caldwell. "Mobility, Migration, Sex, STDs, and AIDS: An Essay on Sub-Saharan Africa with Other Parallels." In Herdt, Gilbert, Ed. *Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives*. Oxford: Clarendon Press, 1997, 44.

¹² Campbell, Catherine. "Migrancy, Masculine Identities, and AIDS: The Psychosocial Context of HIV Transmission on the South African Gold Mines." In Kalipeni, Ezekiel, Susan Craddock, Joseph R. Opong, and Jayati Ghosh, eds. *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, MA: Blackwell Publishing, 2004, 144.

¹³ Jochelson, Karen, Monyaola Mothibeli, and Jean-Patrick Leger. "Human Immunodeficiency Virus and Migrant Labor in South Africa." *International Journal of Health Services*, Vol 21, No 1, 1991, 164.

¹⁴ Da Cruz, Claudia C. Bermudes Ribiero. "From Policy to Practice: the Anthropology of Condom Use." In: Kauffman, Kyle D. and David L. Lindauer, Eds. *AIDS and South Africa: The Social Expression of a Pandemic*. New York: Palgrave Macmillan Ltd, 2004, 153.

¹⁵ Ibid, 152.

¹⁶ Jochelson et al., op. cit, 165.

¹⁷ Caldwell et al., op. cit, 45.

¹⁸ Kalipeni Ezekiel, Susan Craddock, and Jayati Ghosh. "Mapping the AIDS Pandemic in Eastern and Southern Africa: A Critical Overview." In: Kalipeni, Ezekiel, Susan Craddock, Joseph R. Opong, and Jayati Ghosh, Eds. *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, MA: Blackwell Publishing, 2004, 60.

¹⁹ Caldwell et al., op. cit, 48. My emphasis.

²⁰ *Lobola: It's implications for women's reproductive rights*. Harare, Zimbabwe: Women and Law in Southern Africa Research Trust: Weaver Press [distributor], 2002.

²¹ Ibid, 12.

²² Ibid, 28.

²³ "South African Wimmin." *The Economist*, Vol. 341 Issue 1986, p79, 10/5/96.

²⁴ Von Kapff, Uli *Zulu: "People of Heaven."* South Africa: Holiday Africa Publications, 1997, 37.

²⁵ Discussion with Thanduxolo, home of Florence, August 2004.

²⁶ Women and law in Southern Africa Research Trust, op. cit, 25.

²⁷ Klugman, Barbara. "Sexual Rights in Southern Africa: A Beijing Discourse or a Strategic Necessity?" *Health and Human Rights*, Vol. 4, No 2, 2000.

²⁸ Women and law in Southern Africa Research Trust, op. cit, 40.

²⁹ Da Cruz, op. cit, 157.

³⁰ Ibid, 139.

³¹ UNAIDS 2004 Report on "Women and AIDS." http://www.unaids.org/wad2004/EPIupdate2004_html_en/Epi04_04_en.htm#P28_3962

³² Clark, op. cit, 154.

³³ Lawson, op. cit, 394.

³⁴ Schoepf, Brook Grundfest. "AIDS in Africa: Structure, Agency, and Risk." In: Kalipeni, Ezekiel, Susan Craddock, Joseph R. Opong, and Jayati Ghosh, eds. *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, MA: Blackwell Publishing, 2004, 127.

³⁵ Gregson, Simon, Constance A Nyamukapa, Geoffrey P. Garnett, Peter R. Mason, Tom Zhuwau, Michel Carael, Stephen K. Chandiwana, and Roy M. Anderson. "Sexual mixing patterns and sex differentials in teenage exposure to

HIV infection in rural Zimbabwe.” *Lancet*, Vol 359 (9,321) 2002, 903.

Kelly, Robert, Ronald Gray, Nelson Sewankambo, David Serwadda, Fred Wabwire-Mangen, Tom Lutalo, and Maria Wawer. “Age differences in sexual partners and risk of HIV-1 infection in rural Uganda.” *Journal of Acquired Immune Deficiency Syndromes*, Vol. 32, No. 4, 2003, 446-451.

³⁶ Von Kapff, op. cit, 37.

³⁷ Maharaj, Zarina. “Gender Inequality and the Economy: Empowering Women in the new South Africa.” Keynote speech at Professional Women’s League of KwaZuluNatal, August 9, 1999. www.africaaction.org/docs99/gen9908.htm

³⁸ Moleke, Percy. “The state of the labor market in contemporary South Africa.” In: John Daniel, Adam Habib and Roger Southall, Eds. *State of the Nation: South Africa 2003-2004*. Cape Town, South Africa: Human Sciences Research Council, 2003.

³⁹ Albertyn, op. cit, 598.

⁴⁰ Kalipeni et al., op. cit, 65.

⁴¹ Participant Observation, Masoyi area, August 2004.

⁴² Loconte, Joseph. “The White House Initiative to Combat AIDS: Learning from Uganda.” September 29, 2003. The Heritage Foundation. <http://www.heritage.org/Research/Africa/BG1692.cfm>

⁴³ Lawson, op. cit, 399.

⁴⁴ Ibid.

⁴⁵ Susser, Ida and Zena Stein. “Culture, Sexuality, and Women’s Agency in the Prevention of HIV/AIDS in Southern Africa.” In: Notes on: Kalipeni, Ezekiel, Susan Craddock, Joseph R. Oppong, and Jayati Ghosh, eds. *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, MA: Blackwell Publishing, 2004, 142.

⁴⁶ “Microbicides, Women and AIDS.” UNAIDS The Global Coalition on Women and AIDS.

www.unaids.org/html/pub/una-docs/GCWA_Microbicides_02Feb04_en_pdf/GCW...

⁴⁷ Lawson, op. cit, 399.

⁴⁸ “Microbicides, Women and AIDS,” Op. cit.

⁴⁹ Ibid.

⁵⁰ Ibid.



Jenny Tolan

Jenny Tolan is a senior majoring in International Relations and minoring in Spanish. Her academic interests include African and Latin American Studies, human rights, and international development. In the summer of 2004 Jenny spent 8 weeks in South Africa volunteering with the Masoyi Home-Based Care Project and doing research on women and AIDS vulnerability. Since writing this essay, Jenny had an article published about her research in the *San Francisco Chronicle* and has presented her policy suggestions as a fellow of the Center on International Development, Democracy, and Health of Stanford’s Roosevelt Institution. Jenny spent her junior fall studying abroad in Spain at the University of Sevilla. She would like to thank Professor Terry Karl for her enthusiasm, support, and invaluable contributions to the research.